



Editorial



riorities, resources, innovation and access: an eclectic collection

This issue of *Healthcare Quarterly* begins with a focus on priority setting in healthcare. Setting priorities – or balancing short- and long-term goals in order to attain both – is a particular challenge when resources are scarce.

We begin with an article by Brown et al. who conducted a survey of Ontario acute-care hospital CEOs to identify strategic priorities. Strategic priorities are those that have a major influence on the mission of the organization. The results showed consistent strategic themes of: human resources cultivation; service integration and partnerships; consumer engagement; corporate governance and management; efficiency and redesign; improved information for decision-making; and patient care management. Continuing with an emphasis on priority setting, Mitton et al. describe an approach used for the Calgary Health Region using a macro priority-setting framework. There were some similarities in the priorities identified in this study for Calgary Region with those identified by Brown et al. for Ontario.

Priority setting is most often conducted by involving key stakeholders in the decision-making process. Culyer describes the approach used in the U.K. at the National Institute for Clinical Excellence (NICE) to integrate patients' and their caregivers' perspectives – an approach which appears to have worked very well as demonstrated by the overall success of NICE in identifying best practices.

Brimacombe's article examines the role of health innovation as a strategic policy instrument. He argues that the public nature of the health system provides Canada with a unique platform to leverage our investments in health discovery and innovation. The main question to be asked is: In which areas of health innovation does Canada have a global advantage? His perspective suggests that Canada's competitive advantage probably lies in medical and assistive devices, biotechnology, health services, health informatics, medical imaging and pharmaceuticals. He goes on to describe three dimensions of innovation: improving individual and collective health status; improving the delivery of health services; and providing opportunities to leverage economic benefits. He then identifies critical gaps for health innovation in Canada and some suggestions for a health Innovation Canada model.

Edelson, in his response to Brimacombe bases his arguments on the Health Innovation Canada (HIC) model which proposes that there are many economic development benefits to be gained from augmenting the venture capital investment in innovation. In the proposal, there is an assumption that the Canadian biotechnology sector underperforms and this

relatively poor performance is tied to a shortage of early stage venture capital. Edelson sets out the data that can validate these assumptions. Edelson also compares the structural differences between Canada and the US biotechnology sectors and concludes: there is an absence of large integrated biopharmaceutical firms in Canada; there a relatively high number of small firms in Canada; there is an absence of clear federal policy promoting technology transfer; and there is severe under funding of public sector supported research in Canada. Edelson concludes that CIHR might best focus on what it does best – creating more investment opportunities of public spending on peer-reviewed, investigator driven research.

In the interest of better use of resources, Blythe et al. review historical trends in full-time and part-time employment in both the general workforce and within the nursing profession – with a particular focus on nurses' preferences and the implications for staffing practices.

In preparation for the implementation of the Local Health Integration Networks (LHINs) in Ontario, Vanderbent sets out an approach to discharge planning that can improve the transfer of patients as they move from one service to another across organizational boundaries. Slauenwhite and McAlister in Calgary agree with many of the ideas put forward by Vanderbent, and also provide the perspective of a region which has expertise in this area.

Other pieces of note in this issue include a review of the book "Using Knowledge and Evidence in Health Care" from Moer, new additions to our growing Case Study Library, and of course, columns and research updates from the OHA, CIHR, ICES, CHSRF and CIHI.

A brief note on electronic publishing. Readers have been very clear about the importance of electronic access to our library of policy analysis, best practices and timely news. Everything we publish in print is now on our site and accessible at longwoods.com. This is supplemented by online exclusive materials, daily news updates, elearning opportunities and leadership employment opportunities. We invite you to join our more than 60,000 monthly "e" visitors.

Enjoy your summer.

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