Letter to the Editor

Survey of hospital Chief Executive Officer research and translation priorities

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Across Australia the National Health and Medical Research Council (NHMRC) recognises seven academic health and translation centres and three centres for innovation in rural research.[1] In line with other countries,[2] the NHMRC tasks these translation centres to 'encourage excellent health research and translation in Australia by bringing together researchers, healthcare providers, education and training to improve the health and well-being of patients and the populations they serve'.[1] The Melbourne Academic Centre for Health (MACH), one of the seven academic health and translation centres, partners with 10 hospitals, nine medical research institutes, and the University of Melbourne.[3] The MACH hospitals provide clinical care for approximately 10% of the Australian population.[4]

To facilitate engagement within the MACH partners, we designed[5] and conducted an anonymous online survey of Chief Executive Officers (CEOs) from the 10 MACH partner hospitals about their priorities for research and translation in service delivery, specific diseases, and health services. The 10 MACH partner hospitals include three large city tertiary hospitals, two outer urban hospitals, two maternity and women's health hospitals, one cancer centre, one specialist ophthalmology and ear, nose and throat hospital, and one specialist children's hospital.[3]

The survey was derived from a recent UK National Health Service (NHS) survey[6] and was designed to be answered in less than 10 min. It was piloted with two CEOs before wider distribution.[5] For each question, respondents were asked to rank their top three choices out of a list of up to 10 options (see Figs S1–3 available as Supplementary Material to this paper). Scores per question were allocated 3, 2 or 1 points accordingly (3 highest ranking) and summed to calculate a total score. Nine of the 10 CEOs responded making a maximum score per item of 27 points.

The top three priorities in service delivery research and translation were (1) improved alignment with community care (11/27); (2) optimising use of digital technology (11/27); and (3) integrated care for those with complex needs (9/27). The clear priority for disease-specific research and translation was mental health (18/27), followed by dementia (8/27) and then diabetes (6/27). The top three health services research and translation priorities were (1) evaluating new models of care (16/27); (2) data linkage (14/27); and (3) patient-reported outcome measures (9/27). Items not in any top three list (score 0/27) included encouraging health behaviours; respiratory disease, cardiovascular disease, and obesity; and pragmatic and health service clinical trials within the hospital.

Although there are limitations owing to our survey's small sample size, the top priorities bear strong similarities to the results found in the NHS study of 250 respondents, particularly the emphasis on mental health, and better networked care for patients with complex problems.[6] The lowest priorities in our survey may reflect a perception that these areas are more relevant to community-based research and translation.

These survey results will help guide the MACH in working with its partners and provide a focus for researchers and translators across the network, and potentially Australia. Understanding priorities across the MACH's hospital partners should facilitate cross-functional collaborations.[2] Regular surveys may capture changes in the CEOs priorities and assist aligning research translation, advice to government, and funding.

Competing interests

Kim Dalziel is an Associate Editor for *Australian Health Review*. The remaining authors declare that they have no competing interests.

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