

# RESEARCH REPORT

2021



Peninsula  
Health

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## RESEARCH ACTIVITY BY DEPARTMENT



## NEW PROJECTS



## PhD STUDENTS 2021



## Acknowledgements

Peninsula Health acknowledges the contribution made by all staff involved in research. The Research Report 2021 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 health care driven by excellence in research.

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Front cover image: New research and academic building at Peninsula Health.

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## A MESSAGE FROM THE PROFESSOR OF MEDICINE

I have great pleasure in presenting to you the 2021 Peninsula Health Research Report.

In spite of substantial disruption by the COVID pandemic, you will find that our researchers, research support staff and clinicians have contributed substantially to the delivery of our 2020-2024 Research Strategic Plan, and I congratulate every one of them for their amazing efforts.

The information and stories provided in this report highlight the growth of interdisciplinary investigator-driven translational research at Peninsula Health in several priority clinical areas, while actively engaging with the community seeking our healthcare services in designing and delivering these projects. It also clearly shows a sharp growth in high quality research outputs, with the number of peer-reviewed publications jumping from around 130 in previous years to greater than 200 in the last year. This is indeed commendable given the restrictions imposed by the COVID environment such as reduced access to space, isolation and working from home, and participant recruitment. There is also an appreciable increase in the number of clinical trials and multicentre research projects reflecting the growing research momentum for the organisation. To keep this momentum going, we are now actively involved in strengthening our clinical trials governance in keeping with the new National Clinical Trials Governance Framework that will underpin quality and access to clinical trials in health services. Efforts are also underway to finalise Peninsula Health involvement in activities related to the TrialHub, a Commonwealth funded partnership with Alfred Health and regional Victorian centres designed to increase patient access to cancer clinical trials.

Of particular note is the rapid progress that has been made in developing the National Centre for Healthy Ageing (NCHA). In collaboration with Monash University, there has been intense activity in the last 12 months to create the NCHA infrastructure and commence pilot programs. A key NCHA infrastructure that is advancing quickly is the Healthy Ageing Data Platform, derived from electronic records and linkable with other diverse health data sources – ultimately to provide a way to measure health outcomes and transitions for people in our community on a large scale. In addition, the designing of technology supported environments that will support NCHA research programs is now underway by our Monash University colleagues. Excitingly, seven interdisciplinary projects have been allocated funding through the NCHA Living Labs program to kickstart NCHA research.

Finally, the much-anticipated new research and teaching building is expected to be complete by the end of 2021, delivering a new purpose-built facility that will not only house and enable NCHA activities, but also allow Peninsula Health and Monash University staff to take research and education into an exciting new future! My sincere thanks to all those who have contributed to the successful delivery of this important infrastructure – the Peninsula Health Board and Executive, Monash University, and all groups and individuals involved along the way.

Given the strides we have taken, I am very confident that health research at Peninsula Health has a bright future ahead. On this positive note, please allow me to extend my very best wishes to you all for a safe and Happy Christmas this year, and a much happier 2022 and beyond.

Regards  
Velandai Srikanth,  
Professor of Medicine



Image: Construction of the new research and academic building at Frankston Hospital in early 2021.

# MENTAL HEALTH AND EMERGENCY CARE FOR PEOPLE OVER 65

Researchers at Peninsula Health are investigating the way older people are presenting at our Emergency Departments and what impact depression and loneliness are having on the mental health and wellbeing of our ageing community.

Working alongside the National Centre for Healthy Ageing and Bolton Clarke, Peninsula Health Emergency Physician and Director of Research, Emergency Medicine, Dr Rosamond Dwyer, is undertaking a three-staged study that investigates the prevalence of mental health disorders in our ageing population.

The team is also looking to ascertain the experience of care received by older patients whilst in our Emergency Departments (ED).

