The secret of getting ahead...

Mark Twain once said that “The secret of getting ahead is getting started. The secret of getting started is breaking your complex overwhelming tasks into small manageable tasks, and then starting on the first one.” Every day, thousands of complex overwhelming tasks take place in the delivery of healthcare. Healthcare is a hugely complex and time-consuming service industry that ironically seeks to reduce its customer’s usage of its services.

This issue is mostly centered on process analyses and improvements. Examples from the simple to the complex are cited, each with their own learnings. Bahrami *et al.* have utilized data envelopment analyses to reduce the various aspects of healthcare delivery in the hospital setting to numerical values and while I can hear a chorus of healthcare staff decrying the reduction of their daily activities to mere numbers, there is a value in valuing every conceivable aspect of healthcare so that the most basic of comparisons between institutions can be made easily. Bidassi *et al.* used a surgical flow improvement initiative to shake up the low performing surgical programs in their network. I was pleasantly surprised to see the slogan of a global sports brand being used and described in an academic journal on quality in healthcare. Perhaps we can have more “just do it” projects being shared within the improvement network.

When Sharma *et al.* sought to improve the turnaround time for laboratory specimens in their organization, one unsurprising issue was the need to gather the necessary data manually. Despite having access to “big data,” many projects find that the essential data for improving process control is absent from data sets. Many of us will have experienced the insistence of the ICT department that feels the need to have every possible question covered off before creating an electronic information system. Maybe the just do it approach should be shared with ICT departments.

Fiori *et al.* have examined the delivery of HIV care at a district level and found 28 areas for intervention. While they countenance against the extrapolation of their findings to other systems, the identification of many areas for improvement and the approach they took are essential learnings from this project that should be shared. Bargash and Saleet turned their attention to outpatient scheduling systems and patient no-shows. Though an area clearly in need of review, it always amazes me how outpatient scheduling has not appeared to investigate or learn from the airline booking systems. Some years ago, colleagues in the neurology clinics in our hospital published on the patient perceptions of missing appointments and the willingness to pay a monetary deposit for appointments in the hospital system (Roberts *et al.*, 2011).

And while we are examining processes for opportunities to improve, the competence of clinical staff is a factor that few have documented as a process event. Fanelli *et al.* have documented their work in a Milanese hospital. In the author’s hospital, the project resulted in a privilege mapping system that assists clinical leaders in identifying excellence. The successful delivery of healthcare is heavily dependent on teams working efficiently and Al-Araidah *et al.*’s survey in Jordanian hospitals highlights low levels of satisfaction lack of training lack of communication, etc. Unfortunately, healthcare systems seem to have challenges in learning how teams need support and resources in order to be effective. It is a lesson that we have to learn and relearn time after time.

And to round off the issue, Gayle Prybutok writes of her work in increasing the efficiency of processes in a smaller community in Texas. Two things struck me in her manuscript;

the size of the local community can premeditate against effective feedback and therefore militate against improvement and additionally her final reflection that Deming was correct [...] change can be simplified. Enough said!

Editorial

Ian Callanan

Reference

Roberts, K., Callanan, I. and Tubridy, N. (2011), "Failure to attend out-patient clinics: is it in our DNA?", *International Journal of Health Care Quality Assurance*, Vol. 24 No. 5, pp. 406-412.

275