



Research Report

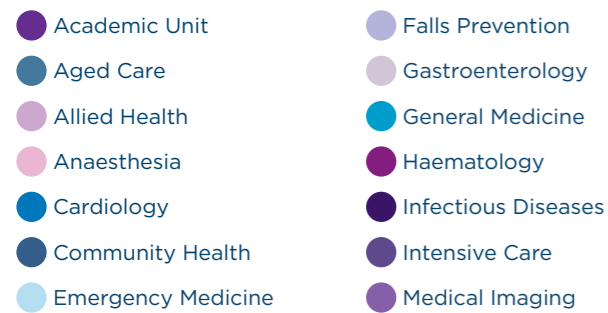
2023



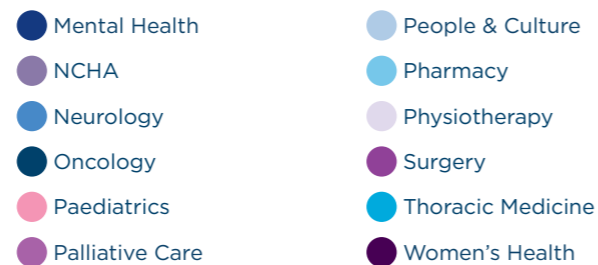
Peninsula
Health

Research Activity 2022-23

Active Clinical Trials by Department



New Projects by Department



Active Trials

72
Total

Publications

149
Total

New Projects Approved

56
Single Site

32
Multi-site

88
Total

PhD Students 2023



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Welcome from the Professor of Medicine

Once again, it is my pleasure to present the Peninsula Health Research Report (2023). A lot has happened in the last year, and I would like to draw your attention to some major developments.

First, we are moving ahead with developing systems and reporting measures for the National Clinical Trials Governance Framework, which every health service must adopt in keeping with the requirements of the Australian Commission on Safety and Quality in Health Care. This framework seeks to standardise the systems of governance and conduct of clinical trials in such a way that they become part and parcel of the fabric of hospital care, rather than being considered as a separate activity. This process will take the best part of the next two years and is being supported by both our Office for Research and the Safer Care Unit, with active involvement by the many units involved in clinical trials.

Second, there is so much research activity happening now in several areas that we should be proud of. In keeping with the theme of our Celebrating Research plenary session on Women's and Children's Health, this report highlights the emerging research activity within these fields conducted in collaboration with large-scale multicentre research studies. In addition, we have supercharged our program of research at the National Centre for Healthy Ageing (NCHA) by funding 13 new Living Lab projects spanning models of care and healthcare in community, hospital and residential aged-care settings.



Several of these projects involve clinicians and researchers from Peninsula Health, and moves are afoot to create a community of practice involving these various teams and enable a repository of research tools including consumer co-design models. The NCHA is reaching the final phase of setting up its large data platform, with a soft launch conducted early this year, and a roadshow planned for early 2024.

Finally, we look forward to a key professorial recruitment in the field of nursing that is likely to occur in early 2024 to drive forward the greater involvement of our nursing colleagues in interdisciplinary research.

I hope you enjoy reading this interesting report and I wish you a safe and excellent year ahead.

Professor Velandai Srikanth

*Professor of Medicine & Director
of Research, Peninsula Health*

*Director, National Centre
for Healthy Ageing*

We conduct world-class translational health research focusing on the consumer experience, fostering a culture of innovation, and improving access to clinical trials for our community.

Teaching Women to be Partners in Care to Enable Flexible Pregnancy Care Options

On average, women in Australia visit their obstetrician or midwife 15 times during their pregnancy, with women in rural and remote areas having to travel hundreds of kilometres to attend face-to-face prenatal appointments.

Peninsula Health Operations Director of Women's, Children's and Adolescent Health Colleen White is currently conducting a study that investigates whether an educational package can support pregnant women from 24 weeks onwards to confidently undertake self-measurement of symphyseal fundal height — an important marker of fetal growth — and if their measurements are equivalent to a clinician's measurements.

"In low-risk pregnancies, measurement of fetal growth is taken by measuring the symphyseal fundal height at each pregnancy visit from 24 weeks gestation."

"In high-risk pregnancies, serial ultrasounds are often undertaken to monitor fetal growth. Women with pregnancies that are complicated by fetal growth restriction are eight times more likely to experience stillbirth," Ms White explains.

"The COVID-19 pandemic provided clinicians and healthcare professionals a unique opportunity to engage and assess patients and clients through a virtual telehealth setting, a service that was found to positively impact consumers juggling a busy lifestyle, such as mothers," says Ms White.

“ Women’s autonomy and self-determination could potentially play a pivotal role in decreasing the number of stillbirths across the nation. ”

Across a one-year period, Ms White will work closely with 50 women throughout their pregnancy at Frankston Hospital to better understand the potential benefits to both the patient and clinician when co-managed pregnancy care interventions are adopted.

"Clinicians and health services may benefit from this intervention by facilitating more flexible work arrangements for staff and improved collaboration with other departments and health services — improving engagement with consumers, while creating a more positive experience."

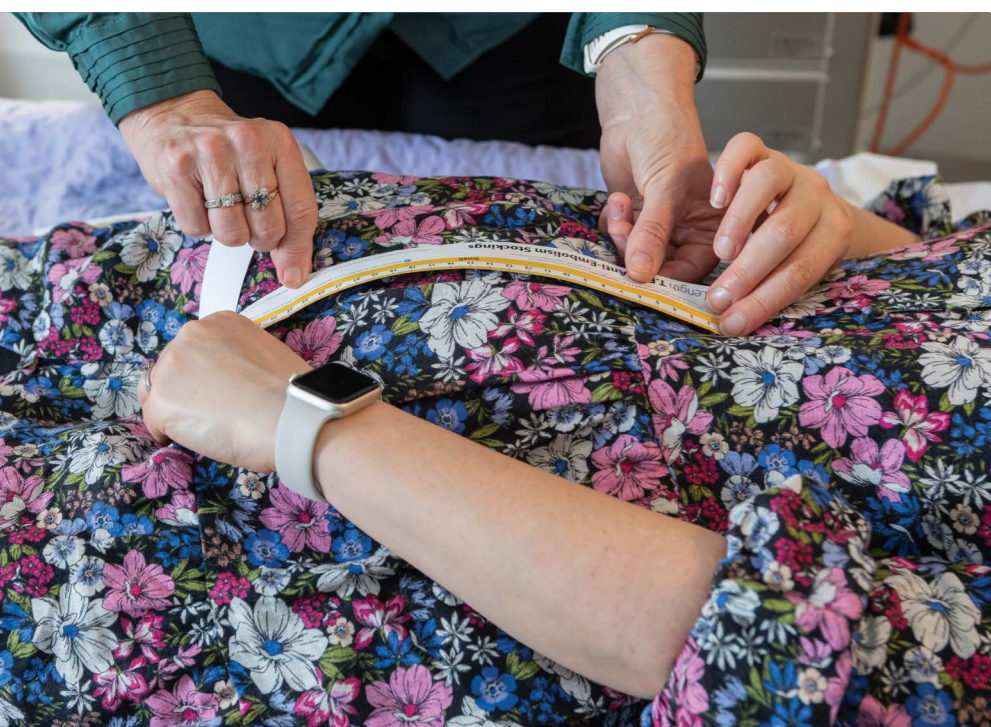


Image: Colleen White

Ms White has witnessed clinicians and patients already adopting a range of maternal self-measurement interventions, which have been proven to have the same accuracy when done by a clinician.