“The key aim of the study is to describe the aged population in a local context, looking specifically at their demographics, social and health-related features as well as details of their ED presentation, such as length of stay, admission and representation,” says Dr Dwyer, who is also a Postdoctoral Research Fellow at the School of Public Health and Preventive Medicine, Monash University.

The results will inform an enhanced mental healthcare model, to be implemented across Peninsula Health, and potentially beyond.

“Our research will be undertaken on the Mornington Peninsula and so will be directly applicable to this community, however the outcomes will also be relevant to older people across the whole of the country,” explains Dr Dwyer.

The project was funded by a grant from the National Centre for Healthy Ageing, Living Labs Program.

**Study one:** Uses data from a national cohort of older people, the Monash University ASPirin in Reducing Events in the Elderly (ASPREE) project and the ASPREE Longitudinal Study of Older Persons (ALSOP) cohort, to identify the associations between common mental disorders and frequency of emergency care.

**Study two:** A retrospective cohort study using health and administrative data from Peninsula Health to determine the local prevalence of common mental disorders among the patients seen in the Emergency Department.

**Study three:** Using interviews with 15-20 of Peninsula Health’s older patients alongside interviews with approximately the same number of staff. These interviews will explore how a person’s mental health may influence their presentation to the Emergency Department, how their experience of emergency care may affect their psychological and emotional wellbeing and how Peninsula Health may be better able to support people during their emergency care.

Dr Dwyer acknowledges that an emergency department can be a noisy, busy and sometimes distressing environment for older patients. The impact of this environment will also be examined through this research.

“We want to find out the reasons behind some of our older patients’ presentations to ED,” explains Dr Dwyer.

“What contributed to these patients coming into the ED? What was their experience like while they were there? Did we address their problems and could we provide a better service to them in the future?”

Through this research, the team is hoping to implement meaningful change for older patients.

“This form of qualitative research will be free-flowing, allowing our older patients to take a lead in the conversation, to be heard. Then we will see the key themes that emerge,” adds Dr Dwyer.

The research will not only inform future models of care for older patients in the ED, but will also be used for education of staff, and changes to the environmental aspects of the ED.

**It is thought that between 10 and 15 per cent of older people experience depression and about 10 per cent experience anxiety. Rates of depression among people living in residential aged care are believed to be much higher, at around 35 per cent.**

*Source: Beyond Blue*

**Compared with the general population, older people experiencing depression and anxiety have higher rates of health service use across our hospitals.**



Image: Frankston Hospital Emergency Department.

# CONSUMER EXPERIENCE DRIVING THE NEW HEALTHY AGEING DATA PLATFORM



Peninsula Health's nation-leading researchers are taking significant steps in learning more about the demographic make-up of Frankston and the Mornington Peninsula – as the growing local community lives longer than ever before – through two important data projects centred on consumer experience.

## **Illuminating data-powering research into our ageing population**

The National Centre for Healthy Ageing (NCHA) Data Platform is the first of its kind in the country and brings together some of the brightest minds in the community – researchers, clinicians and consumers – to drive better health outcomes.

The project will give local researchers the opportunity to engage with consumer representatives who will support the establishment of a consumer-advised community engagement strategy.

“The NCHA Data Platform is giving consumers a voice in how they would like to see locally run health research carried out into the future,” says Dr Emily Parker, Healthy Ageing Data Platform Project Coordinator.

“Located on the Frankston Hospital campus, the work of the NCHA will ensure sustainability through shared ownership and benefit, prioritise research questions that are important to the community and highlight how the local community can contribute information to the Platform. It will also provide impetus for other healthcare providers to participate in the Platform.”

“Using the knowledge, understanding, and advice of consumers and community members, can add so much value to our work. Active involvement of consumers in research can benefit the quality and direction of research projects and is about research being carried out with or by consumers rather than to, about or for them,” adds Dr Parker.

## **Understanding an ageing population**

The NCHA is also leading the implementation of Patient Reported Outcome Measures (PROMs) in the region's health service that will become one of the many routinely collected datasets and a key component of the emerging Healthy Ageing Data Platform.

