

Each issue of *Healthcare Quarterly* is a full basket of diverse topics and perspectives. At the risk of over-generalizing, however, the contents of our latest edition seem to me to be particularly concerned with the mighty role *purposeful planning* makes to just about every facet of healthcare excellence.

### Patient-Centred Care

Healthcare has a bevy of “holy grails” (just search the term at [www.longwoods.com](http://www.longwoods.com)); one that’s frequently quested after is *patient-centredness*. On this topic, Brian Golden and his co-authors explore the development of a “patient experience blueprint” for the systemic therapy unit at Toronto’s Princess Margaret Hospital. Taking a “creative design” approach, Golden et al. analyzed patient flow and experiences. One of their prime initiatives entailed engaging chemotherapy “users” themselves in the feedback process. Ultimately, the researchers’ process improvement recommendations rest on a profound sense of what patients themselves value and experience.

The second piece in this section examines the use of a novel tool to check for chronic kidney disease (CKD) among First Nations people. During a nine-month project, 555 (approximately 83%) adults were screened in three communities, which led to the result of a 30% rate of CKD. Chris Ashton and Denise Duffie-Ashton’s discovery of what is possibly “an unabated epidemic” afflicting First Nations people will, they hope, lead to resource allocations targeted at addressing this troubling population-specific health issue.

### Patient Safety

When medical errors happen, they are duly reported. But what about “near misses”? Colette Raymond, Donna Woloschuk and Nick Honcharik conducted the first large survey to explore attitudes and behaviours surrounding near misses among hospital pharmacy staff. Formal reporting of near misses, they found, was relatively rare. This discovery is troubling because of the potential lessons near misses hold for improving safety.

Following a similar line, Jeffrey Brubacher and three co-investigators examined the under-reporting of patient safety events in 94 British Columbia emergency departments. The barriers to reporting coincided to a large extent with the ones associated with near misses in the hospital pharmacy study. I was particularly interested in the highly personal barriers identified, which included a feeling of futility, fear of reprisal and concern that reporting was tantamount to admitting professional incompetence. Brubacher and his co-investigators suggest ways to overcome these barriers, although the road ahead is a long one.

### Quality Improvement

The Juravinski Hospital in Hamilton, Ontario, recently attempted to improve patient “throughput” and care quality in the context of constrained resources (familiar story!). Yet, while not all their goals were realized, quality improvement (QI) progress was made as a result of several “critical success factors”: development of in-house data management expertise, establishing patient flow as a “corporate initiative,” creating a steering committee that held regular meetings and made regular reports and using/spreading QI tools throughout the organization.

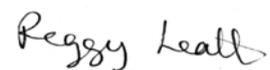
Also in Hamilton, but more closely focused on one disease area, another group of researchers led by Rhonda Whiteman examined the impact of six strategies aimed at advancing the provision of thrombolysis for patients with acute ischemic stroke. A time-sensitive clinical process, administration of this vital treatment was improved as a result of a continuous QI process.

### Health Human Resources

As the science of leadership has advanced, we have come to understand the extent to which succession planning and leadership development is a critical feature of organizational and health system success. Unfortunately, as Peter Craighead, Ronald Anderson and Rosemary Sargent note, these tasks are often unrealized in academic medicine. It will be interesting to observe which elements of the business-inspired framework the authors advance will require translation in order to be adopted fully in our universities.

### Health Law

Public-sector procurement legislation might seem light years away from the personal and experiential questions that animate so many of this issue’s articles. Glancing back at the thoughts I put forward at the start of this editorial, however, procurement practices are nothing if not fundamental processes that underwrite the provision of care across Canada. In his carefully detailed contribution, John Beardwood interprets the Ontario government’s recent procurement directive for broader public sector organizations. This jungle is not to be entered into by the faint of heart, but Beardwood is a trustworthy guide whose knowledge of the territory is second to none.



–Peggy Leatt, PhD