"Patient self-measurement of blood pressure, blood glucose and self-collection of specimens and tests has demonstrated equivalence to clinicians in diagnostic accuracy in many healthcare settings, but as far as patient self-measurement of a baby's growth throughout the woman's pregnancy, there is minimal evidence to support equal accuracy," she says.

The use of telehealth has been widely adopted across many healthcare sectors; however, maternity care providers are not uniformly aligned in its use.

"A flexible pregnancy care plan will support women who use telehealth for convenience, have difficulties with transport or who live in rural and remote areas. By partnering with clinicians, women could find an increase in autonomy and self-determination in their own health management.

“ It enables women to discern when it's necessary to seek additional support or, conversely, brings reassurance by confirming their baby's healthy growth. ”

The outcome of this study has the potential to provide evidence that will support the use of telehealth in a maternity care setting, with scope to further translate to rural and remote communities that have poorer birth outcomes.

"Opportunities for further translation include expansion to rural and remote communities and to First Nations people who have poorer birth outcomes compared to other Australians. This will require engagement with First Nations leaders to identify if this initiative may align with birthing on Country while working to improve outcomes and experiences of First Nations women.

Results from the study will be published online and in future editions of the Research Report.

AIROPLANE – Investigating a Flying Start to Life for Moderately Pre-term Babies

Peninsula Health is a key part of a multi-site research study sponsored by the Murdoch Children's Research Institute and The Royal Women's Hospital, looking at understanding how to best support the breathing of moderately pre-term babies immediately after birth.

AIROPLANE (Air or Oxygen for Preterm infants: AN Embedded trial) is being conducted over two-and-a-half years, with results expected in late 2025. Dr Katherine Parkhurst is the site Principal Investigator for Frankston Hospital, where Peninsula Health's maternity and paediatric units are based.

"AIROPLANE is quite a large project, which Peninsula Health is a part of. There's currently about 20 hospitals recruited to AIROPLANE in Victoria," says Dr Parkhurst.

Although the study is based in Parkville, the outer-metropolitan hospitals will play a key part in gathering research data and results over the next two years.

"The study question is looking at babies born at 32-35 (+6 days) weeks gestation. Most of those babies are born at centres like Frankston, which are away from central Melbourne and the tertiary neonatal hospitals. Although the study has been designed at The Royal Women's, many health services are participating."

The crossover study is concentrating on a group that is underrepresented in research literature around the world. The question that AIROPLANE poses is 'Does resuscitating these babies post-birth with 21 percent oxygen or 30 percent oxygen reduce the need for initial respiratory support?'

"These babies are pre-term so we'd expect that their lungs are going to be immature; a lot of these babies will require initial stabilisation in the delivery room, and go on to require additional breathing help," Dr Parkhurst explains.

“It is unclear from international guidelines and resources what is best care for moderately pre-term babies.”

Moderately pre-term babies make up a significant number of the pre-term babies delivered around the world, but there is a lack of consensus in terms of post-birth respiratory care for these babies.

"We know the evidence for term babies is to start resuscitation with 21 percent oxygen. It is unclear from international guidelines and resources what is best care for the moderately pre-term babies," says Dr Parkhurst. "AIROPLANE is trying to achieve some clarity in provision of best care for this group."

"We are seeing whether the 21 or 30 percent oxygen reduces the need for ongoing breathing help, and what that might look like, and hopefully in two-and-a-half years we will have the information that makes this a lot clearer about what works best."

The study will capture information from all babies in this cohort born at Frankston Hospital over the next two years, at delivery, if they need ongoing breathing support and also in the nursery until they are discharged. Data from all babies of this gestation will be captured and recorded in the study, including those who need to be transferred to specialist care, as the AIROPLANE study will transfer to the next hospital.

“We have the opportunity to optimise respiratory help in the first three minutes of life.”

"I'm hoping this study will be able to tell us what oxygen concentration best supports a baby's breathing in the first few minutes after birth for these babies, and hopefully it minimises their need for later breathing support," adds Dr Parkhurst.

"We have the opportunity to optimise respiratory help in the first three minutes of life, in addition to their ongoing breathing help requirements. Hopefully we will then be able to paint a bigger picture in terms of what happens to these babies in the longer term."

The outcomes of the trial have the potential to trigger new guidelines that could be adopted across Victoria and the nation, standardising the care and providing much-needed consistency and clarity for the health sector, parents and babies.

"This is a Victorian study. All the neonatal hospitals statewide were asked what their standard care was for babies of this gestation, and there are significant variations, so hopefully we can get some clarity in the provision of best care for this group of babies," explains Dr Parkhurst.

"We would anticipate with clear-cut recommendations, whether it's 21 or 30 percent oxygen added for babies of this gestation, there would be a flow-on recommendation for a standard of neonatal care, which we would adopt and follow."

Results from the study will be published online and in future editions of the Research Report. For more information on the trial, please visit airoplanetrial.org.au.

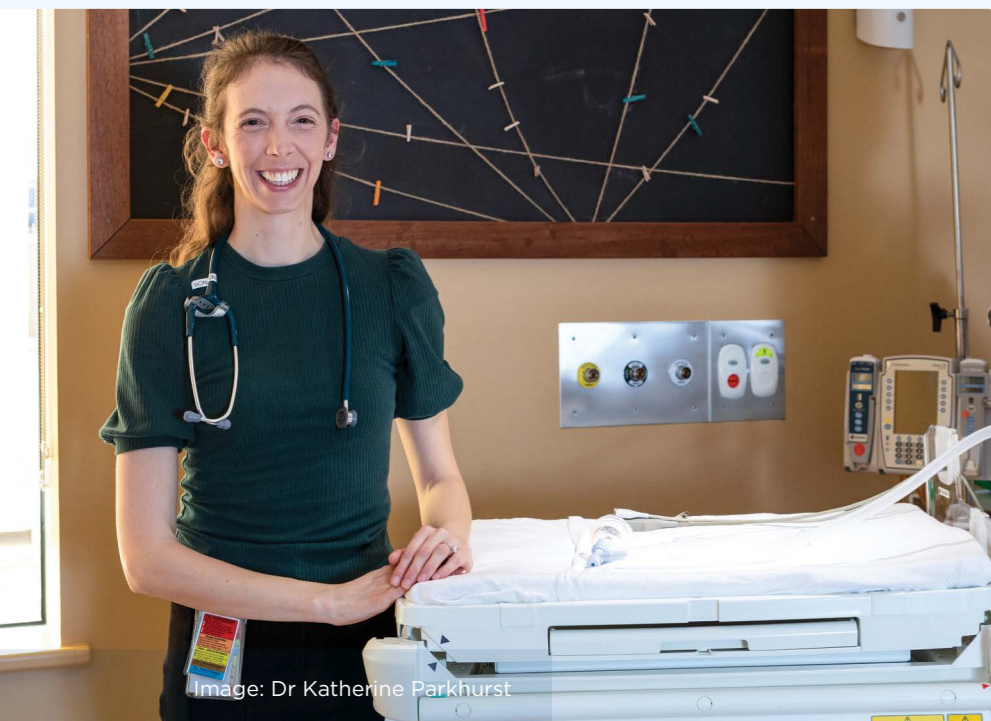


Image: Dr Katherine Parkhurst



Image: Dr Katherine Parkhurst with a baby from Special Care Nursery



We create a culture that supports the development of a globally recognised and leading research workforce.

