Although we do not yet know how or when the story of COVID-19 ends, Canadians are welcoming the summer of 2022 with the anticipation of the first prolonged period of near normalcy in two-and-a-half years. This sense of renewal coincides with the start of our roles as the new co-editors-in-chief of *Healthcare Quarterly* (*HQ*). Building on *HQ*'s 25 years of excellence in sharing leading practices in health services delivery and policy, we are looking forward to taking the journal in new directions. Although both of us of have had long careers in healthcare and have experienced many cycles of change, this particular point in time feels different. Despite the devastating aftermath of this global pandemic, the disruption comes with an extraordinary level of opportunity. It is in thinking about the future state that we have embraced our new leadership roles with *HQ*.

Over the next few months, we will be working with the team at Longwoods Publishing to consider the next phase of the journal's vision and strategic focus. We also look forward to engaging with readers and authors on how the journal can support thought leadership for post-pandemic recovery and the future of healthcare in Canada. This theme of renewal and opportunity underpins several of the articles in the current issue of *HQ*.

Meeting the Needs of Underserved Populations

As with the passing of a severe storm, the COVID-19 pandemic has laid bare the considerable inequitable distribution of impact across a landscape that was fragile to begin with. The first two articles highlight the type of leadership that is needed to bridge the growing equity divide. Maar et al. (2022) provide a powerful example of co-design and collaboration and how partnering with Indigenous communities in northern and remote regions in Canada resulted in shared learning and a change in direction. The Canadian Foundation for Healthcare Improvement (now part of Healthcare Excellence Canada) and the Canadian Northern and Remote Health Network identified a shared priority for suicide prevention in the north. The trajectory of this work changed from suicide prevention to life promotion following the addition of key partners from First Nations and Indigenous communities and the adoption of a framework for two-eyed seeing from Mi'kmaw Elder Albert Marshall, which leverages the combined strengths of Indigenous and Western knowledge. It is an inspiring example of leadership, humility and continuous learning.

The article by Wiens et al. (2022) similarly highlights an innovative leadership example to address growing health inequities, specifically food insecurity. A new partnership between University Health Network and FoodShare Toronto has established a food prescription program (Food Rx) to support households in need. This was part of a multifaceted approach to address both health and social determinants of health needs for individuals during the pandemic. While this intervention is still in its early phases, there are already several lessons learned with regard to more integration of health and social care and creative community partnerships. This article lays the groundwork for an upcoming call for abstracts focusing on underserved populations and social determinants of health (see p. 25).

Quality Improvement Focus

All hospitals and regional health systems and many other health service organizations in Canada are accredited by Accreditation Canada (AC). This issue of *HQ* includes two very informative articles related to a significant change in how AC is carrying out its accreditation work, moving from periodic accreditation surveys every three to five years to a more continuous model. The first article by Thomson et al. (2022) describes how a large mental health teaching hospital has prepared for this new approach to accreditation. Readers from other healthcare organizations that are also moving to AC's new model will find many practical insights to help their organizations prepare for this transition.

Leslee J. Thompson (2022), from AC, has written a helpful companion piece to the article by Thomson et al. (2022). She describes the evolution of third-party standards and accreditation across other business sectors and goes on to present an

array of changes being introduced by AC and Health Standards Organization (HSO). These changes include the move to the more continuous model of accreditation addressed by Thomson et al. (2022), going from "'getting ready' to 'being ready'" (Thompson 2022: 42). Other related changes at HSO/AC include the development of an enhanced digital platform to support new accreditation processes and realizing a philosophy of "people-centred care." Similar to Thomson and colleagues' (2022) article, Thompson's (2022) contribution should be of great interest to readers who want to understand how accreditation is shifting to better address new thinking about quality improvement and safety.

Supply Chain Resilience

At the beginning of the COVID-19 pandemic, there were serious disruptions to the healthcare supply chain, including severe shortages of personal protective equipment. After years of driving ever more exacting efficiencies into how we procure healthcare supplies and equipment, pre-pandemic practices had created an increasingly precarious supply chain, one that in retrospect appears penny-wise and pound-foolish. Snowdon et al. (2022) give us an excellent analysis of the roots of the pandemic's supply chain issues. They also draw on the lessons learned from the pandemic to identify practical strategies for building a much more resilient supply chain for the future.