“PROMs are questionnaires that ask patients questions related to their health or health-related quality of life. They provide a measure of health status from the perspective of the patient,” says Dr David Snowdon, NCHA Research Fellow and Peninsula Health Allied Health Research Lead.

“We want to better understand how PROMs are being used across Peninsula Health and why they are being used, allowing us to look for trends of the different types of PROMs that are currently used at Peninsula Health, the specific areas they are used in, and why and how they are used.”

The NCHA-linked data platform will bring together and curate a range of routinely collected health information from all patients who receive healthcare from Peninsula Health. Researchers and clinicians will be able to access data through the platform for clinical and research purposes.

“To ensure that patients can contribute to the data that this platform captures, we are aiming to implement PROMs across Peninsula Health,” says Dr Snowdon.

“Typically, routine healthcare data includes measures that are from the perspective of the health professional/system – such as their evaluations of patients' health. By implementing PROMs into routine practice, health outcomes will be available from the perspective of the patients rather than just health professionals.”

While still in the early stages, the team will soon begin reviewing the data from more than 500 research ethics applications and will conduct an in-depth survey of at least 30 health professionals, who are leaders in their clinical areas, on what PROMs they currently use and their purpose for using PROMs.

A further 100 healthcare consumers will be surveyed on their experience of completing PROMs. Thirty interviews are also to be conducted with healthcare professionals, consumers and researchers on their experiences with using PROMs.

“Results from the mapping process will be analysed to determine which PROMs are most commonly used across the different clinical areas of Peninsula Health and why they are used. This information will be used to inform which PROMs should be targeted for routine implementation at the health service,” says Dr Snowdon.

“We will analyse stakeholder preferences for using PROMs which will inform how we administer the PROMs (e.g. paper-based vs. electronic/email vs. mail), when

we administer PROMs, and what we do with the health information we obtain from PROMs.”

“We will also establish the enablers and barriers to administering PROMs in healthcare settings to inform how we can support the use of PROMs at Peninsula Health,” adds Dr Snowdon.

This project will help to build a framework that will guide successful implementation of PROMs across the health service to inform healthcare evaluation, monitoring and clinical practice, and improve consumer experience.

“This project will take a considerable amount of time because it involves extensive stakeholder engagement with healthcare consumers who receive care from Peninsula Health, healthcare professionals who work at Peninsula Health, and health researchers who conduct research at Peninsula Health,” explains Dr Snowdon.

“But the time it will take will be worth it, as this is something that has not yet been achieved in an Australian healthcare setting.”

# A NEW MODEL OF CARE FOR OLDER PEOPLE UNDERGOING SURGERY

The number of older people hospitalised for elective and emergency surgery is increasing as the Australian population ages.

“Advancing age is associated with accumulation of medical conditions, increasing disability and declining function, making the provision of holistic, person-centred care for older people undergoing surgery a challenge,” explains geriatrician and Peninsula Health researcher Dr Margot Lodge.

The need to provide specialised care to older people who are contemplating or undergoing surgery is recognised in international best practice guidelines.

“These guidelines recommend person-centred approaches to care, that consider all facets of an older person’s health needs and coordinate the interdisciplinary team involved in provision of this care,” explains Dr Lodge.

“Models of care that use such an approach have been shown to improve a range of perioperative outcomes.”

In Australia, these models of care are not consistently used across the different surgical disciplines.

“At Peninsula Health, we utilise such a person-centred, coordinated and interdisciplinary approach in our Orthogeriatric Service, with care of older people who have hip fractures,” says Dr Lodge.

“However, like most health services in Australia, this is the only group of older patients undergoing surgery who receive care under this model.”

Dr Lodge is undertaking research for her PhD to find the best model of care for older people undergoing surgery, which can be embedded and rolled out across health services.