Cultivating Compassion for a Flourishing Mental Health System

Compassion is often the core value of healthcare organisations; it helps form the basis of professional and ethical codes of conduct and is essential for the provision of person-centred and clinically competent care.

A new study seeks to investigate how mental healthcare professionals understand compassion and how healthcare organisations can improve, optimise, or embed compassion within the service to ensure the core value flourishes within their mental health service.

“Compassion is essential for high-quality, person-centred care,” says Peninsula Health lead researcher Cameron Marshman.

“Understanding what compassion means to those working within mental health can lead us to embedding compassion into mental healthcare systems.”

Employing an appreciative inquiry methodology, the research took a positive and collaborative approach to organisational change. The research seeks to discover shared meanings and generate ways forward. To achieve this, 14 participants, across two groups, were involved in a series of four visual art-based workshops.

“Compassion is abstract and nuanced,” says Mr Marshman. “It can be difficult to describe in words alone; visual art offers the opportunity for deep reflection on a single topic like compassion.”

Using body mapping, participants could tell a story through the colours, symbols and metaphors that resonated with each participant when thinking about compassion.

“If you ask someone what compassion means to them, they tend to get a bit stuck and can’t quite find the words, so visual art, especially body mapping, is a way of exploring the embodied and visceral experience and understandings of compassion.”

“Participants were asked to trace an outline around their body and use visual art to represent their own meaning of compassion,” explains Mr Marshman. “This will go on to assist in the development of a framework outlining how we can embed compassion into mental healthcare systems.”

“Participants were completely absorbed in the work they were doing while contemplating and reflecting on what compassion meant to them, leading to some wonderful conversations.”

“The workshops highlighted the need to be vulnerable and open with people to really understand what they are going through, and to help formulate a connection with others and spark curiosity.”

“Over the next year, I’ll be working on analysis and findings, which will take a bit of time because there’s interviews and visual data to analyse.”

“Narrative portraits will be developed as part of my analysis, built from interpretations of each participant’s interview, experience and the visual data created through body mapping,” says Mr Marshman.

“Starting the conversation and getting people to talk, think and ponder what compassion means to them is the first step towards embedding compassion within mental healthcare.”

“Therefore each person’s story remains intact, and we can learn from individual stories on what compassion means to them.”

“It’s an ongoing process of change, however healthcare professionals are compassionate, they do care, and they certainly want to do their best.”



Image: Cameron Marshman

Consumer Experience in the Inpatient Setting for People with Higher Weight

Researchers at Peninsula Health have explored the inpatient experience of people with a higher weight through the lens of patients and clinicians, after noting people with a higher weight were unlikely to receive equitable care due to issues experienced in their healthcare journey.

Peninsula Health Dietician, Thea Moloney, and Head of Occupational Therapy, Alison Lunt, conducted a study into the inpatient experience to help inform a comprehensive and targeted program to assist clinicians to deliver high-quality care to people with higher weight.

“There was not a lot of published research available in regards to the inpatient experience of patients with a higher weight,” says Ms Moloney. “We set out to explore the inpatient care experiences of this group of patients and to delve into clinical leaders’ perspectives of providing care to inpatients with bariatric care needs.”

Ms Lunt says staff had reported challenges when working with people of a higher weight, which had grown from issues around inappropriate equipment and outdated environments, as well as infrastructure that had not been built for a population living with higher weight.

“We knew there was an inequity between some of our newly built facilities and those that had been around since Peninsula Health’s inception,” explains Ms Lunt. “By conducting this study, we looked to pin down the challenges and how they impacted the consumer experience.”

To recognise potential challenges, the research team surveyed a cohort of inpatients living with higher weight across several sites to gain consumer feedback.

“Most were very happy to share how they felt they were treated within the inpatient setting and were generally satisfied with their experience,” says Ms Moloney.

Further to the consumer experience, the research team also looked to analyse the experience of staff working with patients of a higher weight. A second survey was established to engage with clinicians and gauge their involvement in the delivery of care.

“There were three key themes that emerged from our thematic analysis. The first was delays in accessing equipment. This impacted the care experience and demonstrated the importance of having access to the right equipment at the right time.”

“Second, the process of care and communication had an impact on patient experience. This included handover and transfer of patients from different wards or to different sites. It sometimes worked really well and showed there were good systems in place to support patient transfers; however, in some settings, the systems weren’t clear and there wasn’t the correct support to get a patient of higher weight from point A to point B.”

“And the third theme was weight-related stigma, which will be a priority for staff training so that we can ensure our healthcare professionals are providing size-inclusive care to our patients and being respectful and aware of any internalised bias.”

“Surveying both consumers and clinicians has not occurred in research regarding bariatric care in an inpatient setting.”

The team also asked about preferred terms when referring to someone’s body. The responses were mixed from both consumers and clinicians, highlighting that taking a person-centred approach, and asking the patient is the best strategy.

A training and development package, using information and resources from size and weight inclusive advocacy organisations, will be made available to Peninsula Health staff to encourage a breakdown of weight-related stigma, and ensure compassionate care is being delivered across the health service.

“There’s some lovely patient and staff feedback about what we really do well. It’s nice to acknowledge that there are systems, services and people in our health service that provide excellent care and so that’s worth reflecting on,” adds Ms Moloney. “As part of the next phase, we would ask consumers to be involved in developing our training package to further explore their experience and ensure our staff continuously provide person-centred care.”

“We want to ensure we provide safe, equitable and personalised care to every patient, irrespective of their body shape or size,” adds Ms Moloney. “We want our patients to feel supported and know that we are helping them progress along their healthcare journey without delays from our end, allowing them to get home and enjoy a fulfilled life.”

Key themes of patient experience

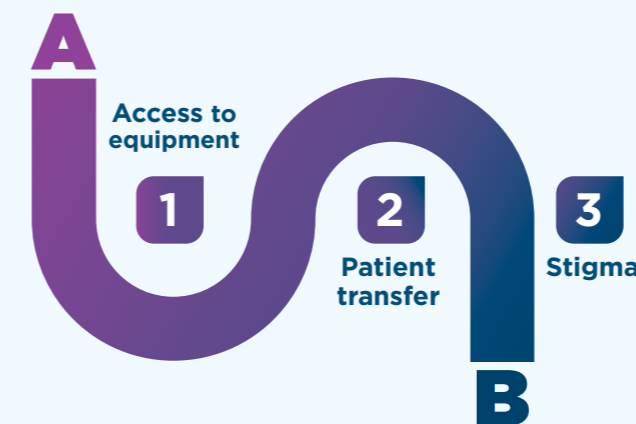


Image: Thea Moloney

“We initially felt uncertain approaching people with larger bodies to ask them to share their experiences.”

