

On December 4, 2015, Governor General David Johnston opened Canada's 42nd parliament with a Speech from the Throne that was notably short on references to healthcare. About all we heard in that regard was that the government intends to work with the provinces and territories on a new Health Accord. Even if the politicians in Ottawa don't have healthcare at the front of their minds, we at Longwoods—and our readers—certainly do. This edition of *Healthcare Quarterly* contains nine articles (one third pertaining to chronic disease), a conversation with Louise Bradley (the president and CEO of the Mental Health Commission of Canada), a report from ICES on rheumatoid arthritis surveillance and the results of a CIHI survey on post-hospitalization physician follow-up.

Delivering Care in the Community

We begin with a trio of papers addressing a widespread concern: community care. Terence Montague and his co-authors address the role of non-professional caregivers (i.e., family members or friends) in the care of patients with chronic disease. Drawing on Health Care in Canada surveys, Montague et al. examine this "vital component of the Canadian healthcare system." In particular, they shed light on the personal, physical and financial burdens these individuals carry, and they propose three short-term "opportunities" for improving non-professional caregivers' lot.

Anne Wojtak and Joy Klopp next take us through *Changing the Conversation*, an initiative of the Toronto Central Community Care Access Centre (TC CCAC) aimed at improving the experience of the organization's clients. A "more flexible, conversation-focused approach" is at the heart of *Changing the Conversation*, which over the last few years has been rolled out across the TC CCAC's in-home personal support, nursing, therapy services and care coordination. Readers will be struck by the measurable benefits for clients this "simple concept" has brought about.

The third paper looks at the role of community pharmacists in Manitoba in preventing medication misuse. Using a focus-group study design, Christine Leong and her fellow researchers identified a long list of factors (e.g., workflow, time, access to health information) that underscore the need for policy and management initiatives aimed at curbing the problem, including improved pharmacist–physician communication and better documentation.

Caring for Complex Patients

Patients with multiple conditions are increasing in number and associated costs. Tara Sampalli et al. conducted a pilot project involving the design, analysis and implementation of a patient-centred redesign framework in the context of four chronic disease prevention and management services in Nova Scotia. Central to this effort was aligning the framework and

system-level process changes with patients' perspectives and desires, such as better coordination of care across service areas and improved community supports and resources. Now that the framework has been designed and tested, it will be fascinating to watch the results of its application.

Tara Sampalli next appears as a co-author of a study that, again, looks at chronic disease prevention and management (CDPM), but this time considers Corridor[®]—a "system-level conceptual framework" aimed at improving care and care experiences. Among its guiding principles are that efforts be "person- and family-centred" as well as "evidence-based and practice-informed." At the centre of Corridor[®] are the quest to improve coordination and collaboration between and within programs and services, and a concern for "consistency for patients and families"—something that overlaps in several interesting ways with the work discussed by Wojtak and Klopp.

Patient Experience

A concern for patients is threaded throughout most of this issue of *Healthcare Quarterly*. Obtaining feedback from patients is an important part of improvement efforts, but getting patients to respond to surveys can be tricky (and costly). At Mount Sinai Hospital in Toronto, emailed invitations to Internet-based email surveys have shown promise in the ambulatory-care setting. Matthew Morgan and his colleagues explain the steps their team took, their findings along the way and some of the limitations (e.g., the consistent and accurate collection of email addresses, patients' lack of access to technology) future studies would need to address.

Patient Safety

One important way to keep patients safe is to ensure they have been correctly identified. In busy healthcare settings, that can be a steep challenge. Kerry Campbell and other researchers from Vancouver Coastal Health assessed patient identification practices in three units in a large hospital. The team found several problems, including documentation ambiguity, gaps between multiple electronic systems and insufficient staff training. Their proposed changes—including standardizing processes, electronic systems and acceptable identification types—will have many readers nodding in agreement.

Information Security

Electronic health records (EHRs) are a core component of the improvements advanced by Campbell et al. They also present serious data-security concerns. Heba Elrefae and her co-authors take us through the development of an evidence-based security metrics scorecard customized for healthcare environments. Eleven individuals with "significant experience" in healthcare information security participated in the qualitative study, which led Elrefae et al. to design summarizes an

organization's security data as "quantified metrics"; foremost among those were incident-related metrics (e.g., details, type, severity, cost and cost mitigation).

Changing Practice

Performing discectomies—surgery for degenerative lumbar spine conditions—on an outpatient basis has proven successful in several jurisdictions. Abdu Albargi and David Yen wanted to see whether those results could be replicated at the University Health Sciences Centre in Kingston, Ontario, and they sought

to add laminectomies (a related surgery) to the mix. Their findings were promising: a significant reduction in inpatient days, no hospital readmissions within 30 days and no change in patients' post-op self-reported improvement.

It seems fitting that we conclude here on that upbeat note, with everyone at Longwoods wishing you a happy holiday season and a very healthy 2016.

— The Editors

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