



Editorial

The occasion of the annual Ontario Hospital Association conference offers an excellent opportunity to reflect on critical events of the past year that have irreparably altered the face of health services in Canada. One such event was, of course, SARS. In this issue of *Hospital Quarterly*, that point is driven home by Orr who describes the “new norm” of healthcare organizations. While Canadian hospitals demonstrated a remarkable ability to respond to the SARS crisis, we now know that we must be constantly vigilant for any number of potential disasters including power failures, natural disasters or infectious diseases. A second paper in our SARS coverage by Quinlan et al. reports on the effects of visitor restrictions to hospitals while a third paper from Bernstein looks at the very thorny ethical issues posed by such an outbreak. A fourth paper in the series from Adamson describes a leadership experience with the SARS outbreak.

Next, Glynn and his colleagues provide an update to an earlier feature on Saskatchewan’s surgical waiting list strategy. In this article, the authors describe some of the barriers to implementing the strategy – including frustrations with incompatible data systems. Zelmer and her colleagues at the Canadian Institute for Health Information provide an overview of medical imaging with discussion of trends and emerging issues. We are also pleased to feature a photo essay on capital development and redevelopment projects at facilities and regions across the country.

Privacy and security of information are increasingly important topics for healthcare organizations. An article by Fundner introduces the basic context for information security and offers insight into how a number of hospitals are addressing the situation, what barriers they currently face and what opportunities they see unfolding. A second article by Beardwood looks at the legal implications of the recently released “Guidelines for Managing Privacy, Data Protection and Security for Ontario Hospitals” prepared by the Ontario Hospital eHealth Council Privacy and Security Working Group. The Guidelines offer a comprehensive overview of the issues raised for hospitals by existing and pending privacy legislation and a very high-level framework for addressing same. However, the Guidelines are as stated – high-level guidelines only – leaving hospital management to grapple with the next big step towards privacy compliance: how to operationalize the guidelines within their particular hospital.

The use of the Chronic Care Model (CCM) developed by Group Health Cooperative and the Institute for Healthcare Improvement has assisted healthcare teams in demonstrating effective, relevant solutions to the growing challenge of caring for the chronically ill. In the Vancouver Island Authority and James Bay Community Project, Barr and colleagues show how the current CCM is geared to clinically oriented systems and is difficult to use for prevention and health promotion practitioners. To better integrate aspects of prevention and health promotion into the CCM, an enhanced version called the Expanded Chronic Care Model is introduced.

We’re also pleased to offer a selection of columns and papers across a broad range of themes. Tan, writing in *FutureThink*, discusses the importance of building an organization’s brand around a commonly agreed upon purpose and mission. The CIHR Research column describes CIHR’s work in commercializing funded research. The ICES Reports column compares cardiovascular rates and length of stay across Canada.

Enjoy the read.

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