Working with Allied Health Assistants to Improve the Care of Patients with a Hip Fracture

Utilising a highly engaged allied health assistant workforce may be the key to providing intensive rehabilitation to an increasing number of people admitted to hospital with a hip fracture.

Current care guidelines state that patients with a hip fracture should be mobilised the day after surgery and at least once a day thereafter to assist in restoring movement and function and reduce post-operative complications. However, this can be a challenge due to workforce limitations.

Peninsula Health's Senior Allied Health Researcher, Dr David Snowdon, set out to determine the feasibility of allied health assistant rehabilitation of people with a hip fracture in the acute hospital setting to provide an estimate of the effect on guideline adherence and length of hospital stay, compared to rehabilitation delivered by a physiotherapist.

“We have observed a greater demand on health services as people who come to hospital require more intensive and complex care.”

“We are seeing an ageing population, who come to hospital requiring more intensive and complex care,” says Dr Snowdon.

“This means we have a greater demand for our services and we have to prioritise the work that we do. There are times that demand for our services is so high that we cannot find enough time to provide intensive rehabilitation for every patient who requires it.”

“However, we know that allied health assistants can provide rehabilitation under the supervision of a physiotherapist, such as walking people after surgery.”

“By doing this, the patient still gets that guideline-directed care from the allied health assistants, freeing up time for the physiotherapist to rehabilitate other patients.”

“Our previous research at major Victorian hospitals has shown that six to 14 percent of patients with a hip fracture will walk every day of their admission, which isn't a lot,” explains Dr Snowdon.

On average, patients received **11 minutes** more therapy each day with an allied health professional 

“If we could better utilise our allied health assistants, would we see more people walking every day?”

The trial had two randomised groups of patients with a hip fracture. One group received daily mobilisation and rehabilitation from a physiotherapist, and the other group received daily rehabilitation and mobilisation from an allied health assistant, under the supervision of a physiotherapist.

“Overall, the findings of the study were that it was feasible for allied health assistants to provide rehabilitation to patients with a hip fracture in the early phase after surgery.”

By utilising the allied health assistant workforce, patients received on average 11 minutes more therapy per day than those who only received rehabilitation from a physiotherapist. The allied health assistant trial group was also more likely to walk on any day and may have had a shorter length of stay in hospital.

Previous research conducted by Victorian health services found that on average, allied health assistants working in acute hospitals spend 24 percent of their day face-to-face with patients. This is a figure that Dr Snowdon says is too low, and a reason why health services could better utilise their allied health assistants.

“I think we are lucky at Peninsula Health that we have an engaged allied health assistant workforce who have a passion for ensuring that our patients get the best possible care.”

“What we really saw between physiotherapists and allied health assistants during the trial was an authentic open mindset towards working together. There was certainly an understanding that if they can work together, we can see more patients and, in turn, provide a better quality of care.”

“Both the physiotherapists and the allied health assistants were interviewed after the trial, and one of the things that we noticed was that there was really good communication and teamwork.”

Dr Snowdon notes a growing collaboration with allied health assistants, with allied health professionals increasingly incorporating the help of allied health assistants to provide rehabilitation and optimise patient care.

“I think there's a confidence that it's safe and that it seems to be just as effective as if a physiotherapist was providing the rehabilitation, if not more effective,” says Dr Snowdon.

“I think the outcome from this trial will make a difference in starting to see this workforce be utilised more in a clinical setting to provide patient-centred care.”



Image: Dr David Snowdon



Image: Professor Suzanne Nielsen and Kirsty Morgan

Working together with our community to become research leaders in the areas of integrated care, healthy ageing and chronic diseases.

Mapping the Journey of People Experiencing Substance Dependence

For people living with a substance dependence, being able to easily access care and treatment is essential to overcoming alcohol and other drug (AOD) concerns and harms.

More than **130,000** people are admitted to hospital for AOD related injuries in Australia each year

With **28%** accessing the healthcare system through the emergency department

Despite the high number of admissions, many patients leave the health system without being connected to appropriate AOD care.

A study led by Peninsula Health and Monash University investigates current patient pathways into and through AOD treatment. The co-design method was utilised to understand why some people who live with a substance dependence may experience barriers to accessing AOD treatments sooner.

“After reviewing pre-existing data, we became aware that there were quite a high number of people who moved through places like the

emergency department with drug and alcohol related harms,” explains Professor Suzanne Nielsen, Deputy Director of the Monash Addiction Research Centre.

“It wasn’t clear whether or not we were making use of that opportunity to offer people AOD treatment.”

The study reviewed available data and employed a number of qualitative methods, including graphical journey mapping, to comprehensively document the patient journey and help identify barriers that may prevent connection to, and retention in, AOD care.

“For particular priority populations, we found it can be complex to navigate how to get into treatment,” says Professor Nielsen. “For instance, people who have fewer resources or supports may struggle to get through all of the hurdles to access treatment.”

“We really looked to understand the experiences of patients themselves,” adds Professor Nielsen.

Conversations from people with lived and living experience of AOD related harm, found stigma and discrimination to be the biggest barriers in seeking help, as these impediments impacted their willingness to engage further with the health service due to feelings of shame and humiliation.

“There is stigma that perhaps clinicians weren’t even aware that they were contributing to,” explains Professor Nielsen. “The language that they were using can serve to increase stigma, which can have an immense negative impact on people with a substance dependence attending the emergency department.”

Peninsula Health Alcohol and Other Drug Educator, Kirsty Morgan, says people who hear stigmatising language might not want to disclose their substance dependence.

“If we can encourage our clinicians to use less stigmatising language, it’s easier for people to identify their concerns with substance use and feel comfortable in seeking opportunities that lead to having a conversation around harm reduction and referrals to treatment services,” adds Ms Morgan.

To support clinicians in thinking about the language they use when caring for those with a substance dependence, the study findings were made accessible through a number of materials, including a stigma-reduction resource, which has been implemented at Peninsula Health through the ‘Language Matters’ campaign, assisting in reducing the stigma towards people living with substance dependence.

Empowering Collaboration: Partnering with Consumers Living with Disability and Complex Needs

Partnering with consumers to plan and deliver healthcare that meets their individual needs is widely recognised as best practice. Despite this, there is not an established approach for identifying consumers' needs and preferences, nor a consistent approach to communicate these with staff across healthcare settings.

Peninsula Health Comprehensive Care Manager, Rebecca Barnden, is presently spearheading a research initiative in partnership with Monash University. The aim of the project is to partner with consumers and health service staff to co-design an approach to identify consumers' individual needs and preferences, and to integrate these needs with hospital systems to guide personalised care planning across settings.

The goal of the project is to develop care models that align with the Comprehensive Care Standard throughout the spectrum of care provided by Peninsula Health.

