

There is no doubt that 2023 was a very difficult year for many Canadians, as well as people across the world. War caused massive upheaval globally, inflation continued to impose financial hardship on families and our health systems experienced another brutal respiratory season while still in recovery from the COVID-19 pandemic. Unfortunately, the year ahead is likely to bring more political and economic uncertainty, although we hope it also brings with it some opportunities for our health system, including the use of artificial intelligence (AI), research advancements and system transformation initiatives.

This edition of *Healthcare Quarterly (HQ)* highlights innovations aimed at improving people-centred care and care in the community. The articles cover a range of topics, including caring for children with medical complexities, using care bundles in long-term care, enabling patient-centred flow and advancing community paramedicine. We also include our regular featured columns from our colleagues Leslee J. Thompson and Neil Seeman, as well as the Canadian Institute for Health Information (CIHI) and ICES (Leong-Sit et al. 2024; Seeman 2024; Thompson 2024; Weir-Seeley et al. 2024). In addition, we have included another article co-authored by Neil Seeman on using AI to analyze data on vaccine hesitancy (Seeman et al. 2024).

Last year, our *HQ* team launched our first-ever author interview with Heather Patterson about her photo book on the pandemic (Stuart and Wojtak 2023). This past year, we were fortunate to have had a conversation with Vincent Lam about his new book, *On the Ravine*, about the opioid epidemic (Stuart and Wojtak 2024). We hope you will enjoy his book as much as we did.

The readers who follow Longwoods on LinkedIn or receive the e-newsletter will have noticed our recent call for abstracts on mental health and substance use disorder. We are very much looking forward to working with Ruby Brown, our special guest co-editor, in producing a series of articles on one of the most pervasive and biggest healthcare challenges we face in Canada – mental health and substance use disorder. A special thanks to everyone who has submitted abstracts on this topic. We look forward to publishing leading practices across Canada that will spur a greater level of conversation and action on this important topic.

Emerging Perspectives on Quality Improvement

In the last issue of *HQ*, Thompson (2023) wrote about the big challenges facing healthcare and the need to embrace a new improvement paradigm she calls Health Quality 5.0.

In this issue, Thompson (2024) delves into the most profound and pervasive of the challenges – the global health workforce crisis. She uses her unique system-wide and international perspective to chart the extent of the crisis and explore its roots. The column presents a powerful call to action. It points to important foundational directions that we must take for us to make meaningful progress with our healthcare workforce.

Innovations in People-Centred Care

Parents face many challenges in raising their children, but there is no doubt that parents of children with complex medical conditions face a unique set of difficulties far beyond those directly related to their children's healthcare. Krantz et al. (2024) describe the evaluation of a Complex Care Navigator Program designed to help support the psychosocial well-being of parents of children with complex medical issues. The program's team-based care approach provides parents with a range of supports designed to meet their goals, including counselling, wellness supports and social inclusion. The program evaluation, which included pre- and post-surveys with parents using a comprehensive set of questions related to financial and psychosocial impacts, showed a positive impact on parents and families. This program evaluation reminds us of the critical importance of caregivers and the need to ensure that they are continuously supported.

The COVID-19 pandemic provided a stark example of what happens when the voices of long-term care residents and their families are not heard. In contrast, Gurney et al. (2024) share a positive case example of how care shifts within a patient-centred approach. This article describes the adaptation of hospital-based "care bundles" as a new standard practice in one long-term care home with the goal of shifting from "doing to/for" to "doing with" (p. 27). The small but impactful cultural change involved reimagining care conferences from the perspective of residents and their families by creating safe spaces and decreasing power imbalances with staff. The addition of storytelling made residents the centre of their own care conference. The authors provide a simple but inspiring example of patient-centred care.

