

In October 2024, our team of co-editor-in-chiefs attended the North America Conference on Integrated Care in Calgary, AB. The conference provided an opportunity to learn from Canadian and international presenters about the progress toward greater collaboration and integration across health and social care. It was energizing to see how much leading-edge work is happening across Canada and reflect on the importance of creating purposeful space for knowledge sharing. Our team came away re-energized and committed to our work with *Healthcare Quarterly (HQ)* to continue bringing our readers examples of communities, organizations and teams implementing innovative solutions to some of our most complex system challenges.

In this edition of *HQ*, we continue with the special focus on mental health. Guest co-editor Ruby Brown introduces the topic of mental health in the healthcare workplace (Brown and Wojtak 2024), and examines its critical importance in the healthcare system. Contributing authors in this issue address topics related to leading quality and safety practices, effective leadership and, in keeping with the theme from our recent conference, new models of integrated care for persons experiencing homelessness and pediatric patients affected by eating disorders. The issue also includes regular featured columns from our colleague Neil Seeman, as well as from ICES and the Canadian Institute for Health Information (CIHI).

We would also like to take this opportunity to express our gratitude toward the members of our *HQ* advisory committee, who have shared their advice and insights on emerging leadership topics we should be exploring. These include themes related to planetary health, artificial intelligence (AI), the science of human longevity and aging, the changing face of labour structures and workplaces, data integration and other issues that are surfacing in our changing healthcare landscape. We look forward to hearing from our readers on these and other topics that they would like to see explored in the upcoming editions of *HQ*.

Mental Health in the Healthcare Workplace

Recognizing the critical importance of maintaining a healthy workforce, Health Standards Organization (HSO) – the partner of Accreditation Canada in developing standards for quality of care – recently launched a new Global Workforce Survey to enable healthcare organizations to assess their workforce’s perceptions of psychological health and safety. Lowe (2024) analyzes the results from a pilot test and the first wave of implementation to identify the critical links between psychological safety and well-being of staff and patient care and the work environment. In a health system in which staff burnout and job stress are top of mind, the article shares some important insights for how organizations can use the HSO standards and the new survey tool to improve workplace health.

In the second article on the topic of workplace wellness, we hear from SE Health. With more than 8,000 staff providing home and community care, SE Health is harnessing values of love, life care and purpose-driven work to strengthen its culture, develop leadership and create supportive environments. Virani et al. (2024) present SE Health’s “‘people everything’ philosophy” (p. 29). The approach goes beyond traditional beliefs about what it takes to be well in the workplace by expanding the scope of staff engagement. It offers comprehensive strategies aimed at an organizational level that address the root causes of stress and burnout. Prioritizing the well-being of employees has resulted in SE Health being recognized for its exceptional organizational culture. The results of this experience point to the importance of fostering relationships in the workplace, where individuals are valued not just for their productivity but also for their inherent worth as human beings.

Emerging Issues in Safety and Quality

In the first *HQ* editorial of 2024 (Wojtak and Lewanczuk 2024), we signalled our intent to draw greater attention to the topic of patient safety and harm with featured insights on why we need to be paying attention (Baker 2024). Tosoni and Chartier (2024) build on this theme by sharing what researchers from the University Health Network learned through a series of interviews with organizations that have international reputations for quality and safety. Using the nine pillars from the Institute for Healthcare Improvement’s Whole System Quality framework, the authors have identified 10 practical recommendations for advancing a culture of quality and patient safety at every level of an organization.

Leading Into the Future

With a healthcare system facing unprecedented pressure for change, there has never been a more critical time to invest in building leadership capacity. Desveaux et al. (2024) share the results of a qualitative case study that explores the qualities of effective and aspirational leadership in Canada’s largest community hospital. Based on surveys with 270 leaders working across different levels of the organization, leaders described the value of their work across three nested levels: their growth as leaders, development across teams and the impact for the community they served. The insights gained by the researchers into the importance of building purpose-driven cultures and the competencies that are needed to lead change extend beyond this one hospital. This article also marks the first time *HQ* is publishing a paper that includes a methodology using AI in research analysis, something that we expect to see as commonplace in the future.

New Models of Care

A rise in homelessness is impacting many communities across Canada, with the crisis exacerbated by the COVID-19 pandemic along with higher housing costs and inflation. Being vulnerably housed also creates additional barriers to accessing healthcare. The article by Michael et al. (2024) offers some hope by providing a framework for developing an integrated shelter model in a mid-sized community in southwest Ontario. The Windsor Shelter Health model focuses on improving the health, social stability and quality of life in local shelter populations with an integrated approach that includes on-site medical care. Contributing success factors such as governance, shared electronic medical records and co-location/integration of services are highlighted. The project offers some excellent early learning and insights for other communities that are interested in developing similar models.

While the issue of medical stabilization for pediatric patients with eating disorders may seem to occupy somewhat of a healthcare niche, the way in which this issue was handled in the Greater Toronto Area during the COVID-19 pandemic is an exemplar of innovative, integrated care. The report by Bruno et al. (2024) describes how a new, decentralized, but integrated, model of care was created to provide medical stabilization for pediatric patients with eating disorders and how this program has since been sustained. Learnings from this experience, which could be applied to a wide variety of clinical programs, included engaging hospital leadership, strengthening partnerships, consulting experts to build capacity, leveraging existing resources and developing regional bed access strategies.

Quarterly Columns

ICES report

Advances in AI have enabled the diagnosis of chronic obstructive pulmonary disease (COPD) to be made in people undergoing radiological screening for lung cancer. Using data from lung cancer screening in Ontario, ICES (Butler et al. 2024) shows a high prevalence of COPD, often undiagnosed, in people with lung cancer. This is not surprising, because the risk factors for lung cancer and COPD are similar. However,

this observation affords the opportunity for lung cancer screening programs to also identify undiagnosed COPD in this high-risk population, thereby elegantly accomplishing two tasks with one test.

CIHI survey

With an increasing impact of dementia on healthcare utilization in Canada, and in support of the national dementia strategy, the CIHI and the Public Health Agency of Canada partnered to study the trajectory of healthcare supports needed by people living with dementia (PLWD) (Betini et al. 2024). Results of this study document the care progression for PLWD from living at home with supports to long-term care, often with interposed hospitalization and extended periods of being designated as requiring an alternate level of care. In addition, the impact of equity, socio-demographic and caregiver factors on the healthcare trajectories of PLWD is highlighted. As the authors state “[u]nderstanding the healthcare trajectories of PLWD and the specific components particularly impacted by socio-economic and equity factors can offer a helpful perspective to policy and decision makers aiming to ensure that PLWD receive the appropriate care to support their quality of life” (Betini et al. 2024: 13).

Quarterly reflection

We are all aware that our healthcare system is in crisis and the message has been repeatedly delivered that health systems need to be innovative to address this crisis. However, all too often, innovation merely translates to making minor modifications to the existing way of doing things and hoping for better outcomes. Seeman (2024) brings a thoughtful and fresh perspective to health system improvement. Using a business approach, and applying it to the health system, he elegantly demonstrates that changes to the underlying business models underpinning the healthcare system have the greatest impact on improvement. He provides several examples of the success of this approach across Canada, giving us hope that there is indeed an informed way forward out of the healthcare crisis.

– Anne Wojtak and Richard Lewanczuk

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