



Editorial

As the summer of 2004 begins to fade, we anticipate the fall and with it new sessions of parliament at both federal and provincial levels. Healthcare has been a predominant theme over the summer with a national pharmacare program being given a great deal of thought and discussion. We will watch with interest to see where this leads. The state of health services in general, across Canada, will also bear close watching as the Health Quality Council, led by Michael Decker, continues work on its mandate. We have high hopes that we will begin to see strategic thinking and leadership at the national level.

This issue of *Healthcare Quarterly* provides a variety of diverse pieces. Golden and Martin from the Rotman School of Business at the University of Toronto remind us of the importance of systems thinking in healthcare. Canada does not have a national standard for care delivery, and probably never will have as long as healthcare is organized provincially. Yet, from the point-of-view of patients and their families, wouldn't it be reassuring to know that care processes are organized in a systematic way that ensure that each patient is treated as an individual, and not likely to fall between the cracks?

In terms of ensuring quality of care, readers are advised to take note of an excellent idea described by Nicklin, McLellan and Robblee at The Ottawa Hospital. They have developed a simple template incorporating key criteria from the Canadian Council on Health Services Accreditation process which will allow clinical teams to annually self-assess their activities against the accreditation standards. The results of this self-assessment will be incorporated into the hospital's quality improvement plan for the next year.

One of the most important initiatives for healthcare reform in Canada is the strategy for delivering primary healthcare. Oandasan, Luong and Wojtak stress once again the importance of encouraging family physicians to work in teams with allied health professionals and community resources, including home-care services, to ensure optimum care is provided to their patients. This study highlights that often family physicians have a limited understanding of home-care services and the role of home-care agencies. Better communication and physician education would enhance understanding and ultimately patient care.

We always like to hear of success stories and this issue has two good examples. In 2002, the ophthalmology community in Manitoba received additional resources for

cataract surgery to address issues causing unacceptably long waits. Bellan describes the resulting program in which cataract surgery in the region is monitored by a waiting list program that is used to track and prioritize all patients. This monitored increase in funding provided an opportunity to measure exactly what impact additional resources would have on a cataract waiting list. In another case, Comack of Listowel Memorial, a 50-bed acute-care facility located in southwestern Ontario, describes the process the board and management team went through to create a 15-year multi-phase redevelopment plan.

Futurethink looks at the relationship between healthy communities and their water systems. The paper, prepared by Lake Ontario Waterkeeper, an organization closely associated with Robert Kennedy, Jr's Riverkeeper movement calls us, as healthcare decision makers, to take an active role in ensuring that strong environmental laws are created and enforced – thus ensuring the health of our communities. As we have seen too often, the cost of bad environmental practice is paid in the end by the healthcare system.

Also in this issue, we introduce several new columns. The Canadian Health Services Foundation (CHSRF) describes its recently launched knowledge brokering program. The Association of Canadian Academic Healthcare Organizations (ACAHO) discusses issues related to the future of Canada's teaching hospitals. The CIHI Research column looks at the recent report, from Baker and Norton on patient safety and adverse events in Canadian. (More on that in an upcoming issue of *HealthcarePapers*.) The report from ICES reminds us of the importance of volume of services and its relationship to outcomes. Also in this issue we profile two of Canada's most prominent health services researchers – John Frank and Morris Barer – who are both directors of CIHR research institutes.

I would like to thank all the writers for their contributions to this issue of HQ. We are delighted with the continuing interests in the publications as well as the large numbers of individuals who access the website.

Sincere thanks,

Peggy Leatt, PhD