



## Editorial

We begin this issue of *Healthcare Quarterly* with a continuation of our discussion of wait-lists. The first paper is by healthcare consultant, Peter Glynn, who reports on a recent invitational conference on wait-lists in Canada. In his paper, Dr. Glynn combines the views and information presented at the conference, with his own experience and insights, to outline directions that could help achieve timely and appropriate access to care in Canada. We follow then with the third article in a series by Joann Trypuc, Alan Hudson and Hugh MacLeod of the Ontario Ministry of Health and Long-Term Care, building upon their experiences with Ontario's Wait Time Strategy. This instalment focuses on strategies to introduce effective surgical patient flow and critical care systems. The final instalment in this series, to be published in March 2007, will offer an analysis of outcomes after province-wide implementation.

We turn next to a discussion of pay-for-performance – an idea that is gaining momentum in many quarters. Authors Adam Topp and Mark Hundert of the Hay Health Care Group suggest that the heightened emphasis on quality and patient safety has sparked a relatively recent interest in pay-for-performance in hospitals – or perhaps it is the reverse? Certainly in the US, the rapidly expanding implementation of pay-for-performance systems is increasing the data availability and emphasis on quality and patient safety.

In a special report in this issue, Mary Lewis, Joann Trypuc, Patrice Lindsay, Chris O'Callaghan, Alexis Dishaw and Moira Kapral report on Ontario's Stroke Strategy. The progress that has been made in preventing and treating stroke since 2000 when the Joint Stroke Strategy Working Group tabled its blueprint report, *Towards an Integrated Stroke Strategy*, is very encouraging. The evaluation results demonstrate that the system has had positive measurable impacts on access to stroke-related services, the integration and coordination of stroke care, treatment for stroke, and client and provider satisfaction.

In the Ideas at Work section, Siobhan O'Donnell, Deborah Kennedy, Anne Marie MacLeod, Colleen Kilroy and Jeffrey Gollish describe their experiences in achieving team consensus on best practice rehabilitation guidelines for patients following total hip replacement surgery. Also in this section, Moira W. Devereaux, Allison K. Drynan, Sara Lowry, Daniel MacLennan, Matya Figdor, Carol Fancott and Lynne Sinclair report on a framework for evaluating organizational readiness for change.

From there, we turn to a case study from Judith John and Rob McCartney at Mount Sinai Hospital in Toronto where reporters from the *Globe and Mail* were invited into the hospital where they freely interacted with staff, patients and their families. The

result was a national series featuring the hospital as well as many important lessons learned about the importance of proactive media relations.

In the FutureThink section, David Edgell, Anne Dipchand, Christine Harrison and Peter Singer offer a thought-provoking discussion on cross-border organ donations. Who pays for what and why or why not?

The columns in this issue cover a range of topics – teamwork in healthcare, the health effects of air pollution, performance reporting and public health, and variations in heart attack mortality across Canada. We are pleased to feature an interview with Ontario's Minister of Health and Long-Term Care, George Smitherman. I also encourage you to view this issue's photo feature on pages 84 and 85, which presents photos taken in the Democratic Republic of Congo in support of Doctors without Borders.

In the *Longwoods Review*, Maureen Quigley and Bev Nickoloff describe strategies and tools that have been used for engaging the broader community in the work of regional health boards. They clarify that, while Ontario's Local Health Integration Networks (LHINs) have elements in common with Regional Health Boards in other provinces, Ontario's LHINs are being established without dismantling the traditional power or governance structures (within or outside the Ministry of Health and Long-Term Care). Further, a clear decision was made in Ontario to maintain the independent nature of community governance (including the local voluntary character of hospital trustees). Senior leaders from Ontario's Central LIHNs, Ken Morrison, Chair, and Hy Eliasoph, CEO, provide an on-the-ground perspective of how the work detailed by Quigley and Nickoloff will be applied operationally.

While several of the papers in this issue focus on the experiences of changing the health system in Ontario, the next issue of HQ will feature papers mostly from other provinces. We welcome articles from all provinces and would like to report on as many innovations as possible from across Canada.

– Peggy Leatt, PhD