

## Do you like jigsaws?

Information overload is a challenge. I have no doubt that there are people out there that have the intellectual horsepower to manage mountains of information and revel in the daily onslaught of data, e-mails, articles and other snippets of information, but for me, it is a challenge. I have started to notice the force of neuroplasticity in my brain (of course, it could simply be Alzheimer's, but please give me the benefit of the doubt for the moment). I notice that I can concentrate on short, focussed interactions, such as video clips, webpages or news articles easier than focussing on longer texts, such as books.

And therein lies the benefit of a journal manuscript to the daily practitioner. It is as if a journal article evolved to manage neuroplastic change even before the concept was understood. Each manuscript has an executive summary – for those of us with concentration or time issues – and the in-depth detail for those of us who want to delve into the mechanics of the project.

Back to jigsaws. When assembling and ordering the manuscripts for an issue of the journal, one of my pleasant duties as an editor is to attempt a good flow from manuscript to manuscript. We try to make a connection in the sequence, even though most readers will read one article or another – readers who read the whole issue cover to cover are an unusual breed.

In this issue, we start with a fascinating paper on the errors in ophthalmology. I do a lot of teaching in risk management but I was not aware of the risk of incorrect intraocular implants or the likely reasons for this mistake. De Korne *et al.* highlight the challenges of ensuring that the process from assessment to implantation is safely and correctly followed. Not surprisingly, handwriting and transcription errors are a challenge in this branch of surgery as elsewhere. Efficiency in orthopaedic surgery (where they use slightly bigger tools) is improved in hospitals where diagnosis-procedure combination reimbursement is present, according to Nakata *et al.* The value of large-scale data gathering and more importantly large-scale data analyses has been proven in the number of papers on surgical process published in this journal by Japanese authors in the past few years.

In my opinion, you can never have too much information on the flow of patients through our healthcare systems. Kim *et al.* use computer simulation to compare alternative approaches to seeing if patients can be treated faster in the emergency departments. For a system that revels in new technological developments, it appears to me as a bystander, that patient flow technology is relegated to a secondary position when investment is called for. Another area that gets ignored in hospital, surprisingly, is nutrition. Wang *et al.* draw our attention to the nutrition status of paediatric trauma patients in McMaster. In common with previous papers we have published on the topic of hospital nutrition, there are gaps that need our attention. The paper allows me to repeat my rant once again; it is the small things that are important in service provision. One can readily accept that, if we get the small things right, good outcomes will follow. But the small things can be seen as unimportant or inconsequential. Repeatedly, papers published in the journal highlight the importance of caring for the small things – Arthur Conan Doyle (of Sherlock Holmes fame) quote comes to mind. “It has long been an axiom of mine that little things are infinitely the most important”.

Our last three papers (Paula *et al.*, Vachon *et al.* and Amo-Adjei *et al.*) focus on the customer in healthcare delivery. Each paper has an important message for us as healthcare providers, but I despair of the continual need to be reminded of these issues. Please do not misunderstand me; I long for the day when papers will focus on the evolution of a higher



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level intervention, rather than the basics of the physical infrastructure and the communication of basic care.

Editorial

Each issue takes me by surprise in how our submissions link together into some common themes. Each paper is a piece of a fascinating jigsaw that we are assembling. Each submission locks with its neighbours in the issue, but more importantly, each manuscript has links backwards and forwards in the great three-dimensional puzzle that is healthcare delivery.

Happy reading.

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