

Some of us may recall a time in healthcare when it seemed that the summer months were a bit quieter, providing an opportunity to catch our breath before the onslaught of fall and the ramp-up to flu season. Yet, with the increasing demand on our health systems, the sense of downtime has all but disappeared. This may suggest that we collectively have less time available for review, reflection and learning – all of which are critical elements for improvement and transformation. As an editorial team, our contribution is to continue synthesizing and presenting leading practices and innovative concepts to our readers, enabling them to access knowledge and ideas more easily. It is how we can help build capacity in our system to deliver better healthcare at a time when renewal is needed more than ever.

In this edition of *Healthcare Quarterly (HQ)*, we are thrilled to introduce our new partnership with the Health Standards Organization (HSO). Leslee Thompson, the president and chief executive officer (CEO) of HSO, is launching a new *HQ* column where she shares emerging perspectives on quality improvement from around the world (Thompson 2023). Thompson's (2023) unique vantage point will provide our readers with a global view on quality in healthcare, including the trends and ideas that will shape our future. This new column is a *must-read*, and we are grateful to Leslee Thompson and the HSO team for engaging with us on the topic of quality improvement.

In this edition, we also take you deeper into the theme of supporting equity-deserving populations, including a case study on assessing the social needs of families caring for children with complex needs and a unique healthcare partnership with a First Nations community. From there, we shift to topics on evaluating virtual care, leadership insights from the pandemic and advance care planning in primary care. Finally, we round up this edition with our regular columns, including those from the Canadian Institute for Health Information (CIHI), ICES and our colleague Neil Seeman.

Supporting Equity-Deserving Populations

There is no doubt that the COVID-19 pandemic has exacerbated pre-existing social inequities in our population, with financial hardship now compounded by rising inflation. Recognizing the connection between unmet resource needs, such as food, housing and transportation and health outcomes for their patients, Maxwell et al. (2023) describe the impact of implementing a social needs screening initiative at a children's rehabilitation hospital. The program has been designed to systematically invite families to self-identify their social needs

and connect them with navigation services to help address those needs. This program, built on a "whole family" approach, was launched during the pandemic and has continued to grow, reflecting the important impact of unmet social needs on families and the health of children (Maxwell et al. 2023: 19). It is an excellent example of how healthcare organizations can start to address the broader determinants of health that are affecting the lives of the people they serve.

In the second article, Palmer and Battiston (2023) describe an innovative partnership between Matawa First Nations Management – a tribal council serving nine communities in northern Ontario – and St. Joseph's Care Group in Thunder Bay, ON. The Oshkibiimaates Wiidoogakewin (which translates to "youth support") program provides holistic and culturally sensitive mental health and substance use services to young Indigenous people who relocate to Thunder Bay to pursue their secondary school education. The design of the program was informed by a 2016 coroner's inquest into the tragic deaths of seven youths who had moved to Thunder Bay to attend high school. This inspiring program serves as a model for how to eliminate barriers, reduce stigma and improve the wellness of Indigenous youth (Palmer and Battiston 2023).

Evaluating Virtual Care

Despite so many tragic experiences with COVID-19 and the exacerbation of health inequities in the pandemic, there were a few silver linings, including changes in how we deliver healthcare. None was more remarkable than the accelerated adoption of virtual patient encounters in primary care. Earlier articles in *HQ* also explored this breakthrough (Lunney et al. 2023; Powis and Krzyzanowska 2023). In this issue, Mondoux et al. (2023) present their research comparing primary care outcomes for virtual encounters with in-person visits. Their results are striking and may surprise readers. Those using virtual care were more likely to have better follow-up and less likely to go on to use the hospital's emergency departments (EDs), in-patient care, operating rooms or intensive care units, and they had lower mortality. The authors acknowledge that there may have been some streaming of higher-acuity patients to in-person care, something they were not able to fully control for in their analysis (Mondoux et al. 2023). However, even if this did happen, it would have been a desirable development and would represent a possible positive finding in its own right.