“Prior to commencing my PhD, I was working fulltime as a geriatrician. I had a strong interest and passion in acute geriatric medicine and particularly the care of older people undergoing surgery,” recalls Dr Lodge.

“I was aware of an international best practice model of care, the POPS (Perioperative medicine for Older People undergoing Surgery) service, after attending a number of conferences and reading of the improved outcomes that patients who received this model of care experienced.”

The POPS way of providing care for older patients requiring surgery strongly resonated with Dr Lodge, based on her own experiences as a geriatrician.

“Too often I would be seeing patients in subacute care who would have benefited from the interdisciplinary and person-centred way that we work, much earlier ... I wanted POPS for our patients in Australia!” Dr Lodge exclaims.

The first step of bringing POPS to Peninsula Health has involved a multitude of background work and detailed analysis of the international experience.

“I’m currently in the analysis phase of a qualitative study that is examining the clinical, organisational, and environmental factors – or context – that have supported implementation of POPS services at three hospitals in the UK,” says Dr Lodge.

“I have interviewed approximately 50 clinicians and managers via Zoom, to understand if there are shared factors across their three health services that have helped support the roll-out of the POPS model of care in their hospitals. This information will be used to help understand how best to recognise and consider the context at Peninsula Health, when we start to work with our local perioperative clinicians and managers to co-design our local version of POPS.”

The results from this study will also be generalisable to any health service that is wanting to implement the POPS model of care, potentially benefiting older patients on the Frankston Mornington Peninsula and beyond.

The next step of Dr Lodge’s project, which she is doing under the supervision of the Academic Unit at Peninsula Health, involves identifying and working with key stakeholders across the health service, who are involved in delivery of care to older people contemplating or undergoing surgery.

“We will be seeking to determine which patient cohort we may be able to focus on to implement a local version of POPS, and then engaging the staff who are involved in any part of delivery of care to these patients to understand enablers and barriers to its implementation,” explains Dr Lodge.

“We will be working directly with these staff to understand the current model of care, the strengths in how we currently deliver care, ways that we could optimise this care, and how we could possibly integrate the POPS model of care into our ways of working at Peninsula Health.”

The geriatrician’s previous research has helped identify which parts of the POPS model of care are really important to continue in an Australian setting, and which parts they could ‘mould to fit’ the local context at Peninsula Health.

“How we do this ‘moulding’ will be determined by the stakeholders involved in patient care,” adds Dr Lodge.

