

Volume 2 / Issue 3 2007 - Editorial

Letter from the Executive Director, HITM



Dear Reader,

There has always been a reflexive association between the words 'medicine' and 'emergency'. Modern technology, especially at the cutting-edge of IT and communications, have brought wholly new meanings to the ability of the medical profession to manage and respond to emergencies. Our cover story looks at CANIS, a project by a combined physician-university- private sector-government consortium, which targets the quickest and most-informed response to one of the most-common forms of medical emergencies, namely accidents.

While accidents involve one or a dozen, or even a few hundred victims, another kind of medical emergency usually extends to thousands, and not rarely, the millions. These are the result of both natural and human disasters, and the relief response here also directly involves the healthcare profession. Again here, modern IT and communications are permitting the attainment of more effective results. This is shown in our profile of Medair, a Swiss humanitarian organisation set up to provide first-line relief and rehabilitation to victims of disasters- ranging from earthquakes to civil wars.

For IT managers, disasters are usually much more mundane – but nonetheless challenging in their own way, and on an everyday basis. This is the loss of data (in a healthcare setting, not only important but often vital data), resulting from a vast and growing range of possibilities: theft of computers, virus and Trojan attacks, or even fire, natural disasters and lightning strikes. We profile some of the solutions which have been devised, especially in the context of the sharp rise in data generation (which is expected to accelerate further due to e-Health and other IT system modernisation programs) as well as growing concerns about the privacy of personal health information in a networked world.

This issue also provides expert opinions on the state of the electronic health record in France – especially in the sometimes vexed context of database interoperability and security. We also give an in-depth expert overview of an ambitious reorganisation and modernisation at a hospital group in Austria, the subject of this issue's Country Focus.

One everyday gadget in tomorrow's digital hospital consists of Patient ID systems. These are reviewed in our Product Comparison section. Alongside, we also provide an analysis of a relative newcomer in the hospital space – but one which may well become ubiquitous in tomorrow's digital e-Health era, the radio-frequency identification device (or RFID).

e-Health is no doubt fast becoming part of everyday lexicon. While the EU's e-Health agenda holds its own dynamics in the relatively advanced countries of northern and western Europe, it also provides some exciting potential for newcomers to the EU. Here, as discussed in our feature on a Romanian telemedicine project, e-Health may prove a far more quick and cost-effective solution for meaningful healthcare delivery than investments in the bricks-and-mortar infrastructure of an era which seems to soon pass us by.

Beauty, as we all hear, lies in the eyes of the beholder, and truth can sometimes be subjective. An article on perceptions by US healthcare opinion leaders makes salutary reading, since it shows that many Americans believe that Europe's healthcare technology infrastructure is more sophisticated than their own. While this may surprise some Europeans, what will surely not be the fact that, just like them, Americans too see IT as the key to improving healthcare quality and patient safety.

Yours faithfully,

Christian Marolt

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