From the Editor

The Way Life Should Be

There is a large, blue sign on the northbound side of the Maine Turnpike, approximately 1 mile north of the Piscataqua River, as you enter the state of Maine that reads in bold white letters, “WELCOME TO MAINE, The Way Life Should Be.” For me, the sign serves as a reminder that I should not be satisfied with the current state of affairs, but continuously striving for better—“The way life should be.” Such thinking is embodied in the Toyota Lean Production Method, a relentless quest for the ever elusive goal of perfection (1). Before Toyota’s introduction of this methodology in 1949, it was nearly bankrupt and had laid off a large part of its workforce. Today, Toyota has a reputation for the outstanding quality and reliability of its automobiles and, furthermore, it is the largest automobile manufacturing company in the world (in terms of production), employing over 317,000 workers.

One of the underlying principles of Toyota’s Lean Production Methodology is a philosophy that invites the whole person to work, including his or her cognitive ability, technical skill, and values (2). If you work for Toyota, you have two jobs: build cars and “invent better ways to build better cars.” Toyota’s use of this principle has been transformational. It has given birth to a world-class production system that, compared with traditional systems, manufactures with half the human effort in the factory, half the manufacturing space, half the investment tools, half the engineering hours, and half the time to develop new products. Imagine, for a moment, what a healthcare system or cardiac team would look like if everyone was so engaged. Imagine a system where everyone had two jobs, to provide care and also to engage in continuously redesigning the care system into one that is increasingly efficient, reliable, and patient-centered.

In this issue we are pleased to publish Validation of a Perfusion Registry: Methodological Approach and Initial Findings by Paugh and colleagues (3). The authors have followed in the footsteps of the Northern New England Cardiovascular Disease Study Group (4) and, more recently, the Perfusion Downunder Collaborative (5), measuring perfusion-related characteristics and process variables. Paugh and colleagues report on the validation of registry case counts and fields at 14 participating medical centers in the state of Michigan. This registry will provide participants with the opportunity to learn about the care they provide and perhaps an opportunity to invent better ways to deliver cardiovascular perfusion and cardiac care. Their future success will hinge on their ability to engage participants in carefully examining the current state of their perfusion practice, through the lens of the registry, and their ability to engage participants in the important work of redesigning care (making it the way it should be).

I hope you enjoy this issue of the Journal. Be sure to bring your whole person to the medical center each day and keep your eyes open for signs along life’s highway.

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Editor-in-Chief

REFERENCES