Editorial Preface

Letter From the Editor
Sharon Kleefield, Harvard Medical School, Boston, USA

Welcome to issue #2 of the Journal of Healthcare Management Standards. Highlights from this issue’s submissions follow below.

In 2020, the National Academies of Science, Engineering, and Medicine organized a committee on Preparedness for Emerging infections and 21st Century Threats. A key recommendation was the need for a new strategic and sustainable national system, based on the sharing of evidence-based knowledge (data) and an equitable and inclusive partnership of the private and public health care sectors. In so doing the value of standards and new guidelines will be needed, with a renewed focus on reducing harmful, wasteful, and unscientific variation in patient care.

Geva et al. discuss the need for ethical standards by health care service providers and pharmaceutical companies when marketing during a pandemic. Several of the papers focus on protecting the health care workforce, whose effectiveness was strained because of the COVID 19 pandemic. The paper by Morales, et al. addresses the overwork of staff and resultant stress, lack of adequate personal protective equipment, and needed protection from injury and/or infection. Reviewing and implementing standards that provide ongoing measurement of institutional preparedness in such critical situations is more important than ever. The importance of financial and risk management standards is addressed by Ziemba, and the current work by ISO 7101, to formulate international standards for quality management internationally. The paper by Moopen et al. is a case example of a quality management system that crosses several hospitals in India and the Middle East – a model for management leadership, patient focus, and continuous quality metrics. The paper highlights the connection between financial sustainability, sound management tools, and a consistent understanding of the patient. The paper by Vequist et al. further supports the application of quality management standards globally for the protection and appropriate care of the international patient networks.

In keeping with the innovations in health care technology and clinical standards, Tupela et al. present the work of ICHOM (International Consortium for Health Outcomes Management) whose mission is to fully understand clinical metrics, or order sets, that can lead to achieving high-value patient-focused care globally. Their work represents the importance of the patients’ perspectives in determining care options and outcomes across many diagnoses.

Advances in ‘transformation technology’ both in medicine and in other aspects of our lives, are challenging the current quality management systems, particularly the application of ‘artificial intelligence’ (AI) to diagnostic accuracy. The paper by Mozayeni explores the implications of using AI in medical decision making, and the needed computational power that goes beyond the conventional medical decision paradigms. The application of ‘blockchain technology’ in healthcare management
is presented by Levien et al. This methodology, derived from the business process management discipline, is claimed to assist in credentialing clinicians in a more efficient, accurate, equitable and sustainable fashion.

I hope you will find these papers informative and a stimulus to consider innovations in your own health care setting that will enhance organizational effectiveness and improved patient care.

*Sharon Kleefield*
*Editor-in-Chief*
*JHMS*