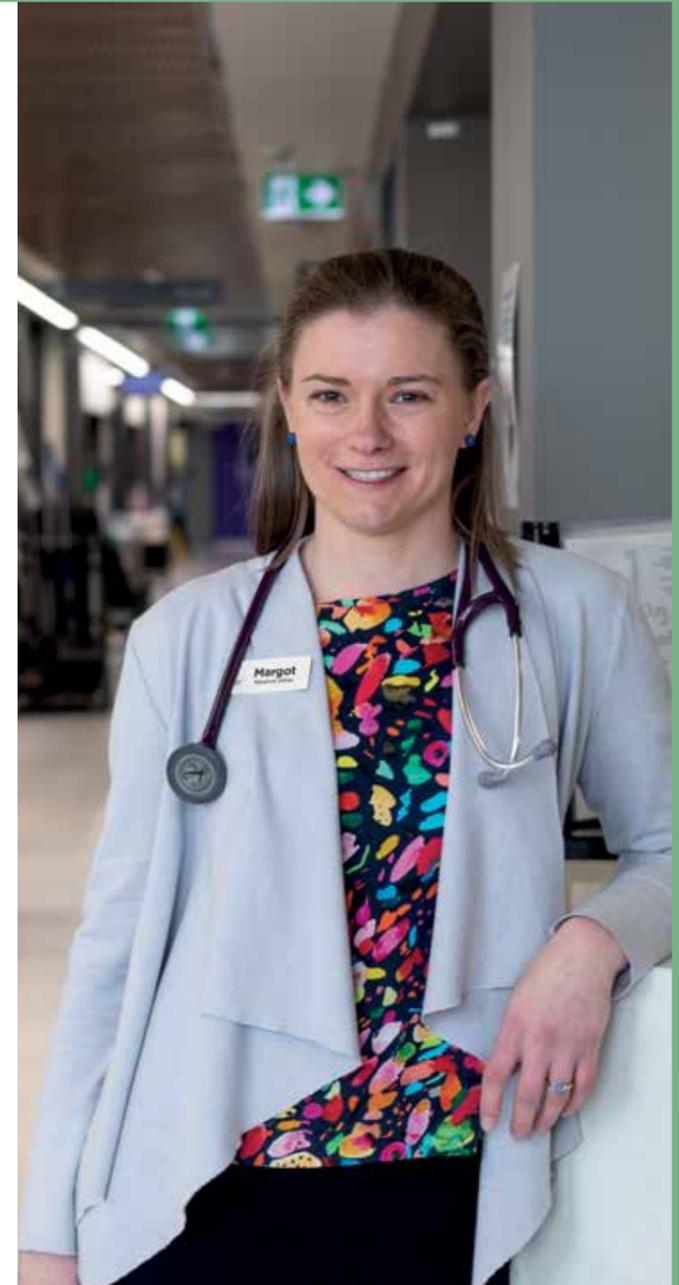
“Implementation science approaches will form the framework for these projects; they will provide objective ways of mapping problems, solutions, process, and context, and enable us to then evaluate how well we are able to translate POPS from a UK setting to an Australian setting.”

The final part of the research is a pilot study, where the new model of care can be implemented and tested.

“We will evaluate a number of outcomes with this pilot, particularly ‘implementation outcomes’,” explains Dr Lodge.

“These are outcomes that measure factors such as how well we’ve been able to do what we planned to do, how happy staff are with the new model of care, and how sustainable the new model of care is.”

Image: Dr Margot Lodge at Frankston Hospital. Photo taken prior to COVID-19.



“Too often I would be seeing patients in subacute care who would have benefited from the interdisciplinary and person-centred way that we work, much earlier.”

# HOW TRACKING CHILDREN INTO ADULTHOOD COULD UNLOCK THE KEY TO PREVENTING DEMENTIA

One of Australia's largest prospective studies following primary school children of the 1980s, is inching closer to discovering why physical activity can delay – and even prevent – the onset of dementia.

The Childhood Determinants of Adult Health (CDAH) study recruited almost 9000 children aged from 7-15 years old, who took part in the 1985 Australian Schools Health and Fitness Survey (ASHFS).

Since then, researchers have regularly followed the children as they have grown older, measuring the group's lifestyle, physical and biological characteristics, and mental health to look at how it can impact the development of health issues later in life, such as cardiovascular disease and type 2 diabetes.

Now, a new study of the third follow-up of the original survey is underway. Researchers at Monash University and Peninsula Health's National Centre for Healthy Ageing (NCHA) are hoping a fresh in-depth review

of some of that original cohort today – a group aged in their 30s-40s – will provide a breakthrough, into how childhood health and fitness impacts our cognitive function at midlife for the better.

Thirty-six years after it first began, the research team will use the most recent data capture from the original survey participants over 2017-2019 – some 1500 people who are adults today – and assess their cognitive performance.

Because this is the third time researchers are analysing data from the original cohort of children, after many decades of living, NCHA post-doctoral researcher Dr Jamie Tait believes they can develop an initial understanding of how fitness and obesity in early years, and over the years, can shape cognition at midlife and influence the risk of cognitive decline and dementia.

“A decline in cognitive function can begin in midlife which is why we are investigating whether there are factors in midlife and childhood that are associated with cognitive performance at midlife,” says Dr Tait, one of the lead researchers based out of the Academic Unit at Peninsula Health.

