Earlier this year, the first wave of COVID-19 created new realities and risks, leaving an undeniable and indelible imprint on individuals, families and populations. Our collective response to the pandemic has shaped its evolution and changed the rules governing how we work, play and interact with one another. Will it also change healthcare? Will the change be forever and for the better?

Responding to the COVID Crisis

This issue of *Healthcare Quarterly* opens with a description of an early pandemic grassroots effort that overcame serious shortages in personal protective equipment (PPE) in one region's primary care sector. Three essays offering diverse perspectives on COVID-19-related issues follow.

Shah and colleagues (2020) report on a collaborative effort to address PPE shortages during the pandemic's early days. Participants from schools of dentistry and family medicine, a primary care alliance and a family health team, along with local volunteers, swiftly developed and successfully executed a campaign that secured 60 donations and PPE for more than 200 primary care physicians in southwestern Ontario. It was centred in the London–Middlesex region, which has a high percentage of independent practitioners, making PPE distribution more challenging and the risk of reduced access to care greater.

Commentaries by Matthews, McKenzie and Majid et al. offer diverse outlooks on the COVID-19 crisis: a first-person account comparing Ontario's severe acute respiratory syndrome (SARS) response to Australia's current COVID-19 management (Matthews 2020); a call to heed links between austerity policies and death rates and to reject the policy folly of chronically underfunding health services and broad social supports (a significant determinant of health) (McKenzie 2020); and evidence-informed advice on how careful implementation of two critical strategies – social distancing and mass quarantine – can prevent the spread of COVID-19 (Majid et al. 2020).

Innovation in Health Services

Articles in this section show that the imperative and appetite for healthcare change predate COVID-19. An academic health centre describes how it built a capacity and culture for innovation into its core, and a community hospital sets up new expectations and support to champion clinical research.

Merkand and colleagues (2020) describe how Holland Bloorview backed up its clearly enunciated commitment to infuse innovation into the country's largest pediatric rehabilitation hospital. The academic health centre developed a detailed, appropriately resourced plan to make critical thinking the prevailing practice and forward-looking action the norm. The article details how Holland Bloorview implemented the plan, which included aligning all strategic goals with innovation, and offers those with similar ambitions lessons on how to sustain the impulse to innovate.

Observing that community hospitals are becoming more engaged in clinical research, Snihur and colleagues (2020) argue that their unique contributions, aided by close and ongoing relationships with patients and a strong understanding of their needs, will boost patient involvement in research, improve patient outcomes and produce new sources of revenue. This will require new skills development and training, supportive policies and protocols and tailored resources, such as those referenced in the article.

Value in Healthcare

Transitions can be difficult for everyone, especially in healthcare, with its constant movement of patients across settings and sectors and ongoing provider shift changes and information hand-offs. In an account of the lead-up to a massive merger that created Scarborough Health Network, Hruska and colleagues (2020) describe the development of a post-merger value realization framework, a tool that identifies where pre-amalgamation efforts paid off and provides important assessments to target where work is required.

Effective Primary Care

Change initiatives are meaningful only if they can advance goals such as more effective primary care. Examples in this issue include a modest project to create a primary care community of practice for unaffiliated physicians that evolved into a driving force for integrating care, benefiting providers and their patients, the sector and the system, and a conceptual review that probed the association between team processes and team effectiveness in Canadian primary healthcare.

In a well-evidenced article on SCOPE (Seamless Care Optimizing the Patient Experience), Pariser and colleagues (2020) tell two stories of success: one is about a burgeoning community of practice connecting previously isolated physicians with hospital-based and specialty resources to improve patient care; the other is about providing the right support to community-based primary care to integrate and improve care within a reconfigured system. In an intriguing article on processes in Canadian primary healthcare, MacPhee and colleagues (2020) move beyond the well-established fact that high-quality primary care requires team-based care delivery to ask a more fundamental, and perhaps important, question: How do teams work together to reach shared goals? (Hint: It involves forming, storming, norming and performing.)

Managing through Change

Disruptions covered in the articles of this section are less cataclysmic than COVID-19, but they reveal the complexities of running a major redevelopment project while protecting patient care and staff morale and the challenge of combining siloed protocols for the first time so that research-dedicated resources can be used for clinical care.

According to Geertsen (2020), it takes "robust senior leadership support, operational readiness and change management resources, and multi-disciplinary team collaboration" to mitigate the risks of staff dissatisfaction and operational gridlock in the midst of a major redevelopment and construction project centred around a large urban emergency department. Geertsen, the interim site lead for operational readiness at Toronto's Mount Sinai Hospital, shares her first-hand knowledge and analysis of the key enablers and barriers to success.

Quality Improvement

Changing healthcare requires many skills, including creative thinking that factors in the need to make the fullest, most effective use of existing public health resources. Roifman and colleagues (2020) describe how changing protocols to enable the sharing of research resources for clinical purposes (cardiac magnetic resonance scans) resulted in a 45% reduction in clinical wait times.

Digital Health

Sometimes healthcare change can be ostensibly as simple as meeting existing standards or keeping abreast of the next or best practice. But when change depends on the availability of appropriate digital tools and apt use and uptake, it can be all the more challenging. Taite and colleagues (2020) recognize those difficulties in their article on supporting asthma and COPD best practices in Ontario through primary care electronic medical records while considering its potential to advance chronic disease management.

CIHI Survey

Also in this issue, CIHI highlights a chronic challenge reported by Canadian primary care practitioners in the latest 11-country Commonwealth Fund International Health Policy Survey: their coordination of patient care (Sovran et al. 2020).

– The Editors

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