

**W**e live in a society driven by knowledge, where its flow and use are just as important as its creation. This reality, in itself, is not new. Five years ago, Morris Barer wrote this for *Healthcare Quarterly*:

Justice Emmett Hall's landmark 1964 Royal Commission report is ... a very early Canadian example of successful knowledge brokering. It predates by about three decades even the earliest discourse in Canadian health research circles about knowledge translation (KT), knowledge transfer, knowledge exchange, knowledge brokers and the like. And yet the tomes contain some wonderful examples of bringing research evidence to the attention of policy-makers, and of translating that evidence into a form easily digestible by them and by the public (surely the sign of a successful knowledge broker) ...

Most notably, Hall used synthesis and critical appraisal techniques to good effect in rendering his single most important recommendation – the establishment of universal, comprehensive and publicly financed insurance for medical services. (2005: 46)

Exploring the effective use of knowledge continues.

The feature articles on primary care share new strategies in Alberta and lessons learned in Ontario – both intended to support the improvement of team effectiveness. This is material that can help organizations design their policies and programs. Also illuminating is the article by Neil Hagen et al., which discusses the process of developing a cancer control system through knowledge management. The authors invite discussion. Participate online, where the process simple.

Readers can apply knowledge generated by a study in Winnipeg that looked at the use of side rails in chronic care units. The authors discuss the dramatic reduction of side rail use. Comments on this and other articles add value for the authors and you.

We understand that almost everything we publish is new knowledge or the application of knowledge. In this issue, for example, Jennifer Thornhill questions whether chief executive officers and boards can create the momentum to realize performance gains. Nancy Gill and her co-authors ask, "Does e-health adoption enable improved health outcomes?" Janine Arkinson et al. create new knowledge about bariatric surgery using data

from the Canadian Institute for Health Information. Lyn Sibley and Richard Glazier share new knowledge about Canadians self-perceived unmet healthcare needs. Among other things, they recommend that more can be done to address cost barriers to healthcare, particularly among lower-income groups.

And then there is Morgan Holmes's profile of Ontario's electronic Child Health Network. This province-wide integrated electronic patient record system provides an information database that functions as a decision-support tool to the circle of care for each individual patient. What could be a better example of knowledge translation, knowledge transfer and knowledge exchange?

Our message is this: *Healthcare Quarterly* and the other Longwoods journals are rich with knowledge that can be applied to advance better policy and care across the country. Supported by webcasts, podcasts, videos, blogs and reader comments, we provide an abundant resource for our readers. For those who appreciate the personal touch, you can attend our Breakfast with the Chiefs series, which attracts hundreds to each event and many thousands to watch the video version online. This is our own involvement in sharing knowledge, and we invite you to participate.

As we go to press, the publishers have enabled the new Longwoods website – designed to be integral to our role as knowledge brokers and translators. Explore it. The updates take advantage of the many new tools now available. We have collected and shared everything published in every journal. Our online library provides a rich resource that is easily navigated by using indexes such as Medline or simply by searching the site. It's our contribution to your use of knowledge. And you can add your own comments. Thank you for contributing, and thank you for using it.

#### Reference

Barer, M. 2005. "Evidence, Interests and Knowledge Translation: Reflections of an Unrepentant Zombie Chaser." *Healthcare Quarterly* 8(1): 46–53. nts.

*Peggy Leatt*

–Peggy Leatt, PhD



**Cover:** "... for knowledge transfer or change to work we have to be clear." (Found throughout the pages of *Healthcare Quarterly*.)

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