

Forwards, backwards or paddling nowhere...

As we cross that arbitrary line between 2017 and 2018, one is reminded of all those issues that trouble the mind on a recurring basis. For me, working in the area of quality improvement and learning, the despair of seeing the same issues and failings crop up on a recurring basis in healthcare certainly gives me some pause for thought. Thinking about the repetitive nature of these cycles can be depressing, and perhaps more depressing as we cycle into a new year. There is a saying, originally by Jean-Baptiste Alphonse Karr, where he said “plus ça change, plus c’est la même chose”, translated as “the more it changes, the more it’s the same thing”.

But the New Year is a time to look forward. The days are lengthening, summer is just around the corner and the world is reawakening (well in the Northern Hemisphere anyway). In this issue of the Journal, we have eight articles that contain good news along with some bad news, but most of all there is evidence of learning. And it is the learning that is the important story; the one on which we should focus.

At last, we have an article on the use of social media in healthcare. Geletta *et al.* describe using social media commentary as an adjunct or even an alternative to in-house patient satisfaction. It is always reassuring to have several independent and mutually confirmatory sources of evidence, and this paper describes the recipe and implications of this approach. It also involves the patients in their care and, as such, has valuable learning for that facet of patient care. Patient involvement is a thorny issue that never seems to be been grasped satisfactorily by the health provider network. But when patients are involved, outcomes are better. The UK has had a National Bowel Cancer Screening Programme in place for some years now; Borowski and his co-authors demonstrate that those patients with bowel cancers detected as part of the National Screening Programme have better survival rates than those present with cancers in other elective or emergency situations. Screening programmes, by their nature, extend the opportunity and the invitation to patients to actively participate in their own healthcare journeys, and this paper adds to the catalogue of the literature that shows benefit of such interventions.

Moving from national healthcare programmes to international comparisons, Frigidis and Chatzoglou sum up the central approach on the implementation of the electronic healthcare record across 13 countries as “middle-out”. Not surprisingly, they identify the commitment of all concerned as the most important ingredient of success. Sometimes it can be a bit depressing to see that this lesson has to be re-learned for each project time and time again. But these authors must be congratulated for taking on this heterogeneous topic and synopsising their results in an interesting fashion.

Mortality in healthcare is getting more daylight as well; Nash *et al.* bravely tackled the challenge of assessing their medical colleagues’ view on patient mortality. In their work, they identified significant gaps between clinicians’ perceptions and independent reviewer perceptions. The gap between the two could be attributable to deficits in knowledge (independent reviewer not knowing about all the facts of the case) or objectivity (clinician’s blindness to the elements of medical safety). Chantal Backman *et al.* have used a focussed approach to a similar agenda within the specialist confines of the intensive care unit. Not surprisingly, they also identified the significance of strong leadership and commitment to success. For me, the question remains: Are projects started off without the leaders on board with the intention of getting them on board later, or are projects started off because of the lack of leaders creating a safety imperative within their organisations?



Lean management continues to feature as a vehicle to move the healthcare system along. Blouin-Delise *et al.* prove once again that examining any process can lead to improvement in the efficiency of that process. The authors more than halved the wasted time in recovery without interfering with any clinical activities or clinical judgments within their hospital group in Quebec. So much reward for spending the time and energy in examining healthcare processes. We should celebrate these successes but I have a concern that we will be printing many more papers like this in the coming years, highlighting local changes rather than global changes. But my pessimism is blown away with the New Year's winds as I read Conaty *et al.*'s interdisciplinary approach to perioperative surgical care. Seeing manuscripts written by medical students is like sitting in a nice garden being warmed by the beams of the early spring sunshine – hope springs eternal.

And as the years go by, Weston *et al.* have put the spotlight on the improvement of patient care in those with cognitive impairment by enrolling the help of carers. Quoted phrases from those involved carers should convince the most sceptical of readers that their involvement is worthwhile and productive as well as being rewarding.

So as we bid adieu to the old year, there is hope that even though it is much of “la meme chose” (the same thing), healthcare changes, and improves, and evolves [...] to the benefit of all of us.

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