The International Journal of Reliable and Quality E-Healthcare (IJRQEH) exploits a novel framework for revealing, understanding, modeling and implementing appropriate reliability and quality interventions leading to quality assurance and improvement. It addresses a variety of issues which relate to the quality and reliability assurance of e-healthcare, patient safety, patient empowerment, education on quality, e-medicine, and e-healthcare evaluation. It aims to international leading edge research and best practice with a view to provide an interdisciplinary forum for the international debate on theoretical and practical aspects of quality, patient safety, and e-health interaction.

As a result, it supports students understand the effect of new technologies on health systems, helps healthcare professionals better understand their patients, acts as an assistant for patients to derive more benefits from their healthcare, and encourages e-health systems designers and managers to ground everyday practice on quality principles. Its target audience includes students, healthcare professionals, academics, researchers, managers, policy makers, and non-profit organizations.

The inaugural issue of the journal provides an overview of the topics of interest. Specifically, the first article argues that e-health promises to provide efficient national medical markets, service at all hours and the consistent integration of products and services. It can also be used to better patient physician relationships as web sites can be used to deliver information directly to consumers. However, systematic measurement of patient satisfaction is seldom included in routine quality assurance (QA) programs. Practical reasons have been given to explain this omission: the mental and physical state of patients, their lack of the necessary scientific and technical knowledge, the rapid pace of events of care, and methodological problems related to measuring patient satisfaction. Authors conclude that quality medical information should be provided which should not be marred by provider self interest.

The second article examines a framework designed to assist the implementation of evidence based practice using technology in health care settings from the theoretical lens of the Socio-Technical Systems (STS) approach. The framework under study is called the CPM Framework™, developed by the Clinical Practice Model Resource Center (CPMRC). The CPMRC is a collaborative consortium of health care providers representing over 300 rural, community, and university settings. The CPMRC developed the Clinical Practice Model (CPM) Framework™ to oversee the integration of evidence based CPG’s into the work worlds of clinicians. Authors argue that the CPM Framework is consistent with STS strategy concepts, and can serve as an exemplar for other health care organizations seeking to implement
technology in a manner that is consistent with established theoretical foundations.

The third article presents the fundamental framework of Lean Six Sigma (LSS) with primary concern of health information technology (HIT) applications and quality improvement. It argues that the transformation of healthcare quality into meaningful and actionable strategies requires use of a holistic, rigorous, and well-organized approach to quality improvement. In this context, it argues that the framework established through Lean Six Sigma (LSS) has increasing relevance for use within healthcare organizations, especially for design and redesign of health information technology (HIT).

The fourth article suggests that the accurate definition of the target volume as well as the organs at risk is a crucial step for the treatment outcome. One of the key organs that must be protected during the irradiation treatment is the spinal canal. Nowadays, high resolution computed tomography (CT) data are required to perform accurate treatment planning, and there is the demand for quick but accurate segmentation tools. It presents a simple approach that can accurately extract the spinal canal in three dimensions (3D) from CT images.

The fifth article demonstrates the modern medicine tendency to launch mobile applications initiating the i2i era. Moreover, it lists approved FDA applications and future deployments, and presents three distinct projects in iHealth: blood-pressure monitoring, iAnapath and the i-EEG control in child attention deficit. Authors conclude that the next generation of Health Care will be no doubt the i2i & Health 4.0.

Finally, the sixth article argues that existing medical applications for 4G mobile phones applications reshape the nature and expectations of health care delivery; emphasize active involvement of patients and enable digital proximity and self-care, thus, challenging the traditional paternal model of medicine.

In conclusion, the inaugural issue forebodes the journal’s impact, which could be summarized as follows:

- Probing into the interaction of quality and e-health
- Providing essential information to assess e-health systems and services
- Offering information about reliability modeling in e-health networks
- Inquiring state of the art methods in quality, patient safety, patient empowerment and education in e-health
- Describing reliable e-healthcare processes and policies

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