

Quality Lines

David P Stevens, Editor

AN INTERVIEW WITH GARY KAPLAN, CEO OF VIRGINIA MASON HEALTH SYSTEM

This issue introduces a series of interviews with health system leaders. Our aim for this series is to provide a perspective that looks beyond the data to explore issues of leadership and organizational culture that contribute to higher quality and safety. In this issue, Dr Jim Reinertsen interviews Gary Kaplan, CEO of Virginia Mason Medical Centre. This conversation provides a sense of the vision and organizational change that has made Virginia Mason a leader in the implementation of Lean Production strategies for improving care processes, making care safer, improving flow, and eliminating waste. See p 156

RESEARCH AND SCHOLARLY REPORTS SINCE TO ERR IS HUMAN

The 5-year anniversary of publication of the Institute of Medicine report, *To Err is Human: Building a Safer Health System*, has come and gone. Yet there is debate whether its contribution to safer patient care has been measurable. This report provides evidence that subsequent to the IOM report there has been significant increases in scholarly safety research publications and safety research funding. In addition, the dominant subject of scientific publications in this field has changed from emphasis on malpractice to better understanding of safety culture. Translation of this new knowledge into safer health care remains the dominant challenge for health care professionals and organizational leaders. See p 174

QUALITY IS AFFECTED WHEN THE PATIENT PAYS, REGARDLESS OF THE SETTING

Access to emergency obstetrical care is important to reducing foetal and



maternal mortality. This study in a Bangladeshi teaching hospital describes the impact of the mother's financial resources on the availability of emergency obstetrical care. While such care is nominally free, the extra costs that are required for emergent complications during delivery must be borne by the patient and her family. The imperative of the impending delivery adds to the urgency of providing timely resources for such care. This dilemma can tax social systems in both so-called poor and wealthy countries. An accompanying editorial emphasizes that health care equity issues also are found in wealthy countries such as the US where the patient frequently bares a large financial burden for care. In the absence of universal access to health care, stories at the personal level and statistics at the community and national levels emphasize the impact on quality of care when the patient pays. See p 214 and p 146

FURTHER COMMENTARIES ON DRAFT GUIDELINES FOR REPORTING IMPROVEMENT RESEARCH

This issue offers two further commentaries on the draft publication guidelines advanced by Davidoff and Batalden for scholarly improvement reports which appeared in QSHC in October 2005. One commentary emphasizes the role that well-crafted improvement research offers to effective application of evidence obtained from conventional studies such as randomized clinical trials. Such improvement research, if rigorously performed and systematically reported, advances reliable and safe care by translating evidence into practice. A second commentary offers a more guarded view of the draft guidelines and expresses the concern that, in a worse case, they may even result in biased and uncritical information that runs the risk of providing wrong directions for changes in care. These commentaries offer further discussion and debate—as intended when QSHC originally published these draft guidelines. See p 150 and p 152