

This issue of *Healthcare Quarterly* will introduce you to 11 examples of dynamic innovation. From system-wide transformations to unit-level efforts, they explore the complexities – but also the rewards – of designing and achieving significant innovation in our sector.

Primary Care

We lead off with a contribution by David Levine, who focuses on reforms affecting the role of family physicians in Quebec's healthcare system. In particular, Levine discusses the components that are essential to the success of that province's recently created integrated network clinics (CRIs): electronic health records; an interdisciplinary model of care; implementation of "a sufficient number" of family medicine groups, network clinics and CRIs; service corridors; chronic-disease management programs; and a training plan to support practice change. With widespread support already in place, Levine concludes, actually getting the job done will require cultural change, focus and flexibility.

In British Columbia, a more focused, smaller-scale innovation has successfully helped family physicians to treat depression and anxiety. As described by Rivian Weinerman and colleagues, the core element has been an educational program that trains physician leaders to then instruct their peers (as well as medical office assistants). While it is still too early to determine the impact on patients, participants report immense benefits in terms of their ability to deliver mental healthcare.

Managing Smarter

Francis Lau, Morgan Price and Karim Keshavjee share information on a Clinical Adoption (CA) Framework for healthcare organizations (HIS). Their framework offers a "common ground" for the description, measurement and comparison of clinicians' HIS adoption. The second article in this section by Nancy Martin-Ronson, Stephanie Saull-McCaig, Adele Wentzel and Naqaash Pirani presents 10 questions healthcare executives ought to pose when assessing their information technology (IT) investments. IT projects' success, the authors argue, can be bolstered by understanding business need, organizational readiness, innovation champions, project duration and project evaluation.

Health Human Resources

Peer assessment is a valued component of physician evaluation. But is it workable in academic health sciences centre? Sharon Ferrari, Ben Vozzolo, Denis Daneman and Daune MacGregor offer clear evidence that such assessment is a feasible developmental tool in such contexts. As the authors note, the information this process garners can be applied not only to physicians' career development, but also to care quality improvement.

Change Management

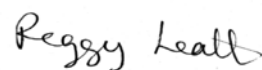
Glenna Raymond and Mark Walton's piece on the transformation of the Ontario Shores Centre into a stand-alone psychiatric hospital examines change management on a broad scale. Their work with board members and the senior leadership team pointed to the beneficial effects of conventional and innovative change levers.

Quality Improvement

The first of the five articles in this section explores the perennial topic of how to connect clinical knowledge to practice. A best practice model and process developed at the Toronto Rehabilitation Institute systematically and consistently helps clinical and administrative staff identify and respond to patient needs. We all know that achieving quality improvement in a single organization is challenging. But consider the array of obstacles our next group of authors encountered when they set out to enhance inter-professional collaboration across an entire Local Health Integration Network. Their efforts, conducted through the Home First Approach, led to marked drops in alternative level of care among seniors.

Not all quality improvement innovations are, in popular parlance, rocket science. At Windsor's Hôtel-Dieu Grace Hospital, staff tackled the problem of patient-flow backlogs by drawing on traffic-light colours. Guided by Lean methodology, a new discharge tool – colour-coding tied to "expected" discharge dates – is a big step towards ensuring timely patient discharge and, more broadly, improved patient flow throughout the hospital. In this section, you will also read about how the William Osler Health System lowered hospital costs and resource use by introducing outpatient injectable therapy for schizophrenia patients. Finally, not unlike at the Toronto Rehabilitation Institute, the Erie St. Clair Community Care Access Centre sought to improve the implementation of best practices – in this case, targeted at in-home wound care. The outcomes of their efforts are inspiring, both for patients and for the organization's nursing staff.

The articles I have discussed demonstrate that impactful change requires a good deal of intelligence and hard work. Let's keep in mind, too, the words of Bill Barrable (interviewed in this issue of *Healthcare Quarterly*): "I am an optimist by nature and believe in possibilities." The innovations that make a real difference to patients, staff, organizations and communities surely begin and are sustained by just such a forward-seeking outlook.



–Peggy Leatt, PhD