

In each edition of *Healthcare Quarterly*, our editorial team publishes articles on themes that are either top-of-mind for healthcare leaders or emergent issues that are starting to bubble up across the system. From time to time, we also identify extended themes that run across multiple editions, including on topics such as mental health and integrated care, where the depth of the issues and the breadth of solutions warrant a more profound exploration.

Two years ago, we invited Leslee Thompson from Health Standards Organization and Accreditation Canada to write a series of articles on the future of quality in healthcare. The series started with an introduction to the concept of Health Quality 5.0, where Thompson called for a shared vision for the next era of quality improvement (Thompson 2023). Over the next few editions, Thompson worked with various expert co-authors as she wove together different critical threads of quality, including the global healthcare workforce crisis (Thompson 2024a), the importance of co-creation and overcoming power imbalances between patients and providers (Thompson 2024b), the need for a coordinated and sustained approach to patient safety (Thompson and Baker 2025) and the shift toward integrated, people-centred care (Thompson and Goldhar 2025). We are now publishing the fifth and final piece in this series, called Health Quality 5.0: The Future is NOW, with co-author Jeremy Viellard (Thompson and Viellard 2025). As Leslee undergoes her own transformation, from leading Health Standards Organization and Accreditation Canada to a very well-deserved retirement, we wish to extend our heartfelt thanks for her years of dedication to leading quality improvement and patient-centredness in Canadian healthcare, and for her many contributions to thought-leadership through *Healthcare Quarterly*.

Also in this edition, our special co-editor, Ruby Brown, continues to highlight leading practices in mental healthcare with a special focus on digital supports, including the use of virtual care and artificial intelligence (AI) (Brown 2025). From there, we continue with two more articles on the topic of Canada's supply chain, by Snowdon et al. (2025a, 2025b). We go deeper into the topic of AI and how it can be used strategically to optimize healthcare delivery and explore new models of care in both long-term care homes and pediatric care. As usual, we round out our quarterly edition with our featured columns from ICES (Toulany et al. 2025), Canadian Institute for Health Information (CIHI) (Williams and Fagbemi 2025) and Neil Seeman (2025).

Digital Tools to Support Mental Health

This edition's special focus on mental health focuses on innovative tools and technologies that have been implemented to enhance mental healthcare. Lustig et al. (2025) provide a brief history of AI and describe their work in progress using machine learning (ML) to improve outcomes in mental health

care. Their objective is to apply ML algorithms to predict an individual's risk of psychiatric readmission upon discharge from hospital, and study its impact on patients' well-being and their use of a high-cost outpatient clinic. The process of developing the model and its learnings to date provide an understanding for those attempting similar journeys.

The article by Gratzner et al. (2025) shares insight about how the nurse practitioner-led service was developed. They describe the challenges and the outcomes of diverting patients from the emergency department using technology as an extra access point. The service is of great benefit to the large number of patients not attached to a primary care provider.

Hadjistavropoulos and Peynenburg (2025) describe their program that has been providing free internet-delivered cognitive behaviour therapy services for more than 15 years, using a unique service delivery model, with the clinic operating out of the University of Regina, and working closely with the Ministry of Health and the Saskatchewan Health Authority. The program offers free therapist-guided transdiagnostic psychotherapy courses that are continuously evaluated,

Healthcare Quality 5.0

In this fifth and final article on the future of quality, Thompson and Viellard (2025) explain the concept of Health Quality 5.0 in relation to Industry 5.0 or the fifth industrial revolution, in which people and technology are increasingly aligning to address the world's biggest challenges. The authors explore the next big shifts in society and what this means for the future of healthcare quality, focusing on five interrelated themes that are the pillars of Health Quality 5.0 – human centricity, trust, resilience, sustainability and prosperity. These pillars act as a framework to help us achieve better health outcomes and higher-performing systems, with proposed metrics to monitor progress. The article ends with a thoughtful reflection on the leadership competencies that are required for both tomorrow and today and asks each of us to consider what we will do to create a sustainable, more resilient system.

Supply Chain Challenges

In this issue, Snowdon et al. (2025a, 2025b) follow on from their previous articles and provide two additional papers highlighting unique approaches to addressing supply chain disruptions in Canada's healthcare system. In the first article, the role of clinicians in addressing supply chain disruptions is highlighted (Snowdon et al. 2025a). While clinicians, along with patients, have historically been victims to supply chain disruption, this article explores the barriers that have limited clinician participation in supply chain management. The article goes on to identify strategies whereby clinicians can become involved in improving the management of supply chain disruptions.

