In healthcare, change and ambiguity are constant." This observation by Susan Owen and her co-authors in this issue of *Healthcare Quarterly* likely would find widespread agreement among all the issue's contributors and, I don't doubt, most of its readers, too. In fact, the various innovative ways dedicated healthcare professionals both respond to and instigate change – while grappling with some ambiguous developments along the way – might be the common thread woven throughout this entire issue.

Quality Improvement

Linda Hunger, Joanne Myles, Jim Worthington and Monique Lebrun walk us through the development of a patient-focused quality plan at The Ottawa Hospital (TOH). A major premise of the plan is that "quality is a whole system responsibility." As such, the quality plan work group implemented "broad-based engagement strategies" throughout TOH. These were critical not only for developing the plan's components and measurements, but also for supporting commitment to a "culture of quality."

The United Kingdom's hospital standardized mortality ratio (HSMR) has recently emerged as a pre-eminent – though not uncontroversial – indicator of quality and change. Jon Popowich, Joanne Zaborowski and Mandy Bellows take us through a recent application of the HSMR process in two Edmonton hospitals, undertaken to provide information for quality improvement initiatives. Addressing the complexities of "deep data dives" via CIHI's e-portal, Popowich and his colleagues conclude that this measure is a valuable source for interpreting and improving care.

The final paper in this section unpacks lessons about quality enhancement learned in two German health regions. Exploring the concept of "health clusters" (geographical concentrations of healthcare-oriented businesses and institutions), Mario Pfannstiel argues that they can – given the right factors, such as clear timelines and measures, strong networks and astute management – have a positive impact on achieving quality-related health objectives at the regional level.

The Healthcare Team

Calls to foster inter-professional education and collaboration are often closely tied to efforts to build research capacity. In this context, Esther Suter and her co-authors outline recent efforts by the Canadian Interprofessional Health Collaborative's research and evaluation committee, which created a broadly linked "network for research, education and knowledge dissemination." Examining inter-professional teamwork at a more local level, Christine Plaza and her co-investigators introduce their Team Feedback Tool. Piloted over two months at the Toronto General Hospital, this online tool was designed to address well-documented barriers to "group learning," such as professional autonomy and fear of failure.

Healthcare Ethics

One does not have to search very far in newspaper archives to find instances of the topic our ethics paper addresses: end-of-life disputes. In their research on this topic, Paula Chidwick and Robert Sibbald examined physicians' perspectives on the role of Ontario's Consent and Capacity Board (CCB), an independent tribunal to which a physician can apply if she has reached an impasse with a patient's family members over that individual's "best interests."

Health Human Resources

Strategic human resources management (SHRM) plans are essential for the sustainability and growth of healthcare organizations. Susan Owen and her co-authors were struck, however, by the relative paucity, in actual practice, of such plans. Their article outlines 10 "efforts" that high-performing organizations (not limited to healthcare) make to support SHRM. The rest of the piece then recounts the development and key elements of the SHRM plan at Toronto's St. Michael's Hospital. The second paper in this section examines a more pragmatic HR issue unfolding in Alberta: how to deal with the severe attrition of pediatric transport team members. Leveraging the collaborative nature of the World Café research method, Stephen Caron developed "rich recommendations" into the roles education, leadership and teamwork can play in solving recruitment and retention problems.

Managing Smarter

Getting physicians to complete their patients' charts is a telling example of the paradoxical relationship between intellectual brilliance and unwillingness to comply with administrative bureaucracy. Faced with a troubling manifestation of that challenge, Toronto's University Health Network (UHN) struck a chart completion working group, which launched a project aimed at figuring out what was going wrong and then improving performance. Their findings provide a valuable case study in the multidimensional nature of both the problem and its solutions. Compliance is also at stake in the article by Andrea Rawn and Katrina Wilson. In this case, the authors describe a standardized order set project in rural Ontario that both reduced costs and improved patient care and safety. Central to those accomplishments were high-quality communication and education.

Our final paper looks at another UHN management initiative, this one involving the use of a virtual patient focus group (VPFG). Whereas many hospitals limit their public-engagement efforts to soliciting post-service experiences, the VPFG turns standard practice on its head by proactively involving people before decisions are made. Sharon Rogers and Erika Sedge document a great example of engagement – a multi-faceted principle that informs so many of the exciting accounts of change and change management presented in this issue.

– Peggy Leatt, PhD