Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

Elsevier hereby grants permission to make all its COVID-19-related research that is available on the COVID-19 resource centre - including this research content - immediately available in PubMed Central and other publicly funded repositories, such as the WHO COVID database with rights for unrestricted research re-use and analyses in any form or by any means with acknowledgement of the original source. These permissions are granted for free by Elsevier for as long as the COVID-19 resource centre remains active.
It has now been almost 10 years since the arrival of the new millennium. Who can forget the investment of time and resources committed to averting the potential negative impacts associated with the Y2K phenomenon? Information technology departments in hospitals and health providers have never been as busy as they were in 1999, developing new computer codes and testing automated systems. Health care staff revised organizational disaster plans and became connected to refreshed community emergency preparedness plans. Some would argue that the arrival of the millennium was the biggest non-event of the last century – and that the work around Y2K was a colossal waste of time.

In fact, the pre-planning and the risk-management activities associated with Y2K, I would argue, are the reason why disaster was averted. And when Severe Acute Respiratory Syndrome (SARS) hit in Ontario in 2003, the emergency preparedness plans completed for Y2K were foundational in mobilizing aspects of the SARS response. Y2K was a focusing event for health care and communities to prepare for the possibility of a disaster of a magnitude that we have not seen or contemplated in recent years.

The possibility of a pandemic “flu” has been identified as a major potential threat to world populations. The importance of having the same or greater commitment to preparing for this possibility cannot be overstated. The recent emergence of the H1N1 flu has highlighted this very real possibility. In this edition, Ray J. Racette, President and Chief Executive Officer of the College, reminds us of the importance of preparing for the possibility of a pandemic. The importance of leadership on pandemic planning is emphasized. We also welcome your comments on pandemic planning; send your thoughts on the subject to editor@sympatico.ca. Your letters will be included in the fall edition.

We have also included an article by Lockhart and Backman on health care management competencies and identifying the gaps in this regard. Through the use of focus groups, questionnaires and in-depth interviews of health care managers, core competencies are identified. The study then goes on to identify the key areas where deficiencies exist. The findings may surprise you!

Porter, Tindale and Mark present findings from their research on the merger of four not-for-profit community health care agencies. The positive impact to client services as a result of the merger is presented.

Keeler, Johnson and Lee demonstrate how the methodology of advanced product quality planning, used in manufacturing to improve quality, can also be used in the health care environment.

There is reflection on the usefulness of the balanced scorecard in the Fraser Valley Health Authority in the article by Barnardo and Jivanni. The evaluation points to the scorecard’s significance in reporting on performance.

As a final note, I am sorry to report that Tom Rathwell, a long-standing member of the FORUM Editorial Board, is retiring after 12 years of service. Tom has made a tremendous contribution and will be missed – thank for your support over the years Tom!