This issue of *Healthcare Quarterly* includes an item only infrequently found between our journal's covers: a book review. In this piece, Tina Saryeddine takes us on a tour of James FitzGerald's 2010 bestseller *What Disturbs Our Blood*, which recounts the lives, accomplishments and mental-health crises of FitzGerald's father and grandfather – brilliant but psychologically troubled physicians and researchers.

In her review of a book *The Globe and Mail* called "as riveting as a crime thriller," however, Saryeddine focuses not on plot, but on 10 reasons why this volume should be a must-read for Canadian health administrators. Amongst her many gleanings, I was struck by the significant overlap with elements that inform many of the articles in this edition of *Healthcare Quarterly*: in particular, "cultures of innovation," "investment in partnerships" and the "entrepreneurial spirit of researchers and the scientific minds of policy makers."

Quality Improvement

The first two articles in this issue are informed by an acute sense of the difference data make to healthcare policy and to disease-related decision-making. As though echoing Saryeddine on policy makers' "scientific minds," Kenneth Lam and his co-authors mount a case for the utility of evaluative research for health system administrators. In our new era of mandatory reporting of health system outcomes, Lam et al. see an opportunity for "pragmatic" investigations aimed at producing evidence to inform clinic-, hospital- and population-based programs. While the authors outline several challenges (e.g., ethics approval) to implementing large-scale cluster randomized trials, the benefits they adduce – including low cost, relevance and generalizability – are major arguments in favour of studying this approach further.

Another type of evidence – cancer stage data – is addressed by James Brierley et al. Drawing on Cancer Care Ontario's recent increase of stage-data collection, Brierley and his co-authors demonstrate the links between this population-based information gathering and "a significant increase in the types of analysis that can be performed" as well as to greater adherence to guideline-recommended treatments. That's good news for patients and for system-wide monitoring, planning and improvement.

Primary Care

Fred Burge and his colleagues are also interested in data: specifically, the link between electronic medical record (EMR) data recorded by family physicians and quality improvement (QI) in primary healthcare. In their study conducted in Nova Scotia, Burge et al. discovered the lack of EMR content standards is a major shortcoming to QI measurement feasibility. As they point out, however, merely having such standards is not enough if physicians do not use them in a "meaningful" way. In addition, there is little to argue with their contention that training healthcare providers "in efficient, accurate data entry" is a critical component for realizing the promise of EHR for QI measurement.

Value for Money

Resource utilization is never far from health system administrators' minds. Bernadette Chevalier et al. deliver food for thought in this regard in their analysis of a pilot policy – in a Nova Scotia outpatient clinic – for using patients' personal insurance to pay for a rheumatoid arthritis drug. In their examination of this alternative funding model, Chevalier and his co-authors address the associated legal, administrative, operational and ethical issues, and they document several lessons that others will find valuable when trying to balance fiscal responsibility and top-notch patient care.

Healthcare Law

At first glance, it would appear that the reprocessing of single-use medical devices (e.g., harmonic scalpels and surgical blades) by Canadian hospitals makes both financial and environmental sense. Emily Larose's article on the legal uncertainties surrounding reprocessing, however, cast this widespread practice into deep shadow. Not only are policies across Canada diverse and there is no federal regulatory oversight but, as Larose argues, in the event of harm arising from a reprocessed instrument, hospitals, physicians, device manufacturers and processors could potentially all become litigation targets.

Health Human Resources

On a more sanguine note, this issue of *Healthcare Quarterly* concludes by looking at inter-professional (IP) education and clinical placements among five groups of healthcare students. While their sample size was small, findings by Ruby Grymonpre and her colleagues indicate that collaborative-practice work environments may serve as a strong tool in health workforce recruitment. For practice areas, such as geriatrics, that suffer health human resources shortages, promoting IP opportunities may be a way to help fill the labour gap.

– The Editors