

Our goals were lofty when we launched *Healthcare Quarterly* 15 years ago: to illuminate best practices in healthcare policy, management and delivery by documenting and analyzing in-the-field experiences in ways that resonate with and prove useful to practitioners, planners and administrators. The papers gathered here, I am proud to say, all live up to that bold objective.

### Healthcare Ethics

Recent high-profile instances of drug-supply shortages have underscored the need for ethical frameworks to support equitable access. Taking as their cue the winter 2012 shortage of generic injectable drugs manufactured by Sandoz Canada Inc., Jennifer Gibson et al. review the efforts of the Ethics Working Group in Ontario to develop a decision-making framework that encompasses overarching principles pertaining to ethics (individual and societal levels), allocation (three stages) and fair process. Most interesting to me is the portion of their article that describes the resulting framework's implementation, and the tactical considerations that each healthcare organization must take when operationalizing those high-level principles.

### Access to Care

From access to drugs, we move to two pieces investigating access to care (see also the sobering ICES report in this issue on lacklustre access to primary care in Ontario, despite years of policy and structural reforms). Deborah Marshall et al. take us inside the creation of Alberta's Wait Times Rules, which are aimed ensuring 90% of patients needing a total joint arthroplasty meet the benchmark of 14 weeks from consultation to surgery. One of the rules' most novel aspects is the shift of wait-times measurement back a step to *referral*. A further innovation is the rules' distinguishing between wait times stemming from patients' choices and system performance (i.e., voluntary vs. systemic delays).

Closer to ground level, Susan Horton et al. discuss a pilot study involving the introduction of single-session walk-in psychological counselling (in Kitchener-Waterloo, Ontario). The authors primarily consider the economic impacts of this new care-access method. Most significantly, they found that single-visit walk-in counselling led to decreased use of hospital emergency departments and enhanced patients' ability to return to work.

### Health Human Resources

Can anything much be accomplished without highly engaged personnel? In their contribution to this issue, Chris G. Scott et al. recount the development of The Ottawa Hospital's *hospital-physician engagement agreement*, part and parcel of that organization's drive to reach top-10% performance in quality and patient safety in North America. I was particularly impressed by the robustness of the data-collection and qualitative-analysis methods that went into creating the agreement. Incorporating essential concerns such as accountability and physician performance measurement,

the agreement is a living alignment of values between clinicians and hospital administrators that, I hope, can be modified and extended to incorporate other care providers.

Physician leadership is a critical component of the TOH's agreement. Shedding new light on leadership and team effectiveness is the focus of a case study by Penny Paucha and Margret Comack. Beginning from the premise that leadership today is about the "ability to inspire, engage and motivate people to take action in service to the objectives of an organization," the authors explain the use of the Kolbe Index – a test of an individual's instinct – at a two-site rural Ontario hospital system.

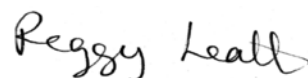
### Patient-Centred Care

A few issues ago, we published an article about process reorganization in outpatient chemotherapy units in Halifax, Kingston and Toronto. That paper rounded on the logistical and resource efficiencies of same-day scheduling, with some indication of an attendant improvement in patients' experiences of care. Drawing on several of the same concerns, in this issue Ruben Aristizabal et al. describe the impact on patient satisfaction of providing individuals with "sufficient notification lead time" of their appointments. Carried out at the Vancouver Centre, their study clearly links increased patient satisfaction to process redesign, underscoring yet again the critical importance of taking patients' *experience* of care when planning innovations. This chimes well with David Levine's advice (offered in an interview with Ken Tremblay included in this issue) to people starting out in healthcare-leadership careers: "Be patient focused in everything you do, and ask yourself, how is what I'm doing going to ultimately affect the patients?"

### Infection Control

Our final article was sparked by a recent hospital-based outbreak of *Clostridium difficile* in the context of a 50% capacity decrease at that facility. Michael D. Christian scrutinizes the part outbreak control measures and surge management strategies could play in dealing with similar crises. Of fundamental importance, he argues, is detection of a "surge event," whereupon "an effective system to manage the response" becomes necessary.

I began my editorial by noting that the papers in this issue of *Healthcare Quarterly* amply live up to our founding ambitions. I would like to conclude by commending and thanking the authors who, over the past 15 years, have demonstrated such exemplary levels of dedication in preparing and then sharing their articles with us. Your efforts, I assure you, are helping to re-shape the healthcare landscape in Canada and beyond.



Peggy Leatt, PhD  
Editor-in-Chief