

I approach this issue of *Healthcare Quarterly* with mixed emotions. As usual, the contents are an insightful mix of articles that re-fuel my hope for the future of health service delivery and policy development. Yet, because this is my final issue as editor-in-chief of this publication, I am experiencing a certain tinge of melancholy that this exciting 15-year journey is now at an end.

Over the past decade and a half, I have taken great pride in helping to launch and then oversee the development of a journal that has become such a strong vehicle for communicating innovations in healthcare policy, administration and practice. Of course, I have not toiled alone – not by a long shot. Since issue one of what was at the time called *Hospital Quarterly* appeared in 1997, I have benefited from the expertise of the journal's advisory board members. In addition, I have come to rely on the Longwoods team (in particular, Dianne Foster-Kent, Anton Hart and Ania Bogacka) for editorial prowess second to none.

Taking leave of *Healthcare Quarterly* would be far more difficult if it were not for the fact that I am passing the torch to my former University of Toronto colleague Dr. G. Ross Baker. There are few among you who will not be aware of Ross's combination of intellectual brilliance and genial character. Ross is someone whom I have always looked to for thought leadership. Over his lengthy career, Ross has helped to shape our understanding and discussion of quality, safety, measurement and several other critical topics. A first-rate Canadian scholar with an international reputation, Ross will, I know, guide this journal to new heights of excellence.

For the present, though, let me introduce you to the contents of this issue.

### Quality Improvement

The first two articles address a topic that is near and dear to Ross's heart: quality improvement. We begin with David Wood's examination of the impact of Lean – a system of operational improvement derived from the Japanese automobile-manufacturing sector – in seven hospital emergency departments in Ontario. In this well-conceived study, the data showed clearly that Lean led to significant improvements in three dimensions: length of stay, labour efficiency and quality of service. Remarkably, in achieving these outcomes there was no unwanted trade-off between quality and cost: efficiency and responsiveness can, under Lean, coexist.

Accreditation is one of the main ways that healthcare providers monitor and ensure care quality. Susan Mumme and Wendy Nicklin take us inside the October 2010 accreditation "journey" undertaken by Alberta Health Services (AHS) and Accreditation Canada. The challenges associated with investigating such an enormous, multi-faceted provincial organization boggle the mind, including legacy corporate cultures surviving since the formation of AHS in 2008 and the logistics of administering the process across 64 sites. But, according to Mumme and Nicklin,

the results were very much worth the effort. While their article is short on details, the authors are resounding in their conclusion that the accreditation process has led directly to organizational improvements, including the creation of a shared culture and vision, standardized operating practices and increased cross-functionality among units.

### Health Human Resources

Our next piece keeps us for a while longer in the west, this time learning about inter-professional (IP) collaboration and health human resources (HHR). As Grace Mickelson and her six co-authors point out, IP collaboration is essential to improving patient, provider and system outcomes. Not a lot is known, however, about IP collaboration's links to HHR outcomes (e.g., job satisfaction, recruitment and retention). Mickelson et al. enter this grey area through a discussion of a research-planning workshop hosted by the Western Canadian Interprofessional Health Collaborative (WCIHC) in April 2012. Adhering to integrated knowledge translation principles, delegates to the WCIHC meeting arrived at three research priorities that, Mickelson et al. forecast, will lead not only to specific IP interventions but, longer term, to a multi-site IP intervention study focused on the western provinces' provincial healthcare-workplace priorities.

Paul Castonguay takes charge of a perennially thorny issue: the relationship between the public and private sectors. In 2010, Roche Canada (Castonguay's employer at the time) and the Canadian College of Health Leaders (CCHL) co-organized a mentorship pilot program aimed at developing leadership at Roche and in hospitals, as well as at increasing trust and respect between the two sectors. In an era when leadership-training programs in both camps are being "trimmed or obliterated," Castonguay sees extra-organizational mentorship as an important way forward. His discussion of the Roche-CCHL Mentorship Program offers practical insights into how to organize and run such efforts, as well as honest summations of the competitive benefits to be gained by companies that are willing to partner so intimately with hospital leaders.

### Healthcare Law

Over the years, the pages of *Healthcare Quarterly* have often contained articles documenting the social determinants of health. I was fascinated, therefore, to read about an innovative partnership between medical and legal professionals at Toronto's Hospital for Sick Children aimed at addressing factors, such as education, housing and income, that affect children's health in low-income families. In their study, Suzanne F. Jackson and her co-authors evaluate the operation and impact of this pro-bono program. While the sample size was small, the impact on families was large, including providing access to resources and information and instilling a sense of empowerment and control. Jackson

et al. also discuss the factors that contributed to success, and I am certain these details – such as the role of the “triage lawyer” – will prove informative to other organizations looking to start up similar programs.

### Patient-Centred Care

Stepping into some of the same terrain as the quality improvement pieces that opened this issue, Keith Adamson and his co-authors attempt to fill in a nagging gap in the patient-satisfaction literature: we all know that “emotional support” for patients is important, but what are its constituent elements? Based on qualitative research they conducted at a large hospital in Toronto, Adamson et al. set forth eight “themes” (e.g., empathy, informative communication, personalization) affecting patients’ perceptions of emotional support. While not the last word on this complex topic, their four “lessons” for hospital administrators and clinicians are an excellent starting point for the important work that needs to be done in this area.

### Population Health

So often in healthcare we wish that we could access databases that stretched back further in time and involved greater numbers of people. In our final article, Stewart M. Jackson and his co-authors give us insight into one such robust resource: the British Columbia Cancer Agency’s radiation therapy database (RTDB). In their study of this unique, population-based resource, Jackson et al. examine 25 years’ worth of data, which show clearly the RTDB’s utility in areas such as treatment validation, new directions for patient care and system planning and resourcing. In light of these results, Jackson et al.’s conclusions about the importance of the RTDB and, therefore, of developing similar databases in other healthcare areas are powerfully persuasive.

### To Good Health and Healthy Patients

So much in this issue of *Healthcare Quarterly* has addressed, in one way or another, the myriad ways the people who work in our sector truly care about and seek, creatively and intelligently, to develop and sustain a healthcare system that serves each and every patient in the best possible manner. High-quality patient care has always been of key importance to me, and so I am glad to be taking my leave on such a high note. As I do so, I offer my sincere thanks to all the contributors, colleagues and readers (three often overlapping cohorts) who have made my 15 years at the helm such a professional success and a personal pleasure. To adapt a popular saying, farewells make us sad only if we never expect to say “hello” again. Here’s hoping I’ll be saying “hello” to most of you many times again over the coming years.



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