“This will allow us to identify factors that could protect against cognitive decline or dementia, which is important to maintain functional independence.”

Health experts agree physical exercise is an important part of a healthy lifestyle, improving our general fitness, muscle control and coordination, and a sense of wellbeing. Additionally, exercise helps maintain adequate blood flow to the brain and may stimulate brain cell growth and survival.

It's why researchers across the globe who are investigating dementia prevention, have identified that higher levels of fitness and exercise could play an important role in reducing the risk of developing dementia, and recognised the benefits they offer to people with dementia.

“Research into the potential for physical exercise to reduce the risk of dementia is continuing. What we know is that exercise may encourage new brain cell growth and survival,” says Dr Tait.

“Several studies have already found higher levels of physical activity in mid and late life are associated with a lower risk of cognitive decline and dementia. However, it is unclear whether greater levels of physical activity and higher fitness in early years also offer these benefits.”

Dr Tait points out that previous studies have looked at whether individual factors such as low fitness levels, obesity and poor grip strength are related to poorer cognition at midlife and older age.

“However, very few have investigated whether combinations of these factors, or profiles, can more effectively capture the risk of developing cognitive dysfunction or decline measured at different ages across the lifespan,” he adds.

“The novelty of our research lies in using new data-driven approaches to identify profiles that associate with worse

cognitive performance at midlife, and also examining this across the lifespan, which is unique.”

“What we're already starting to see is that the profiles of children with the highest level of muscular fitness and low levels of obesity, are having better cognitive performance at midlife.”

Results will be analysed using an emerging statistical technique called Latent Profile Analysis. This technique sorts participants into particular groups, or profiles, based on the combination of measures they possess.

Dr Tait and the research team are hoping to present their findings through publications and exercise science and related conferences in 2022.

“Depending on our findings, they have the potential to inform population-level interventions aimed at improving low muscular fitness levels and promoting a physically active lifestyle in youth,” explains Dr Tait. “Higher levels of fitness and normal weight may be carried over into adulthood, which can provide benefits for cognitive function across the lifespan.”



“The novelty of our research lies in using new data-driven approaches to identify profiles that associate with worse cognitive performance at midlife, and also examining this across the lifespan, which is unique.”

# CHANGING THE COURSE OF MELANOMA TREATMENT

There have been huge advancements in the treatment of melanoma – a form of cancer that develops in the skin’s pigment cells – over the last five years.

“Ten years ago if melanoma had spread there were no treatments other than surgery. Even though surgery often didn’t cure those people, we did pretty aggressive operations because it was considered the last chance,” explains Plastic and Reconstructive Surgeon Dr George Pratt.

“But now the immunotherapies have come such a long way in the last five to seven years, we are starting to think that we can be a bit less aggressive with the surgeries we do.”

As part of his PhD at Monash University, Dr Pratt, a member of the melanoma and complex skin multi-disciplinary unit at Peninsula Health, is investigating how less-invasive surgery could lead to improved outcomes for patients with advanced melanoma.

“Traditionally if patients have melanoma that has spread to their lymph nodes, they have an operation where all the lymph nodes are cleared – a nodal clearance,” says Dr Pratt.

“Those operations get rid of the cancer, but they do cause problems for the patient. They have a lot of morbidity and they are pretty nasty operations.”

The advancement of immunotherapy, a type of cancer treatment that helps your immune system fight cancer, is changing the course of surgical intervention for these patients.

“We think that we might be able to remove just the nodes that have cancer in them and leave the other ones behind and get the same degree of disease control because of the newer drugs and immunotherapies we can now give these patients,” adds Dr Pratt.

The Plastic and Reconstructive Surgeon has developed a special interest in melanoma over the years, after treating many patients with melanoma across the south east and at Peter MacCallum Cancer Centre. Dr Pratt is working to set up a multi-centre clinical trial to start in the next year, which will evaluate whether this change in surgical intervention improves outcomes for patients.