Although wait times in acute care have long been a systemic issue, the COVID-19 pandemic has been a compounding factor. One hospital in southwestern Ontario describes how they started to tackle the issue of wait times two years before the start of the pandemic through an organization-wide cultural and behavioural change management initiative called "No One Waits (NOW)" (Zimmer et al. 2024: 32). Zimmer et al. (2024) describe the impressive results achieved within a

year of implementation and how this helped the hospital cope with the additional volume pressures from the pandemic. Their lessons learned are transferrable not only to other hospitals but also to other types of transformational change in healthcare.

Care in the Community

With ongoing conversations about the national crisis in staffing for both acute care and primary care and the growing need to support underserved populations, there inevitably is discussion about alternative models of care. Community paramedicine is one of the alternatives being explored in multiple jurisdictions. The article by AlShenaiber et al. (2024) describes a community paramedicine clinic supporting chronic disease prevention and management for low-income older adults living in social housing who are also high users of emergency care. The authors note that theirs is one of the few examples of community paramedicine programs that has undergone robust evaluation in the form of a randomized controlled trial. The evaluation results are impressive and include both improvements in health outcomes and service cost reduction, with plans for both spread and scale of the program. It is an excellent example of the benefits and impact of investing in chronic disease prevention and management and showcases the value of community paramedicine.

Learnings from the Pandemic

The COVID-19 pandemic gave rise to many real-time challenges for which we had no ready or accepted solutions. Vaccine hesitancy was a particularly vexing issue. This issue includes an intriguing article from Seeman et al. (2024) showing how social media content research combined with a Plan-Do-Study-Act methodology can be used to target vaccine-hesitant groups with messages that speak to the sources of their hesitancy. The authors offer a strikingly nimble research strategy that overcomes the often drawn-out timelines involved with more traditional research approaches.

On the Ravine: An Interview with Vincent Lam

Maybe the most remarkable contribution to this issue comes from Vincent Lam, the Giller Prize-winning Canadian novelist and physician (Stuart and Wojtak 2024). Lam's latest novel, *On the Ravine*, is set in the world of addictions and addictions treatment (Lam 2023). Prompted by this novel and its health-related story, the editors of *HQ* sought and were granted an interview with Lam. He shared his piercingly profound insights

from his experience as a physician treating those with addictions. He also spoke to what led him to write *On the Ravine*. As with his novel, the *HQ* interview with Lam reveals his compelling humanity and his intellect as he has applied them to one of the most tragic health issues of our times. He also offers some hope in what so often seems a very bleak subject matter.

Quarterly Columns from CIHI and ICES

For nearly 10 years now, CIHI has been working to advance the use of patient-reported outcome measures (PROMs). In this issue of *HQ*, Weir-Seeley et al. (2024) describe CIHI's compilation and reporting of PROMs for patients undergoing hip and knee replacement procedures. They point to the important contribution such measures can make in facilitating more patient-centred care and supporting quality improvement. They also note that the results to date raise further questions, and argue that there is much more that can still be done to advance the use of PROMs.

The column from ICES (Leong-Sit et al. 2024) complements Weir-Seeley and colleagues' (2024) piece on PROMs. In Ontario, as in many other Canadian provinces, there are large holdings of administrative data on healthcare such as those generated by physician billings and hospital discharge abstracts. In Ontario, these data are stewarded by ICES for use in health services research and analysis. However, to date, there has been very limited effort to engage patients or the public in the conduct of such research. Leong-Sit et al. (2024) explore an innovative initiative to involve the public in the analysis of healthcare's big data. Their article describes a well thought out process of engagement and reflects on the lessons learned.

Quarterly Reflections from Neil Seeman

Lastly, we have our regular quarterly column from Neil Seeman. Ever-thoughtful and challenging, in this issue, Seeman (2024) explores the potential for using AI to map and understand patient complaints and concerns with healthcare and the opportunity it could afford to reach a much fuller understanding of experiences with care, enabling quality improvement initiatives that address the fundamental issues in our healthcare. **HQ**

— Anne Wojtak and Neil Stuart

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