



Editorial

In this issue of *Healthcare Quarterly*, we have a wide range of interesting papers. We begin with an article by Casebeer et al., who present a framework for analyzing experiences of regionalizing in healthcare systems. Using Alberta as a case example, they trace the perspectives of multiple stakeholders (government, RHAs, frontline staff and public) about their experiences of organizing healthcare through regionalization. There are many lessons to be learned.

Following on with experiences in Ontario, Trypuc, Hudson and MacLeod describe, in the first of a series, the Wait Time Strategy, which was designed to improve access to healthcare services in the public system by reducing the time that adult Ontarians wait for services. Five areas are highlighted: cancer surgery, cardiac revascularization procedures (cardiac surgery, percutaneous coronary intervention, diagnostic catheterization), cataract surgery, hip and knee total joint replacements and MRI/CT scans. These five are just the beginning of an ongoing process to improve access to, and reduce wait times for, a broad range of healthcare services beyond 2006.

Later in the issue, Murphy describes the implementation of CCHSA's client/patient safety culture assessment project. The project was designed to help organizations measure attitudes toward safety culture and to provide insights into areas that are already strong, as well as areas that require improvement. The assessment aimed to encourage health service organizations to think strategically about client/patient safety culture.

In the Ideas at Work section, readers will find a description of statistical survey of Canadian forensic mental health inpatient programs, conducted by Livingston to examine interprovincial differences in the structure of Canadian forensic mental health inpatient programs. Secure hospital beds are vitally important for the assessment and treatment of mentally disordered accused persons. A forensic mental health system with an adequate level of hospital beds is essential for the courts and review boards to carry out of the mental disorder provisions of the *Criminal Code*. Variations were found across the country. Next, Graham et al. describe a novel primary care project in Nova Scotia in which collaborative practice teams with a nurse practitioner and at least one physician were established, and alternative funding arrangements for physicians and an information system were implemented. This study reports on the impact of this primary healthcare reform initiative on the quality of process of care, self-care and proxy measures for specific health outcomes for patients with diabetes and hypertension.

Collaborative partnerships can help improve integration and quality in local healthcare systems. The case study by Masotti et al. describes an innovative approach that was implemented following the formation of a tri-provider partnership between homecare and two acute care hospitals. The approach questioned the prevailing thought that the home is always the most appropriate and least costly location to provide services to clients traditionally served by homecare.

Readers may also be interested in Martin's review of *Riding the Third Rail: The Story of Ontario's Health Services Restructuring Commission, 1996–2000*, which chronicles the Commission's work in devolving healthcare decision-making in Ontario.

What more can we learn from the experiences of the Veterans Health Administration? Brent Armstrong and his colleagues from the VHA describe their approach to achieving timely access to primary care without compromising the quality of the care being delivered.

We are also pleased to offer focused research reports from CIHR, CIHI and ICES looking at knowledge translation, alternatives to acute care and a comparison of the quality of care and outcomes of heart failure patients in Canada and the U.S. There is also an interesting discussion with Maureen Bisognano of the U.S. Institute for Health Improvement on strategies for quality and patient safety.

In this issue of *Longwoods Review*, we present a briefing paper about the attempts in the U.K. to reduce attendance and waiting times in emergency departments – a problem of international importance. This briefing paper, produced by a research team in the U.K., provides a literature review and compiles research evidence on the topic, dividing the findings into nine key messages. We are delighted to be able to share Canadian perspectives on these messages from Howard Waldner in Victoria, Jeff Lozon in Toronto and David Levine in Montreal.

As always, we look forward to your comments and letters. Let us know what you think, and enjoy the read.

– Peggy Leatt, PhD