Achieving More Effective Multidisciplinary Teamwork

White et al. (2022) describe a two-year longitudinal study on factors that account for the effectiveness of multi-disciplinary teams involved in Alberta's Strategic Clinical Networks. The authors share some new and useful insights on factors that contribute to improved team effectiveness. The quality of interactions among team members and having the right people on the teams proved critical. Strong leadership and the right leadership structures were also key. Their research also suggests that we need to pay attention to the stages of development of each team.

New Models of Care

Realizing opportunities to deliver more care virtually has been a long-held goal for health system planners. The COVID-19 pandemic dramatically accelerated uptake as virtual care became a necessity, not just an opportunity. Powis and Krzyzanowska (2022) have contributed a remarkably lucid article that looks closely at the increased adoption of virtual care during the pandemic. The authors argue persuasively that while virtual care came into much more widespread use, we still have not addressed many of the challenges that were holding back the advancement of virtual care before the pandemic, including equity, access, infrastructure, licensing and remuneration. Their article offers a clear-sighted prescription for achieving a more enduring and sustainable shift to virtual care.

We also have a thought-provoking article from Arvidson et al. (2022), who explore experiences with using virtual reality in patient care/therapy and in training. Through an online literature search, they identify 21 sources that describe the diverse applications of virtual reality in a wide range of healthcare settings. They map the applications against the Alberta Quality Matrix for Health to show the scope and range of applications described. The article helps us understand the potential benefits and limitations of using virtual reality. The authors also offer evidence for what is expected to be a dramatic growth in the use of virtual reality in healthcare in the years to come.

Patient Safety

Humber River Hospital, a large regional community hospital in northwest Toronto, has a new acute care site that was built to be "North America's first fully digital hospital (Collins 2022: 75)." Collins (2022) describes how the hospital set out to use its digital platform to drive improvements in patient safety. One notable innovation was the introduction of a digital Command Centre that brings together real-time patient care information and predictive analytics to proactively identify patients who may be at increased risk. The hospital has also promoted a culture of high-reliability practice. The results are impressive. Collins (2022) reports metrics from the Hospital Harm Improvement toolkit (CIHI 2021) developed by the Canadian Patient Safety Institute and the Canadian Institute for Health Information (CIHI). They show Humber River Hospital outperforming peer hospitals regionally and provincially as well as sustaining improvement over time.

Patient and Family Values

For nearly 20 years, we have seen an evolving emphasis on partnering with patients and family members in the design and improvement of care. Finnigan et al. (2022) describe a comprehensive process followed at the Niagara Health System (NHS) in Ontario to develop a new Patient and Family Declaration of Values. They describe the lessons learned from the process. They also discuss candidly what they would do differently if they were to do it again. It is clear from their article that the NHS and its community of patients, family and visitors were able to develop a very rich and trusting partnership. Interestingly, the two lead authors in the authorship team are themselves patient partners, and the article reflects their perspectives well.

CIHI Survey: The Impact of COVID-19 on Patient Experience in Acute Care Hospitals

In this issue's CIHI article, Diestelkamp et al. (2022) describe the results of CIHI's Canadian Patient Experiences Inpatient Care survey. They explore the impact of changes in procedures introduced during the COVID-19 pandemic on the experience of patients. Interestingly, the overall satisfaction level of patients with their care did not change during the pandemic. In all, 65% of surveyed patients reported that they had a positive experience during their hospital stay, similar to pre-pandemic results. The results are surprising, given the many stresses on acute care through this period and the limitations on hospital visitors.

ICES Report: Responding to Ontario's Overdose Crisis in the Context of the COVID-19 Pandemic

Finally, there is a report from ICES that resonates with the first two articles on underserved populations. Gomes et al. (2022) explore developments in Ontario's drug overdose crisis through the pandemic. Their findings are alarming but full of important insights. The pandemic witnessed a 79% increase in drug overdose deaths in Ontario. People experiencing homelessness, First Nations populations and young adults were especially hard hit. If there is hope in their findings, it is that there are clear opportunities to respond more effectively to the needs of the impacted populations, including providing improved health and social care and better access to harm reduction programs. Many of those affected were people who had had recent interactions with the healthcare system, suggesting opportunities for healthcare providers to more proactively support people at risk. HQ

– Anne Wojtak and Neil Stuart

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