Through a co-design process – initially with input from 92 Peninsula Health staff members and 12 consumers – an electronic consumer needs and preferences tool has been co-designed and developed. This tool contains survey style questions to capture consumers' individual needs and preferences.

“The concept involves clinicians being able to view information provided by the patient or consumer in their profile via the electronic health record. Are there specific requirements? Are there any worries or care preferences? The aim is to facilitate more personalised treatment based on this information,” explains Ms Barnden.

At present, Ms Barnden and her team are in the process of testing this electronic consumer tool in the 5GS ward of Frankston Hospital, with the aim of eventually extending its availability to all consumers. Their ultimate objective is to achieve a seamless integration of consumer requirements and preferences into the electronic health records system.

“After six weeks of piloting on 5GS, we will gather feedback from the perspectives of both the consumer and clinician and refine the tool based on the responses collected,” says Ms Barnden.

“The tool will then undergo further testing and refinement at Peninsula Health's Golf Links Road Rehabilitation facility, with an ultimate goal to implement the tool organisation-wide.”

An arm of this research project has specifically partnered with consumers living with disability and/or complex needs to ensure that solutions co-designed in this project are suitable for these consumers.

“In research and health service projects, it is common to collaborate with consumers from majority populations. These consumers are frequently well-educated, able to communicate in English, and not living with disability. Unfortunately, minority groups and consumers living with disability and complex needs are often unintentionally excluded from these processes,” explains Ms Barnden.

“Consequently, we have taken a deliberate approach in this project to actively recruit consumers living with disability and/or complex needs.”

Ms Barnden and her team have been working with 15 individuals living with disability and their support people over an 18-month period to better understand their previous care experiences, both negative and positive, and how individualised care can be better planned to meet the needs and preferences of consumers living with disability in years to come.

“Initially, we needed to delve into their past care experiences, encompassing both the positive and negative aspects of care. As a healthcare service and working professionals, we need to ensure that care aligns with



Image: Rebecca Barnden and Tanya

their individual requirements, while also acknowledging areas where we might have fallen short in the past,” says Ms Barnden.

“Through this consultation and subsequent co-design phase, it was identified that the electronic consumer tool would be useful for consumers living with disability. However, the tool would need refinement to ensure the prompt questions captured the diverse and often complex needs of people living with disability,” she explains. “This would ensure not only the provision of desired care, but also the avoidance of factors that could potentially cause distress.”

Healthcare has traditionally focused on treating the immediate presenting medical needs of a person, frequently in a single healthcare setting.

However, consumers experience healthcare throughout their lives and they want integrated and coordinated healthcare services that are responsive to their broad needs. This is particularly the case for consumers living with disability, multiple chronic health conditions and/or other complex needs.

“By understanding consumers' individual needs and preferences, and incorporating these across settings, we're hopeful that it can serve as a powerful tool to support individualised person-centred care across settings. It is hoped the tool will support patients to feel safe, heard and valued”.

Results from the study will be published online and in future editions of the Research Report.



Image: Justin, Kate Noeske, Cade



Establishing excellent infrastructure and resources to support clinical translational research.

Dr Taya Collyer – Biostatistician

Biostatistician and Monash University Research Fellow, Dr Taya Collyer, is an expert in the design and analysis of health research projects, specialising in statistical techniques and methods. Based on-site at Peninsula Health, she works alongside clinicians, researchers, and full-time academics.



Image: Dr Taya Collyer

“My role involves meeting with clinicians regularly to discuss ideas that they have, projects that they’re considering or are already underway, and supporting them to develop as emerging and maturing researchers,” says Dr Collyer.

Dr Collyer’s work allows researchers to get the most out of their data; she acts as a bridge between research methods, the research community and academic literature.

“I make certain that data is put to good use, aiding others in comprehending the insights it offers and optimising its potential impact,” Dr Collyer says.

“My role at Peninsula Health guarantees that clinicians have a resource to address their statistical inquiries, preventing them from encountering obstacles that could lead to their projects being overlooked or abandoned.”

During her biomedical science and economics studies, Dr Collyer excelled in physiology, anatomy and statistics, drawing her to complete a Masters Degree in Biostatistics and a PhD at the Global Public Health Unit at Edinburgh University.

“I’ve always wanted to conduct research on the Peninsula. In this area, we have a unique set of issues that has national relevance. My PhD was in health inequalities, a predominant area of focus in this region.”

Dr Collyer has contributed to a broad range of research projects throughout her career. She is leading the development of a set of algorithms within the National Centre for Healthy Ageing, which identifies people with a high probability of dementia diagnosis.

“This work will inform national estimates regarding the number of Australians currently living with dementia.”

“I’m looking forward to Peninsula Health growing its reputation for research excellence, establishing it as a place where important studies, such as these, are happening.”

Dr Collyer is a member of the Statistical Society of Australia, Biostatistics and Bioinformatics Committee.

Glenda McLean – Research Facilitator

Glenda McLean – researcher, clinician, lecturer, and Peninsula Health’s Allied Health Research and Translation Lead for Imaging – is working to build research capacity and culture in Medical Imaging at Peninsula Health, supporting health professionals like radiographers, sonographers and nuclear medicine technologists.

“My role is centred around supporting staff who have identified problems, providing advice, resources, and guidance on literature reviews, developing and carrying out research projects, ethics applications and doing quality assurance audits,” says Ms McLean.

Coming from a clinical background in sonography, Ms McLean acknowledges that there are significant problems surrounding the use of screening protocols and building research capacity for medical imaging.

“You need to have good evidence that underpins what and when we image to ensure all imaging examinations are done for valid clinical reasons,” she says.

Ms McLean is currently completing her PhD in Cranial Ultrasound at Monash University. This personal research focuses on screening pre-term neonates for brain injury.

“I was initially drawn to this area of research because when we are scanning premature infants, you also engage with their parents and see the anxiety and stress that they’re under,” recalls Ms McLean.

“These babies are a vulnerable patient group and I’m keen to contribute to the best possible care they can receive.”

Ms McLean’s contributions to the field of medical imaging and her efforts to enhance research capabilities have paved the way for potential strategies to bolster imaging capacity. Meeting the rigorous demands placed on imaging professionals in clinical settings, she integrates research into their daily routines with guidance and support.

Offering mentorship to clinical researchers and facilitating access to resources represent practical means to foster this capacity-building process.

“Being involved in clinical research extends the clinical side of the profession and enables me to contribute to change. I’m involved in changing practice, developing technology and protocols currently used in medical imaging.”

Ms McLean is a fellow of the Australasian Sonographers Association, a lecturer at Monash University, and sits on the editorial board of two ultrasound journals.



Image: Glenda McLean

Professor Virginia Plummer

In 2023, we farewelled Professor Virginia Plummer from her position as Chair of the Human Research Ethics Committee (HREC). Professor Plummer was appointed Chair in 2016, the first non-Board Director Chair, following a restructure of Board Committees. Professor Plummer also served as Chair of the Low Risk Research Subcommittee from 2014–2016.

Professor Plummer joined Peninsula Health in 2013 as a joint Monash University and Peninsula Health Associate Professor of Nursing and Midwifery Research and is currently Professor, Nursing Research at Federation University.