Leadership Insights from the Pandemic

The COVID-19 pandemic has had an indelible impact on our healthcare workforce. Pre-existing chronic staffing shortages

were exacerbated as pressures increased and staff turnover and vacancies continued to climb. The strain has impacted wait times and access to care, including unprecedented closures of EDs across the country. Edgcumbe et al. (2023) describe the efforts at one Ontario hospital to support both administration and credentialed staff through leadership development aimed at fostering community and connection. Initial results are impressive, with much lower turnover rates among participants and several staff receiving promotions or moving into formal leadership roles. While many different types of leadership programs with similar elements exist, the authors provide an excellent example of how one organization has developed a successful program that is well suited to its own circumstances and culture (Edgcumbe et al. 2023).

Insights in Primary Care

Advance care planning has long been an important component in the provision of excellent palliative care, yet few people have had a conversation with their healthcare providers about their future wishes. The COVID-19 pandemic made it even more important to help people and families prepare for the unexpected. Roberts et al. (2023) describe a quality improvement project aimed at promoting advance care planning conversations in primary care for clinicians, patients and substitute decision makers. The approach involved co-creating an intervention with primary care clinicians by identifying the conditions required for success, including the development of an electronic form that facilitates critical conversations between patients and clinicians. While there are many barriers for both patients and clinicians in advance care planning, this study provides an approach to normalizing these conversations across primary care (Roberts et al. 2023).

Leslee Thompson's "Health Quality 5.0" Challenge

As noted earlier, this issue of *HQ* marks the launch of a new series from Leslee Thompson, the CEO of HSO and Accreditation Canada. Thompson (2023) draws on her extensive work in Canada and internationally, focusing on healthcare safety and quality improvement. This first column is guaranteed to challenge readers. It introduces us to "Health Quality 5.0," a proposition inspired by the World Economic Forum's "Industry 5.0" (Thompson 2023: 27, 28). In subsequent issues, she will explore in greater depth the specific challenges facing global health leaders, including safety, the global workforce crisis, co-producing the future of healthcare, reducing inequities, the risks to planetary health and the threats to trust in our health systems.

Quarterly Columns from CIHI and ICES

In the regular column from CIHI, Chan et al. (2023) look at data from a Commonwealth Fund (CMWF) survey of primary care physicians in 10 countries, including Canada. The CMWF survey explored the use of electronic medical records (EMRs) in primary care, a critical resource in the provision of integrated, coordinated care. There has been encouraging progress in the number of Canadian primary care physicians using EMRs, with Canadian physicians now getting close to the level of EMR use found among their peers in the other countries surveyed. However, despite advances, Canadian primary care physicians lag in the extent to which they use EMRs to exchange information with other care providers on patients' clinical and medication histories and their lab and other diagnostic results, suggesting that Canadian healthcare still has a considerable way to go to fully realize the benefits of EMRs (Chan et al. 2023).

We are coming to understand the racial and ethnic disparities in healthcare in Canada and in other countries. As noted earlier in this editorial, this was also underscored through the pandemic experience. Sheth et al. (2023) from ICES explore these disparities specifically in relation to cardiovascular health. They also examine how the absence of consistent, standardized reporting of race and ethnicity in Canada has hampered our ability to analyze these issues comprehensively. They contrast this with the US where such data are routinely collected. Sheth et al. (2023) argue persuasively for widespread adoption of the standards for *Race-Based and Indigenous Identity Data Collection and Health Reporting in Canada* published by CIHI (CIHI 2022).

Quarterly Reflections from Neil Seeman

Lastly, we have our quarterly reflections from Neil Seeman. This quarter, Seeman (2023) takes a searching look at ageism in healthcare and society more broadly. His essay explores the many ways ageism manifests itself and the price we all pay for it. Seeman (2023) points to several interesting initiatives that could help address the attitudes and culture that are at the root of ageism.