“If this theory proves to be correct, for patients who have melanoma that has spread to their nodes, we will be able to do a very limited operation, simply removing one or two lymph nodes and then giving them immunotherapy, so they will have a better quality of life afterwards with less complications and less ongoing problems with lymphoedema and swelling,” says Dr Pratt.

The findings from this research may influence the care of patients with melanoma on the Frankston Mornington Peninsula and beyond.

According to the Melanoma Institute of Australia, it is expected that 16,000 people will be diagnosed with melanoma this year in Australia alone.

“Melanoma is increasing and Australia is one of the melanoma capitals of the world due to our high UV sun exposure and portion of the population who live and work outdoors,” explains Dr Pratt.

“The clinical trial will run for at least five years, but we expect to publish preliminary findings along the way, which may help inform how melanomas are treated here in Victoria and afar.”

**Melanoma is the most deadly form of skin cancer.**

**It is estimated 1300 people will die from melanoma in Australia this year.**

**It is the most common cancer affecting 15 to 39 year old Australians.**

**Melanoma is the most common cancer in Australian men, after prostate and colorectal cancer. It is the third most common cancer in Australian women, after breast and colorectal cancer.**

**Source: Melanoma Institute of Australia.**



While Dr Pratt has been focusing a lot of his work on treating patients with melanoma over the last five years, he continues to provide care for adults and children with a range of plastic and reconstructive surgical needs.

“Plastics is a very broad speciality. The reason I chose it was because there are so many different things you can do,” says Dr Pratt. “I do a lot of paediatric plastic surgery, trauma plastic surgery, hand plastic surgery, breast and head and neck reconstruction.”

Image Left: Dr George Pratt. Photo taken prior to COVID-19.  
Image Right: Looking for melanoma in the clinic, and looking for answers in the lab.



# DETERMINING THE MOST EFFECTIVE TREATMENT FOR ACHILLES TENDON RUPTURES



As she came off the final water jump in the women's 3000 metres steeplechase final at the Tokyo Olympics, Australia's Genevieve Gregson fell.

The three-time Olympian had to be taken from the track in a wheelchair with a ruptured Achilles tendon, later undergoing surgery.

Weeks before Gregson sustained the debilitating injury, a group of orthopaedic surgeons and sports medicine professionals from Peninsula Health and across Melbourne's south-east began researching whether surgery is the best treatment method for this condition.

"Even with all the research into the management and outcomes of Achilles tendon ruptures, there are still no clear indications in the evidence as to

whether non-operative or operative management is best," says Dr Amy Touzell, Senior Adjunct Lecturer at the Peninsula Clinical School and an orthopaedic surgeon at Peninsula Health.

"The way we treat a ruptured Achilles tendon will often be dependent upon a person's age, activity level and the severity of the injury. Often younger and more active people, particularly athletes, tend to choose surgery to repair a completely ruptured Achilles tendon, while older people are more likely to opt for non-surgical treatment."

"Some studies have shown that there is equal effectiveness in operative and non-operative treatment, which includes participating in an accelerated functional rehabilitation program

allowing early weight-bearing under the supervision of an allied health practitioner and orthopaedic surgeon."

Dr Touzell points out that this has a very slight increase in re-rupture rate but has the benefits of minimising surgical risks including infection and deep vein thrombosis.

"Some of the research has shown favourable outcomes in people treated non-surgically if they start rehabilitation with weight-bearing early," she says.

"Our aim is to conduct a quality assurance review of the outcomes of patients who underwent non-operative management at Peninsula Health and through local surgeons' practices, and assess their functional outcomes to demonstrate that non-operative management results in favourable outcomes."

Acute rupture of the Achilles tendon is a common injury, accounting for 20% of all large tendon ruptures. Despite the commonality, management of acute Achilles tendon ruptures continues to be debated.

"We've been seeing emerging evidence that supervised non-operative management results in very good outcomes," says Dr Touzell.