As HREC Chair, Professor Plummer fostered a collaborative and supportive environment for review and discussion of research, ensuring that all opinions were heard.

Professor Plummer resigned as Chair in January 2023 due to ill health.

We would like to acknowledge and thank Professor Plummer for her dedication to and outstanding leadership of the Human Research Ethics Committee.

The Ngarnga Centre’s Clinical Research Facilities

We are excited to announce that our new clinical research facilities at the Ngarnga Centre are now open for business. These facilities add to the resources that already support the conduct of clinical trials and observational research at Peninsula Health. These include three purpose-built research-only consultation rooms with an adjacent utility room where biological samples can be processed and stored.

These clinical research rooms are available for the in-person assessment of research participants living in the community, who are not currently hospitalised and who are well enough to attend the clinic. To meet the needs of clinical trials, and following consultation with our various research coordinators, the rooms are equipped with essential clinical measurement technology to enable data collection using surveys, physical and cognitive assessments and the collection of blood and urine specimens for a range of clinical trials and observational studies. The utility room contains equipment such as a centrifuge, an ECG machine, digital scales, and a -20 freezer.

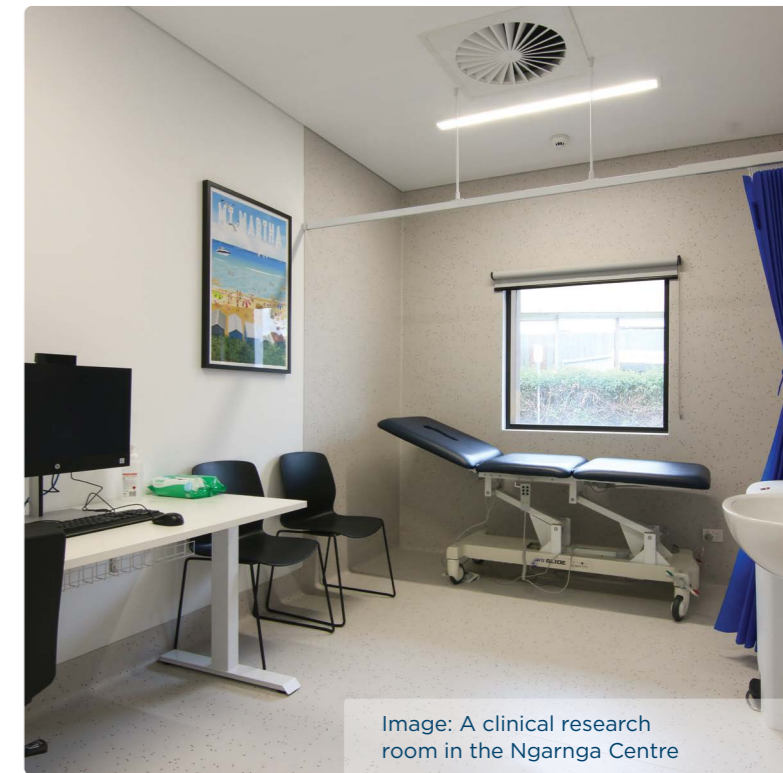


Image: A clinical research room in the Ngarnga Centre

The rooms are located at the entrance of the Ngarnga Centre, just a few steps from the dedicated parking area ensuring easy access for participants. Clinical research units wishing to make use of these rooms should direct their query to Ngarngacentrebooking@phcn.vic.gov.au.

Research Governance

Research Operations Committee

Professor Velandai Srikanth (Chair)

Associate Professor Nadine Andrew

Dr Gabriel Blecher

Ms Lee-Anne Clavarino

Mr Scott Cripps

Professor Terry Haines

Mr Nicholas Jones

Dr Nisha Khot

Professor David Langton

Professor Jamie Layland

Associate Professor Shyaman Menon

Professor Richard Newton

Dr Elisabeth Nye

Dr Karen O'Brien

Ms Fiona Reed

Professor Warren Rozen

Dr David Snowdon

Professor Ravi Tiruvoipati

Associate Professor Dr Ashley Webb

Ms Libby Wilson

Associate Professor Zee Wan Wong

Human Research Ethics Committee

Associate Professor Shyaman Menon
(Executive Sponsor)

Dr Melanie Benson

Dr Rosamond Dwyer

Ms Joanna Green

Ms Jo Hansen

Dr Dilinie Herbert (Chair)

Mr Richard Ivce

Dr Tom Jeavons

Ms Mandy Lake

Ms Gillian Oates

Dr Meghan O'Brien

Professor Warren Rozen

Dr Babak Tamjid

Professor Ravi Tiruvoipati

Dr Vicky Tobin

Dr Michael Wang

Scientific Review Panel

Associate Professor Nadine Andrew

Associate Professor Ernie Butler

Dr Taya Collyer

Dr Laura Jolliffe

Dr Chris Karayiannis

Dr Sam Leong

Dr David Snowdon

Associate Professor Cylie Williams

Projects approved by the Human Research Ethics Committee

- › A comparison of conventional high-flow nasal cannula versus two-nare size high-flow nasal cannula: A randomised crossover trial in extubated patients
- › Evaluation of restrictive practices in inpatient mental health services at Peninsula Health
- › Safety, efficiency, and cost of treating varicose veins with endovenous closure of great, small and anterior accessory veins using cyanoacrylate glue (VenaSeal™)
- › A novel knot-free proximal skin-closure technique for transverse caesarean section skin incisions
- › Feasibility of the routine collection of patient-reported outcome measures using a co-designed collection system
- › Staying Active with Multimorbidity In Acute hospital (StAMInA) Trial
- › A pre-implementation qualitative exploration for preventing hospital-related harms
- › Hydralazine versus labetalol for pre-thrombolysis hypertension for ischaemic stroke: A single centre retrospective study
- › Stroke survivors' perspectives of rehabilitation intensity in early supported discharge models of care: A quantitative study
- › Correlation of the Ten Test with intraoperative findings in acute hand trauma
- › Imaging upper limb vasculature: Assessment of perforators and perforasomes
- › Telehealth supportive and palliative care project
- › Cultivating compassion in mental healthcare
- › Implementation mapping for perioperative care
- › The experience of Allied Health professionals working with people who have aphasia and the perceived impact of aphasia on providing effective patient-centred care
- › Deep End Living Lab: Better support for healthy ageing in homeless populations
- › Insulin regime changes in recently discharged patients with Type 2 Diabetes Mellitus
- › Interest in voluntary assisted dying in a community home hospice setting
- › Deep End Living Lab: Better support for healthy ageing in homeless populations: Clinician and administrative staff interviews
- › Is maternal self-measurement of symphyseal fundal height comparable to clinician measurement and agreeable for women?
- › Optimising health information exchange during aged-care transfers - Part B