In the second article, the uncomfortable truth around the fragmented provincial and territorial approach to supply chain management and disruptions in Canada is discussed (Snowdon et al. 2025b). To solve this challenge, a co-designed, multi-jurisdictional collaboration framework was developed, anchored on six core principles. Simulation testing was then carried out, resulting in the emergence of three core themes critical for successful implementation.

The in-depth exploration of Canada's healthcare supply chain provided in the series of articles by Snowdon et al. (2025a, 2025b), demonstrates the complexity, challenges and risks of fragmented supply chain management. Fortunately, the articles offer a series of solutions which, if implemented in a coordinated national manner, could significantly improve the safety and security of Canada's healthcare supply chain.

Strategies for Implementing AI

There is no doubt that AI will have profound and lasting impacts on all aspects of our society. Sommer et al. (2025) highlight that in the healthcare sector, there are both unique challenges and opportunities for AI beyond what we might see in other sectors. Healthcare in Canada has been notoriously slow to achieve large-scale digitization, and yet the need for transformation could not be higher, particularly to address key pain points such as rising costs, healthcare human resources and wait times. The authors propose a strategic approach to AI implementation that includes key steps to help organizations prepare for change and overcome potential risks. This is a valuable synthesis of the significant opportunity that AI presents to accelerate positive change and optimize the benefits for patient care and system performance.

New Models of Care

In Canada, it is not only the population at large that uses the emergency department as a default source of care but the same situation also exists for residents of long-term care homes. The article by Bulle et al. (2025) describes a novel, integrated program whereby a stepped-care approach is used to support long-term care facilities in managing residents with evolving medical issues. This approach obviates the need for transfer to the emergency department and/or hospital admission and, in palliative settings, enables residents to remain in their long-term care homes. This scalable model demonstrates how integration between acute and community-based care can improve health outcomes from the perspective of both patients and the health system.

The negative impact on surgical wait times resulting from the COVID-19 pandemic has been well-documented. Patients have experienced delayed care and negative health outcomes, while clinical staff have experienced higher levels of stress and

burnout trying to meet the overwhelming demand for care. As many hospitals continue to struggle with the effects of increased wait times, Ivan et al. (2025) describe how a pediatric tertiary hospital in Toronto developed an integrated partnership with five other hospital sites to build capacity and manage the high volume of low-acuity patients requiring care. Through this exemplary partnership, clinical teams worked in close collaboration to ensure that hundreds of children received more timely access to care. The components of the program model are replicable and scalable for other hospitals considering how to reduce surgical wait times.

Quarterly Columns

This issue's column from ICES (Toulany et al. 2025) highlights a shocking increase in emergency department visits and hospitalizations for adolescents with eating disorders after the onset of the COVID-19 pandemic. Although numbers have decreased post-pandemic, they still remain elevated. While the reasons for this spike in acute care utilization have not yet been fully explained, the authors use the opportunity afforded by this data to highlight the need to implement comprehensive care frameworks for eating disorders. The Ontario Health *Eating Disorders* quality standard (Ontario Health 2023) is used as an example of how such a framework can start to address deficits in care coordination and programming for adolescents with eating disorders.

The importance of inequities both as a determinant of health and in the provision of healthcare services has only recently been recognized as a major factor in population health. Indeed, the Institute for Healthcare Improvement has now adopted the quintuple aim, adding equity as the fifth goal for health care improvement (Nundy et al. 2022). In this issue's regular CIHI submission (Williams and Fagbemi 2025), an equity-sensitive measures framework is proposed, which enables health systems to identify not only equity-sensitive health measures but also interventions that are equity sensitive and therefore able to address the identified outcome disparities. Focusing on equity holds the promise of significantly improving population health and reversing the "inverse care law" where there is a mismatch between resources and need.

With the rising prevalence of dementia and its growing impact on our population, we need to embrace innovative strategies that will help turn the tide. In his Quarterly Reflection column, Neil Seeman proposes a bold approach that explores the success behind the Manhattan Project in the 1940s and how it led to a new model of organizing resources and talent to accelerate experimentation and achieve remarkable results (Seeman 2025). Seeman walks us through an application of this approach to target a problem, assemble a team, design prototypes, evaluate and scale – all within a

six-month rapid cycle timeline. Given the inertia is sometimes inherent in policy and bureaucracy, Seeman poses a bold and

convincing alternative to rethinking the design and delivery of dementia care. **HQ**

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