GUEST EDITOR'S PREFACE

Striving For Better

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Better. A simple word, one we all learn by first grade, yet with vast and limitless potential. Used in almost any part of speech, it speaks to improvement, quality, and excellence. Atul Gawande chose this one word as the title of his book in 2007, and it applies to so much more than a surgeon's performance.[1]

BETTER IS OUR MISSION IN HEALTHCARE

My own journey to quality improvement QI was not traditional. In fact, I am an improvement project still in progress. As a pediatric resident in the early 1990s, I began to notice things that others seemed unfettered by: the hoarding of intravenous catheters in a small box in a drawer at the nurses' station because we could never count on finding one when we needed one, or the inability to ever clear all the patients in the waiting room of the emergency department, and the endless pile of paper charts which seemed to be attached to patients NOT currently sitting in the waiting room (where did they all go?). Fast forward to my fellowship in pediatric emergency medicine, where I learned that some of the inefficiencies that drove me crazy in residency existed in other forms elsewhere. Process improvement, as a function of everyday work, was not yet mainstream, and most of us were still muddling through, and accepting, suboptimal workflows and creating our own workarounds just to get through the day.

Unbeknownst to me, 2 of the most pivotal forces in health care quality were stirring right under my nose. Don Berwick, a pediatrician within the same institution, was about to forever change the landscape of healthcare as we knew it, founding the Institute for Healthcare Improvement and working on the first of several groundbreaking publications for the then Institute of Medicine (IOM). Right next door, Atul Gawande was a young surgeon, training at the same time as I was and with mutual friends in common. These leaders, likely bothered by many of the

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same things, had embarked on a new journey toward improvement. Meanwhile, now a young attending, I found my own workarounds and was elated that the nurses seemed to enjoy working shifts when I was in charge, often telling me that the department ran "more efficiently" when I was there. I worked long clinical hours and would spend unscheduled time moonlighting to pay down school debt, a stark reality which I had been avoiding throughout my training. At the time, I was content with mastering my clinical space and making changes where I could, both at the main hospital and within a new, community-based hospital system. I soon began to see that some small changes and interventions in this new setting seemed to lead to noticeably better patient care and outcomes in that space, largely because these facilities had no prior pediatric staff within their emergency departments or residing full-time on their hospital inpatient units.

Working with a smaller group of physicians and nurses made implementing things like pediatric-specific guidelines in the emergency department or on the inpatient service easier, and I found that I enjoyed the satisfaction of knowing we were making things "better" for those patients. In addition, the staff actually seemed excited to be part of the changes taking place, and the smaller, community environment proved progressive and adaptive. It was now the early 2000s, and the first in-depth look at the quality of health care in the United States was front and center, with the staggering impact of medical errors landing on the covers of news titans *Time Magazine* and the *Wall Street Journal*. The Institute of Medicine's report, *To Err is Human*, was not just a wake-up call for public consumption; it implored those whose job it was to provide health care to seek out solutions to prevent those errors that led to poor patient outcomes.[2] The dawn of a new era was staring me in the face, one where the quality of the work we practiced, not just the quantity of hours we worked or the war chest of clinical cases and experiences we accrued, mattered more. It was also the awakening in me of the possibility that these things that I had been doing to make things "better" actually fell into a new space that could be quantified, measured, and further improved upon.

My family's move to Chicago brought new opportunities and a fresh canvas on which to hone this interest. Though delayed in my earnest pursuit of quality improvement as a career path, my desire to improve the quality with which we delivered care was a constant, always smoldering in the background. As a colleague recently reminded me, one of my favorite things to do during my time as medical director of one of our community pediatric emergency department sites was to review charts. Although this may seem like a necessary evil for most medical directors, for me, it was not drudgery. It was my passion—an open window into our group's performance, shedding light on our variation and fueling the projects through which we could improve.

Fast forward to the present. During the past 5 years, I finally immersed myself in this new space—but first I needed to become a learner, earning a master's degree in health care quality and patient safety at Northwestern and a certificate in improvement science through Intermountain Healthcare's advanced training program. Seeing no limit to the potential of these new tools, my eyes were now fully opened to the possibilities that lay ahead. I am now, formally, a practitioner of improvement science. I have been fortunate enough to have had great mentors throughout my career, ones who have supported me in my decision to change course and who have helped me grow both personally and professionally.

In the pages that follow, I hope the words of the authors spark a curiosity within you to embark on your own journey toward improvement. The contributors in this issue come from varied backgrounds within pediatrics, emergency medicine, nursing, and hospital administration. They reside both in academic centers and within the community setting. They represent people that you collaborate with all the time, performing the work that all too often goes uncelebrated behind the scenes, work which makes the lives of those we trained to serve… better.

In a time where our health care system is overburdened by demands and distractions, the work of quality improvement requires that we stop what we are doing and quietly observe and analyze. Only then should we make one change…then to do it again, and again, until we get it right. Most important, the tenets of quality improvement speak to a humanitarian stewardship that helps ensure we are, first and foremost, thinking of others. As you consider where you fall on your personal quality improvement journey, looking for failure points in your own systems, simply ask yourself, "What can I do better?" You may be amazed where that one simple word will take you. ✚

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