Note: Titles as submitted by authors

Multi-site Projects Authorised

- › A phase 2 study of magrolimab combination therapy in patients with unresectable, locally advanced or metastatic triple-negative breast cancer
- › A phase 3 randomized, open-label study to evaluate perioperative enfortumab vedotin plus pembrolizumab (MK-3475) versus neoadjuvant gemcitabine and cisplatin in cisplatin-eligible participants with muscle-invasive bladder cancer
- › A phase II randomised controlled trial to determine the efficacy of combining the HDAC inhibitor sodium valproate with EGFR monoclonal antibody (panitumumab or cetuximab) maintenance in the first-line treatment of patients with RAS wild type metastatic colorectal cancer
- › A phase III, multicentre, randomised, double-blind, chronic-dosing, parallel-group, placebo-controlled study to evaluate the efficacy and safety of two dose regimens of tozorakimab in participants with symptomatic chronic obstructive pulmonary disease (COPD) with a history of COPD exacerbations
- › A randomised non-comparative phase II trial of biomarker-driven intermittent docetaxel versus standard-of-care docetaxel in metastatic castration-resistant prostate cancer
- › A randomised, double-blind, placebo-controlled, multi-center sequential phase 2b and phase 3 study to evaluate the efficacy and safety of AZD4831 administered for up to 48 weeks in participants with heart failure with left ventricular ejection fraction > 40%
- › AIROPLANE: AIR or Oxygen for Preterm infants; AN Embedded trial
- › An open-label, multicenter, phase 2 study of sacituzumab govitecan combinations in patients with advanced or metastatic non-small-cell lung cancer without actionable genomic alterations
- › An open-label, multicenter, phase 3 randomized, active-comparator-controlled clinical study of pembrolizumab (MK-3475) in combination with sacituzumab govitecan versus MK-3475 monotherapy as first-line treatment in participants with PD L1 TPS greater than or equal to 50% metastatic non-small cell lung cancer
- › Assessing the Reduction of Recurrent admissions using OM-85 for the treatment of preschool Wheeze (ARROW): A multi-centre, randomised, double-blind, placebo-controlled trial
- › Australasian Diabetes Data Network Registry
- › Australian Severe Asthma Dupilumab Registry
- › Bone loss prevention with zoledronic acid or denosumab in critically ill women - a randomised controlled trial
- › BURAN: Effects of Benralizumab on Airway Dynamics in severe eosinophilic asthma using functional respiratory imaging parameters
- › Cognitive Improvement by early Restoration of circadian rhythms in very preterm Infants through Environmental Modification: The CIRCA DIEM study
- › Imaging for older patients with head impact and baseline conscious state
- › Individualised blood pressure targets versus standard care among critically ill patients with shock - A multicentre randomised controlled trial
- › Invasive non-Aspergillus mould (NAM) infections: a multi-centre observational study
- › Prospective validation of Risk Assessment Model for Peripherally inserted central catheter thrombosis in cancer patients (RAMP)
- › Qualitative evaluation of the virtual ED
- › Randomised phase II trial to evaluate the strategy of integrating local ablative therapy with first-line systemic treatment for unresectable oligometastatic colorectal cancer
- › Remdesivir therapy for COVID-19: The Australian experience
- › Remote constraint induced therapy of the upper extremity: An implementation study
- › SCANPatient: Synoptic reporting of CT scans assessing cancer of the Pancreas: A stepped-wedge randomised controlled trial
- › Staphylococcus aureus Network Adaptive Platform trial (SNAP)
- › The Statins and progression of Coronary atherosclerosis in melanoma patients Treated with checkpoint inhibitors (SOCRATES)
- › The Thriving in Health Job Control Project
- › Understanding Pathways to Bowel cancer Early diagnosis And Treatment - comparing under vs over 50s (UPBEAT-50)
- › Using disinvestment to investigate the effectiveness of mobilisation alarms in a stepped-wedge randomised trial design in tertiary hospitals
- › Vertebral osteomyelitis baseline characteristics, assessment and treatment
- › Virtual ED Cohort Study
- › World Delirium Awareness Day (WDAD) 1-day point delirium prevalence study

Projects Approved by the Director of Research

- › A clinical audit investigating the use of Advance Statements within the Peninsula Health Aged Persons Community Mental Health Service (APMHS)
- › A comparison of immediate neonatal outcomes for elective breech caesarean deliveries versus elective cephalic caesarean deliveries
- › A retrospective analysis of the outcomes of elderly patients on systemic treatment for locally advanced and metastatic pancreatic ductal adenocarcinoma
- › A retrospective assessment of adherence to prescribing guidelines for antiviral agents in the treatment of mild to moderate COVID-19 disease in a Victorian outer-metropolitan hospital
- › A study of bone protective medication prescribing for patients with a hip fracture prior to separation from a metropolitan Australian hospital
- › A study of the accuracy of allergy alerts for sulfa drugs in the electronic medical record in a metropolitan hospital
- › An audit of clozapine therapy monitoring requirements for patients on clozapine within Peninsula Health Mental Health Service
- › Annual foot screening for patients attending the Peninsula Health Diabetes Clinic. What impact does this have on diabetes-related foot complication hospital admissions?
- › Appendicitis scoring study
- › Appropriateness of statin prescribing in primary prevention for very elderly patients: A single centre study
- › Audit of preoperative fasting times
- › Audit of treatment patterns of patients with diverticulitis presenting to Frankston Hospital Acute Gastrointestinal Surgical Unit
- › Change in aetiology and demographics of patients presenting with upper gastrointestinal bleeds in 2012 compared to 2022 at a large tertiary hospital
- › Classification of postoperative complications in plastic and reconstructive surgery: An external validation of the three most common systems
- › Clinical audit of achieving patients' preferred place of death among patients who pass away at a palliative care centre
- › Comparison of accuracy and timeliness between different hospital patient discharge medicines lists: A single centre audit
- › Epidural consent and documentation
- › Evaluation of intravenous morphine in the management of acute pain in inpatients
- › Evaluation of the care of patients with a hip fracture who receive timely and effective pain management in an Australian metropolitan hospital
- › Evaluation of the impact of an extended clinical pharmacy service on the optimisation of patient medications following a ST-elevation myocardial infarction
- › Extra corporeal carbon dioxide removal using PrismaLung in patients with respiratory failure
- › Incidental coronary artery calcification from non-ECG gated CT chest for inpatients: A cross-sectional study on prevalence, diagnostic evaluation and risk factor modification
- › Loop and Drain Technique for subcutaneous abscess drainage
- › National Centre for Health Ageing Data Platform – Peninsula Health descriptive statistics
- › Outcomes of percutaneous needle fasciotomy versus collagenase use in treating Dupuytren's Disease
- › Prevalence and consequences of fluoropyrimidine related toxicity in patients with cancer at a metropolitan hospital – is there a place for dihydropyrimidine dehydrogenase deficiency screening?
- › Rephrasing the question: How much it helps evaluation of adherence to therapy in patients attending Cardiovascular Outpatient Clinic
- › Screening for primary aldosteronism is underutilised in patients with atrial fibrillation: A retrospective study
- › Serious illness communication on a subacute ward
- › The clinical outcomes of people living with cancer and mental health comorbidities
- › The importance of lower limb ultrasound imaging in the diagnosis and management of pulmonary embolism
- › The Peninsula response to the COVID-19 Delta variant: An audit of the Respiratory Close Observation Unit (COU).
- › Third trimester audit of biparietal diameter scan plane and Doppler in the fetus with small gestational age
- › The use of the Kleihauer-Betke Test to direct the management of women presenting with reduced foetal movements at term

