

**C**anada's healthcare community is populated by individuals who show up each day and give it their all. They toil tirelessly to improve lives and outcomes, and this issue of *Healthcare Quarterly* is proud to feature seven outstanding articles that cast light on their efforts.

### **Public Opinions on Pharmacare**

When a high-profile, media-savvy populist such as US Senator Bernie Sanders comes to Canada to learn about the country's healthcare system as a model for innovations in his own country, we tend to give ourselves a pat on the back. Yet, as the 2016 Health Care in Canada survey indicates, self-congratulation masks a widespread sense among Canadians that the system "needs complete rebuilding or fairly major repair." The main priorities, Terrence Montague et al. report, are making prescribed drugs and medical treatments less expensive (top option: a nation-wide, federal government-supported pharmacare plan) and increasing access to home and community care, disease prevention/wellness education, non-physician care providers and electronic medical records.

### **Patient Relations**

The importance of patient relations (e.g., the gathering and reporting of complaints and compliments) is rarely disputed. A recent Health Quality Ontario pilot project sought to dig deeper into the topic in order to understand the collection, submission, measuring and reporting of patient relations data. Patricia Sullivan-Taylor and her co-authors report on the findings, organized according to three kinds of "lessons": process, implementation and engagement. The results are not astonishing, but they are worthy of note: measurement and feedback are important for quality improvement both in facilities and at the system level.

### **Caring for Seniors**

Our next two articles address care among seniors. The first concerns Ontario's Senior Friendly Hospital (SFH) Strategy (<http://www.longwoods.com/content/23962>) and its main plank: the implementation of the SFH Framework for improving the hospital care of frail older adults. Across all five of the framework's domains, Ada Tsang et al. observe, a 2014 system-wide analysis revealed "notable improvements" and the efficacy of the framework in "stimulating change." But it is the series of recommendations to further senior-friendly care that will really jump out for planners and decision-makers, including innovations in organizational support, care processes and other dimensions. In this regard, there is a striking alignment with the findings of the CIHI survey reported on in this issue of *Healthcare Quarterly*, which deals with seniors' transitions along "pathways" to residential care.

Getting up and moving about during a hospital stay is often a hurdle, especially for seniors. At Toronto's Sunnybrook Health Sciences Centre, Jocelyn Denomme and her colleagues report, the Mobility Volunteer Program (MVP) is part of a multi-component strategy "to improve practice related to the mobilization of older persons"; the MVP deploys trained volunteers who "encourage and guide patients to ambulate or perform exercise on their own." Feedback on the MVP showed that the majority of volunteers, patients and families endorsed the program. Some staff members, however, felt their "job stability" was threatened and raised concerns about volunteers' "reliability and inconsistency." Acknowledging the importance of taking steps to improve staff members' knowledge of and support for the program, Denomme et al. conclude that using volunteers has helped to support senior-friendly care and, as a whole, they are "a successful and sustainable resource."

### **Patient Safety**

Our next article also looks at elderly patients, but from the angle of preventable adverse drug events (ADEs) – specifically, falls resulting from neuroleptic or benzodiazepine prescription, and hypoglycemia with a glyburide prescription. Drawing on Ontario data, Blayne Welk et al. discovered that a "surprising" number of people over age 66 were, within six months of experiencing an ADE, prescribed a medication in the same class as the one that had caused the ADE. A "worrying" proportion of those individuals then went on to experience a second ADE. While more research into the causes of re-dispensing medications after an ADE is required, and acknowledging that seniors' falls and hypoglycemia "may be multifactorial," the authors make a strong case that computerized systems could enable outpatient pharmacists to "play an enhanced role in ensuring patient safety."

### **Ethics Review**

From nursing to pharmacy, surgery to government planning, healthcare loves its frameworks. Our second framework-related article pertains to ethics reviews of non-research knowledge-generating projects (NRKGPs), such as evaluations at a hospital that "help improve practice, programs and processes." Like formal research inquiries, these can entail ethical risks. Working in this landscape, Don Flaming and his co-authors share their Ethics Review of Projects (ERoP) conceptual framework. The "risk mitigation" strategies they present are fascinating (e.g., developing decision-support tools, providing ethics-related training and education), and readers will appreciate the succinct case studies from Ontario and Alberta.

### Planning for Primary Care

*Healthcare Quarterly*'s archives are richly endowed with articles concerning primary care organization and delivery. We are pleased to conclude this instalment of our journal with the results of research by Shannon Sibbald et al. that examines the experiences of primary healthcare providers (PHCPs) in southwestern Ontario as they go about "meeting the needs" of their patients. One of the main goals of this research (conducted via an online survey) was to offer evidence useful for "meaningful reform" in primary care. A main result was 97% agreement among respondents that team-based primary care – another topic covered often in *Healthcare Quarterly* – had a "positive impact" on patient

care. Two key worries for PHCPs, however, were found to be difficulties referring patients to specialists and dissatisfaction with the time available to spend with their patients.

These are perennial concerns, indeed, and reasons to keep exploring this complex terrain. The entire Longwoods editorial team looks forward to helping researchers, practitioners, planners and others continue share their discoveries, approaches and recommendations regarding not just primary care but all the myriad dimensions of contemporary healthcare.

– The Editors



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