

**L**ike most issues of our journal, this one is replete with examples of novel efforts to reshape and reinvigorate healthcare policies and practices. A stand-out feature of this issue, however, is the sheer range of professionals – front-line staff, physicians, pharmacists and more – involved in these initiatives.

### Quality Improvement

For over a decade, Toyota's Lean methodology has loomed large in healthcare. In our first article, Martin Puterman and his co-authors address the development of a framework specifically designed to evaluate healthcare-focused Lean programs. Drawing on their experiences developing a "comprehensive" framework to gauge the imPROVE initiative in British Columbia, Puterman et al. share lessons others can use to create statistically rigorous, multi-dimensional Lean evaluation frameworks for their own contexts.

From how to measure, we turn to measurable results. Thelma Horwitz and Josie Walsh outline the Transformation by Design "micro solution" project at Toronto's Providence Healthcare. With a "seamless patient journey" as its goal, Transformation by Design depended on the demonstration project's leaders to establish a viable partnership amongst Providence, the Toronto Central Local Health Integration Network, community care access centres and four acute-care hospitals.

### Inter-professional Care

Our next article addresses core issues raised in the preceding two: frameworks and inter-organizational relationships. Lynn Edwards and her colleagues describe the evidence-based framework, tool kit and user guide they developed to support such relationships (which, the authors note, often fail). The results of pilot-testing in terms of supporting sustainability and spread certainly look promising.

### Managing Information

From managing people and organizations, we move on to information – in this case, Canadian pharmacists' experiences with electronic drug information systems (DIS). While the results of their study indicated some differences according to system "maturity," Valerie Leung and her co-investigators show that, overall, the significant majority of pharmacists reported improvements in clinical benefits, satisfaction (of patients, physicians, pharmacists and pharmacy technicians) and productivity.

### Primary Care

Accessing primary care is often hugely challenging for people with mobility impairments. Joseph Lee and his co-authors examined a new model of care designed to meet the needs of this population. As they explain, an inter-professional mobility clinic in Southwestern Ontario strongly points to the value of such specialized facilities in improving access to timely and appropriate care. There are still many (including system-level) creases to be ironed out, but also numerous convincing reasons to get cracking on expanding the model.

### Patient Satisfaction

While we need to know more about the effects of the mobility clinic on patient satisfaction, Leslie Beard Ashley and her co-authors elaborate on the methodological uncertainties that actually plague patient-experience-and-satisfaction data collection. Focusing on post-discharge surveying at a University Health Network hospital, Ashley et al. problematize instruments' design and content, information-sharing processes and data relevance. Their recommendations are essential for a fundamental re-think of standard measurement and feedback.

### Case Studies

This issue closes with two short case studies that speak to the possibility of improvement without wholesale system transformation.

The first, by Michael Meier et al., looks at the development of an ecstasy (MDMA)-intoxication care protocol in advance of a rave in Edmonton. A single-page order set to guide therapy for stimulant abuse, the protocol – created and disseminated using basic IT tools – was clearly linked to the successful treatment of the two ravers admitted to hospital in critical condition. For their part, David Lane et al. document the "small changes" made to the cataract-surgery program at a general hospital in Lindsay, Ontario. Optimizing processes and patient flow, creating a dedicated eye-suite operating room, enhancing teamwork – these and other innovations significantly increased efficiency, without requiring additional resources.

M. H. on behalf of the Editorial Team