In her review of Raisa Deber's *Treating Health Care: How the Canadian System Works and How It Could Work Better*, Jennifer Zwicker characterizes policy analysis as "the bridge where policy theory meets practical application." This observation could serve as a guiding principle for many of the articles we publish in *Healthcare Quarterly*. Fundamentally, what is at stake for so many of our authors is analyzing the policy theories that spark innovations and then measuring the success of those initiatives in order to revise their theoretical underpinnings.

Rethinking Supply Chain Management

Instead of a bridge, our first four articles use a related metaphor: *supply chain*. In her introductory piece, Anne Snowdon argues that deploying integrated supply chain processes and technologies in clinical environments is a system-level strategy to support quality, safety and cost savings. Snowdon's remarks are a gateway for three international case studies.

Beginning on the other side of the Atlantic, Snowdon and Alexandra Wright offer a qualitative analysis of the Scan4Safety program demonstrated at six of England's National Health Service Trusts. Focused on improving care quality "by reducing unwarranted variation and health system costs," Scan4Safety entails automating and standardizing supply chain infrastructure in accordance with international (e.g., GS1) standards. Key outcomes of the two-year trial included a "substantial return on investment" in the form of considerable cost savings and increased control for clinical programs, which arose from point-of-care scanning and inventory management.

Similar – in some cases greater – benefits accrued to three perioperative programs in the Mercy system in the US and across Alberta Health Services. At Mercy, Snowdon and Betty Jo Rocchio show, a data mobilization effort relied on four strategic goals (e.g., clinician engagement) and a four-pillar implementation strategy (e.g., control of information and data). Among the robust evidence of "substantive value" were streamlined operational processes that reduced surgical teams' workload burden and increased patient safety. In Alberta, a province-wide supply chain strategy rested on price harmonization, centralized procurement, a "comprehensive index of products identified using global standards," centralized warehousing of products and clinician engagement. Among the three case studies, Snowdon and Alexandra Wright's summary of the Alberta experience offers the most extensive discussion of challenges, such as "limited communication," which resulted in stakeholder confusion and resistance.

International Models of Integration: Part 2

In our previous issue, we presented part 1 of a three-part series addressing international perspectives on health service delivery models aimed at system integration. Part 2 shines a light on Scotland, where Cathy Fooks et al. discovered a "bold plan"; indeed, they call it "a model to emulate in Ontario." As recounted by Geoff Huggins, the director for health and social care integration in Scotland, the government departed from its customary "central planning" approach by empowering 31 Integration Authorities to make decisions that best meet the needs of their specific populations. Despite some hurdles (e.g., data gathering using different records, underinvestment in organizational development), Scotland's emphasis on local solutions is, especially on "the front line, where patients and providers meet," leading to improvements.

Managing Wait Times

Better access for patients – yes, please! This perennial concern across the developed world is the focus of our next two articles.

Claudia Zanchetta and her co-authors examine Ontario's attempts to reduce wait times to see surgical specialists. This long-term project has produced "good-quality" data useful for discerning issues (e.g., regional variances) and supporting a "common platform" for improvement aimed at, among other things, equalizing access across the province and "supporting higher-quality care." One of the authors' most intriguing observations is that making wait-times data publicly available is "one of the most effective ways to drive improvements and increase accountability." Two provinces west, Geoffrey Johnston outlines how Saskatchewan decreased its non-emergent orthopedic surgical wait times from 2001 to 2017. Major contributors to this success were hospital service consolidation, dedicated joint replacement rooms, a rehabilitation-focused post-operative ward, integration of Lean principles and third-party, private day-surgery services.

Tools for Planning

Nearly every jurisdiction has a deceased organ donor registration program, and nearly all of them confront lacklustre rates of registration. Ontario is no exception and added to the mix is the puzzle over why rates vary so markedly across the province (relatively high in the north, relatively low in parts of the south, including Toronto). To understand this phenomenon, Piotr Wilk and his colleagues conducted a cross-sectional population-based analysis of registration data in 2011 and 2016. Their "snapshot" of provincial trends and "hot spots" will, it is hoped, help guide future awareness and promotion campaigns.

Quality Improvement

We end on a topic that infuses all the pieces in this issue: quality improvement. First off is a six-week hospital-based, community-delivered falls prevention program geared toward frail older adults. Combining education and exercise, the partnership-based Strong and Steady program in Mississauga, Ontario, improved participants' confidence, balance and number of reported falls. Perhaps most excitingly, a three-month follow-up showed the gains that had been sustained. In addition, a qualitative review revealed better confidence as well as more participation in physical activity and "meaningful activity." It is encouraging to read this report in concert with the recent CIHI survey results addressing safety and care quality for seniors with dementia, a population that is plagued by high rates of falls.

Wrapping up this issue, Lise Vaillancourt and Carolyne Mondoux address Lean-infused quality improvement initiatives at Hôpital Montfort in Eastern Ontario. Although Lean approaches are ubiquitous in healthcare these days (see, for example, Johnston's article), the authors make the point that physician engagement is paramount to success, particularly as it pertains to "resistance to change." At Montfort, one of the more novel elements used to gain physicians' support entailed leveraging their inherent "competitive nature" by posting performance results within medical departments. On a more tangible level, Montfort directly compensated physicians for their involvement and recruited specific physician "champions." These and other tactics led to several positive outcomes for physicians, including increases in efficiency and income; for patients, wait times have shrunk and physicians are able to see more of them during the same number of hours. To our minds, that's not a bad definition of "win-win."

– The Editors