Grants Awarded 2022-23

Rebecca Barnden

\$137,735: Comprehensive Care Project: Disability Liaison Officer Program system improvement initiative, *Victorian Department of Health*

Laura Jolliffe

\$11,000: Equitable education: Educational videos for therapists to support the skilled delivery of complex upper-limb interventions, *Occupational Therapy Australia*

Charlies Pilgrim (CI)

\$1,670,000: SuperQol: Supplemental jejunal feeding to improve Quality of life, *Medical Research Futures Fund*

Isith Seth

\$60,000: The feasibility and efficacy of 3D-printed, patient-specific trapezial implants in treatment of base of thumb arthritis, *Monash University Australian Government Research Training Program*

David Snowdon

\$179,033: Staying Active with Multimorbidity In Acute hospital (StAMInA Trial): A randomised controlled trial investigating the feasibility of allied health assistant delivered rehabilitation of people with multimorbidity in an acute hospital setting, *Victorian Medical Research Acceleration Grant*

David Snowdon

\$35,000: Developing an evidence-based, patient-reported outcome measures (PROMS) collection system to inform improvements in healthcare, *Monash University Early Career Research Fellowship*

Ravi Tiruvoipati

\$23,503 USD: Measuring the impact of extracorporeal carbon dioxide removal using PrismaLung in reducing ventilator-induced lung injury in mechanically ventilated patients, *Baxter Investigator Initiated Research*

Ravi Tiruvoipati

\$5000: A comparison of conventional high-flow nasal cannula versus two-nare size high-flow nasal cannula: A randomised crossover trial in extubated patients, *Fisher & Paykel Investigator Initiated Research*

Celebrating Research 2022

Prize Winners

Presentation Session 1

Best Presentation by an Experienced Researcher

Dr David Snowdon – Academic Unit

Allied health assistant rehabilitation of people with an acute hip fracture is feasible and improved adherence to hip fracture mobilisation guidelines: A feasibility randomised controlled trial

Best Presentation by an Early Researcher

Mr Scott McGill – Physiotherapy

Identification of factors associated with changes in client's health-related quality of life can be used to plan improvements in health outcomes: Results of a routinely administered patient-reported outcome measure within a large, multi-site, multidisciplinary community rehabilitation program

Special Commendation Presentation by an Early Researcher

Mr Stephen Quick – Academic Unit

Physiotherapy students are underprepared to work with people living with dementia: A qualitative study

Presentation Session 2

Best Presentation by an Experienced Researcher

Dr Emma Bishop – Infectious Diseases

Multidisciplinary management strategy to optimise outpatient care, hospitalisation rates and clinical outcomes in a single centre cohort of COVID-19 positive pregnant women in Australia during the Omicron BA.1 surge

Best Presentation by an Early Researcher

Mr William Poole & Ms Lisa Taylor-Lovett – Oncology

Should Symptom and Urgent Review Clinic (SURC) be a standard model of care across all cancer services?

Special Commendation Presentation by an Early Researcher

Dr Susan Yee – Intensive Care Unit

Comparing quality in sleep in intensive care and hospital ward in non-mechanically ventilated intensive care patients

Poster Competition

1st Prize – Ms Darshana Meanger – Pharmacy Department

Pharmacist e-transcription service Initiated Nicotine replacement therapy Uptake in Pre-admission clinic (PIN UP)

2nd Prize – Dr Margo Lodge – National Centre for Healthy Ageing/Academic Unit

Using the Consolidated Framework for Implementation Research (CFIR) to describe common factors to the successful implementation of perioperative medicine for older people undergoing surgery (POPS) services

3rd Prize – Ms Kirsty Morgan – Learning Hub (Mental Health & AOD stream)

Language Matters: Mapping the patient journey to improve access to care

Keynote Speakers

Professor Velandai Srikanth

**Director National Centre for Healthy Ageing
Professor of Medicine and Director of Research Peninsula Health**

The ageing brain and dementia: What can we do about it?

Dr Narelle Cox

**Senior Research Fellow in Physiotherapy and Respiratory Care,
Monash University**

Engaging consumers in research: Why? When? and How?

Professor Jennifer Philip

**Chair, Palliative Medicine, Centre for Cancer Research,
University of Melbourne; St Vincent's Hospital**

Implementation science and palliative care: Bridging the knowledge into practice gap

Publications

- Andrew, N., Beare, R., Ravipati, T., Parker, E., Snowdon, D., Naude, K., & Srikanth, V. (2023). Developing a linked electronic health record derived data platform to support research into healthy ageing. *International Journal of Population Data Science*, 8(1). <https://doi.org/10.23889/ijpds.v8i1.2129>
- Andrew, N. E., & Srikanth, V. (2023). Plasma soluble dipeptidyl peptidase-4: A possible mechanism for identifying and managing poststroke cognitive impairment. *Stroke*, 54(1), 122-123. <https://doi.org/10.1161/strokeaha.122.041522>
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- Barnden, R., Snowdon, D. A., Lannin, N. A., Lynch, E., Srikanth, V., & Andrew, N. E. (2023). Prospective application of theoretical implementation frameworks to improve health care in hospitals: A systematic review. *BMC Health Services Research*, 23(1). <https://doi.org/10.1186/s12913-023-09609-y>
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- Bishop, E. J., & Tiruvoipati, R. (2022). Management of Clostridioides difficile infection in adults and challenges in clinical practice: Review and comparison of current IDSA/SHEA, ESCMID and ASID guidelines. *Journal of Antimicrobial Chemotherapy*, 78(1), 21-30. <https://doi.org/10.1093/jac/dkac404>
- Bolshinsky, V., Ismail, H., Li, M., Basto, J., Schier, R., Hagemeyer, A., Ho, K.-M., Heriot, A., & Riedel, B. (2022). Clinical covariates that improve surgical risk prediction and guide targeted prehabilitation: An exploratory, retrospective cohort study of major colorectal cancer surgery patients evaluated with preoperative cardiopulmonary exercise testing. *Perioperative Medicine*, 11(1), 20. <https://doi.org/10.1186/s13741-022-00246-3>
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- Chan, B. H. T., Snowdon, D. A., & Williams, C. M. (2022). Describing characteristics clinicians believe predictive of patient reported outcomes after adult's ankle fracture: A modified Delphi study. *Musculoskeletal Science and Practice*, 62, 102632. <https://doi.org/10.1016/j.msksp.2022.102632>
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Acknowledgements

Peninsula Health acknowledges the contribution made by all staff involved in research. The Research Report 2023 showcases some of these projects, and recognises the many ongoing projects and commercially sponsored, collaborative group and investigator-initiated trials across the health service that fulfill our vision of exceptional healthcare driven by excellence in research.

Manager Office for Research: Lee-Anne Clavarino. Editor: Caitlin Watson.
Writers: Sam McCormick, Isla Brown, Steve Pearce, Caitlin Watson. Design: Jasmine Richards.
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Front cover image: Justin, Kate Noeske and Cade

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