In much of the industrialized world, the worst recession since the 1930s seems determined to plague us for a while longer. In that grim context, many of us are particularly interested in healthcare delivery and administrative solutions involving innovations that do not cost the earth – and that might even save some money. In this issue of *Healthcare Quarterly*, you'll find many examples of both.

Regular readers of this journal are likely familiar with Improving Cardiovascular Outcomes in Nova Scotia (ICONS), a five-year disease-management project aimed at improving the care and outcomes of patients with acute and chronic heart diseases in Nova Scotia. In latest report on ICONS' results, Pierre Emmanuel Paradis, Joanna Nemis-White, Marie-Claude Meilleur, Marissa Ginn, Jafna Cox and Terrence Montague examine the project's microeconomic data, which show significant cost reductions associated with reduced hospitalizations.

Healthcare administrators and policy-makers want to make informed decisions. They are often challenged, however, because they lack the right information on which to base their decisions. In "Evaluation of Healthcare Services," Marcus J. Hollander, Jo Ann Miller and Helena Kadlec argue that the root of the solution lies in first understanding the types of *questions* that can lead to useful knowledge. Particularly in budget-constrained times, the evolution of healthcare also relies on improving quality through the revision of existing practices and services. One of the most critical areas for such endeavours is systemic cancer therapy. Much has been written about wait times between diagnosis and first treatment, but the literature is far sparser regarding the in-unit time a patient spends waiting for infusion. In "Process Analysis and Reorganization in Three Chemotherapy Outpatient Clinics," Morgan Holmes, Kelly Bodie, Geoffrey Porter, Victoria Sullivan, Joy Tarasuk, Jodie Trembley and Maureen Trudeau document initiatives in Halifax, Toronto and Kingston that clearly demonstrate the benefits to patients, staff and organizations of logical process reorganization. Improving the transmission of critical health information is the focus of "Rapid Access to Cardiology Expertise." Here, Scott A. Lear, Darlene MacKinnon, Alejandra Farias-Godoy, James Nasmith, Garey Mazowita and Andrew Ignaszewski take us through a pilot program that linked specialists with family physicians who care for heart-disease patients. The project improved patient care and provider satisfaction and reduced inefficiencies.

First-rate clinical governance is essential for healthcare quality and safety. In "Clinical Governance: The Need for New Directions in Canada," Donald R. Carlow makes a strong call for greater understanding of clinical governance practices in Canada as a first step in improving quality and safety. More information – albeit of a different nature – is the focus of the article by Sally Bean, Bryan Magwood, Ahmed A. Abdoh, Joseph Chen and Jordan Hochman. "Informed Consent," reports on a study among surgical residents in Winnipeg. Rather worryingly, the researchers found that a significant proportion of the residents felt they lacked sufficient knowledge when seeking patients' informed consent.

Knowledge transmission is also a main concern of "Successful Advance Directives through Quality Disease Management." Bob Parke and Adam Krajewsi explore the difficulty entailed in translating support for advance care planning into actual plans. A good degree of that problem could be resolved, they claim, if the focus shifted from broad-based anticipation of acute events to specific diagnoses. End-of-life care is similarly the subject of the article by Siu Mee Cheng, S. Lawrence Librach, Ray Berry and Sandy Buchman. In "Healthcare Integration," however, these palliative care experts examine the Toronto Central Local Health Integration Network's *non-integrated* hospice palliative care system. This system functions on a "reactive basis" to serve the needs of the community. In the absence of integration, however, its ability to continue to do so successfully is questionable.

This issue concludes with two pieces on patient-centred care. Farrah Schwartz, Tracy Hutchings, Audrey Jusko Friedman, Naa Kwarley Quartey, Sara Urowitz, David Wiljer and Rachel E. Smith make a solid case for improving patient education. "Moving Toward an Organized Approach to Patient Education in Canadian Hospitals" shows that patient education needs to and can be improved through research, strategic planning and adequate resourcing. The results of five years of evaluation of the Dementia Care Program at a residential care home in Victoria leads to important findings and recommendations in the piece by Nancy Gnaedinger and Janice Robinson. The best practices they outline in "Person-Centred Dementia Care" will interest providers and planners working in dementia and other care sectors.

On this note of patient-centred care, I want to close by encouraging you to read the profile in this issue of Dr. Davy C.H. Cheng. Our inaugural Longwoods Scholar, Dr. Cheng is a brilliant clinician and administrator who positions patient care as the foundation of his career. We are proud to welcome Dr. Cheng to the Longwoods community. You'll be hearing more about and from this remarkable man during the coming year.

Peggy Leatt

– Peggy Leatt, PhD

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