In Closing

In our last editorial, we noted that we are creating a call for papers to highlight leading practices for addressing the mental health crisis in Canada. We expect this important topic to resonate broadly given how it touches every aspect of our lives. We are currently determining which aspects of mental health we will focus on. Stay tuned for the call for papers and, as always, feel free to drop us a line if you have feedback or ideas for topics you would like us to cover. **HQ**

– Anne Wojtak and Neil Stuart

References

- Chan, W., M. Hussain, L. Francis, F. Haq, L. Douglas and L. Husak. 2023. The Commonwealth Fund Survey of Primary Care Physicians Reveals Challenges Experienced by Family Doctors and Emphasizes the Need for Interoperability of Health Information Technologies. *Healthcare Quarterly* 26(3): 9–11. doi:10.12927/hcq.2023.27222.
- Canadian Institute for Health Information (CIHI). 2022. *Race-Based and Indigenous Identity Data Collection and Health Reporting in Canada – Supplementary Report*. Retrieved June 25, 2023. <<https://www.cihi.ca/sites/default/files/document/race-based-and-indigenous-identity-data-supplementary-report-en.pdf>>.
- Edgcumbe, D.P., K. Ieraci, E.D. Rosario and M. Leroux. 2023. Inspiring Leadership: How a Community Hospital Is Tackling Healthcare's Most Difficult Problems. *Healthcare Quarterly* 26(3): 37–42. doi:10.12927/hcq.2023.27216.
- Lunney, M., M.V. Modayil, J. Krajnak, K. Woo, S. Amlani, K. Gray et al. 2023. A Systems-Level Evaluation Framework for Virtual Care. *Healthcare Quarterly* 26(2): 43–50. doi:10.12927/hcq.2023.27147.
- Maxwell, J., S. McFarland, S. Moynagh, J. Reid, S. Kingsnorth and C.J. Curran. 2023. A Case Study Implementing a Social Needs Screening Process and a Family Navigation Hub at Holland Bloorview Kids Rehabilitation Hospital. *Healthcare Quarterly* 26(3): 15–21. doi:10.12927/hcq.2023.27220.
- Mondoux, S., F. Battaglia, A. Gayowsky, N. Clayton, C. Langmann, P. Miller et al. 2023. Was Virtual Care as Safe as In-Person Care? Analyzing Patient Outcomes at Seven and Thirty Days in Ontario during the COVID-19 Pandemic. *Healthcare Quarterly* 26(3): 31–36. doi:10.12927/hcq.2023.27217.
- Palmer, A. and B. Battiston. 2023. Oshkibiimaates Wiidoogakewin: A Partnership between Matawa First Nations Management and St. Joseph's Care Group. *Healthcare Quarterly* 26(3): 22–26. doi:10.12927/hcq.2023.27219.
- Powis, M. and M.K. Krzyzanowska. 2022. Considerations for Virtual Care Following the Pandemic. *Healthcare Quarterly* 25(2): 69–74. doi:10.12927/hcq.2022.26886.
- Roberts, S.L., S. Joyce, A. Greig, F.N. Lalani, L. Salz, G. Rosen et al. 2023. Advance Care Planning in Primary Care: A Step toward Normalizing the Conversation. *Healthcare Quarterly* 26(3): 43–52. doi:10.12927/hcq.2023.27215.
- Seeman, N. 2023. Intergenerational Civics Programs to Combat Structural Ageism in Canada. *Healthcare Quarterly* 26(3): 12–14. doi:10.12927/hcq.2023.27221.
- Sheth, J., M. Sud and D. Ko. 2023. The Importance of Race and Ethnicity Data in Cardiovascular Health Research. *Healthcare Quarterly* 26(3): 6–8. doi:10.12927/hcq.2023.27223.
- Thompson, L.J. 2023. It Is Time for Health Quality 5.0: Are You Ready? *Healthcare Quarterly* 26(3): 27–30. doi:10.12927/hcq.2023.27218.

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