

Process improvement in surgery

The issue of process improvement in surgery stands out in my mind for the change in the type of manuscript we are now publishing in the *Canadian Journal of Surgery (CJS)*. It is really a reflection of both the research topics we are seeing submitted and the direction of where health care research is going.

It was not too long ago that all we published in the journal were case reports, scientific papers and reviews of patient problems, differential diagnoses and comparisons of outcomes centered on treatments. Now in the new world of fiscal restraint and more open information about health systems, we are beginning to understand that processes and care maps make as much a difference as surgical skill — if not more — in the therapeutic care of our patients. And, rightly, we as physicians are trying to understand the information needed to understand the new controls of patient care.

In this edition of *CJS* we have included papers on patient handover (LeBlanc and colleagues¹), float call systems (Mann and colleagues²), willingness to pay for surgery (Gill and colleagues³) and methods of admitting hip fracture patients (Desai and colleagues⁴). The need for a more efficient health care system is becoming painfully obvious, and that need is driving research down new pathways.

We are aware that we are now faced with a health care system that is in many ways inefficient and wanting for improvement. Hopefully the researchers in this edition and others performing similar projects are going to affect new

health system design. Surgeons need to find solutions to the fiscal and societal restraints currently in place. Change is being forced upon us and it is not just local, but global in scope. Looking at the rest of the world, we are marching toward a more privatized system in order to allow for care of all patients in Canada. The examination of process is exceedingly important and overdue.

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