"We saw in the Cochrane review higher re-rupture rate of 12% with non-operative treatment, compared with 5% in patients who received surgery, but a complication rate of 30% in patients who received surgery, compared with 8% in non-operatively treated patients."

"So we want to take a closer look as to the effectiveness of both treatment options."

Assisting with the study is Dr Daniel McDonald, an orthopaedic registrar, who has been working at Peninsula Health for the past three years, and Joshua Ferguson, a sports physiotherapist at South East Orthopaedics.

"We'll be looking at the outcome of surgical and non-surgical treatment, one year on from the injury being sustained," says Dr McDonald.

"We will be calling a bank of patients, and asking them to complete a foot and ankle questionnaire – referred to as the MOxFQ method – and derive a score from their answers."

"The foot and ankle questionnaire provides information on the patient's level of pain, their mobility and how their condition may affect their social activities, such as sports," adds Dr McDonald.

"We are also looking into the time to immobilisation from injury, the site at which the tendon ruptured, if the patient is or was a smoker, has diabetes, whether they sustained a re-rupture or required further surgery, and whether they have returned to sport."

The study commenced in June of 2021.

Phone survey results and MOxFQ scores will be analysed to give an idea as to what is most affected, long term, by a non-operatively managed Achilles tendon rupture.

"We are trying to address the uncertainty about the best way to manage Achilles tendon ruptures," says Dr Touzell. "Few studies have looked at follow-up past 12 months post-injury."

"We hope we will add to the body of evidence in deciding what is the most appropriate way to manage Achilles tendon ruptures in a given patient, and that it will allow us to provide patients with an idea of what to expect for their outcomes when managed non-operatively."

**"We've been seeing emerging evidence that supervised non-operative management results in very good outcomes."**

# CO-DESIGNING SIMULATION-BASED EDUCATION TO ADDRESS COGNITIVE BIAS

Cognitive bias refers to how human behaviour, beliefs and attitudes are influenced by an automatic and unconscious cognitive process. In healthcare, this can result in a systematic thinking error that can unintentionally affect health professionals' clinical reasoning, particularly diagnosis, and potentially influence subsequent healthcare interactions.

Monash University's Associate Professor Gabrielle Brand and the Director of Education and Training at Peninsula Health, Dr Samantha Sevenhuysen, are the Principal Investigators for a new research project, which is exploring how Simulation-Based Education (SBE) can be used to address some of the chronic issues pertaining to cognitive bias. They are being assisted by the Director of Peninsula Health's Safer Care Unit, Dr Sue Sinni.

"Since 2018, a number of recommendations from clinical incidents include some form of education of staff involved in the incident, all staff in a particular department, or all staff across the organisation from a particular craft group or discipline," says Dr Sinni. "We know from the academic literature that 'education' is considered a weak recommendation to address breaches in patient safety, unless it involves simulation or immersive learning."

"We recognised a number of clinical incidents that involved cognitive bias or diagnostic over-shadowing, and Dr Sevenhuysen

referred us to the work of Associate Professor Brand in addressing cognitive bias using co-design methodology in Western Australia," continues Dr Sinni. "Associate Professor Brand is now a member of the Monash University academic staff, and Dr Sevenhuysen reached out to Gabby about her interest in a project to address cognitive bias at Peninsula Health."

Every year across Australia, hospital-acquired complications and patient safety breaches occur in around 15% of patients. Some of these can be attributed to cognitive bias from members of their healthcare team taking on perceived misconceptions of the person they are treating due to pre-existing conditions, or past behaviours or presentations at the health service. As a result of these misjudgements many patients suffer adverse outcomes, or results which are considered less than ideal.

**A recent Victorian case highlights how an ill-informed error of judgement can have real effects on patients in hospital.**

**A 26 year old person attends an Emergency Department with stroke-like symptoms. They have a complex psychosocial history including mental illness, over-use or abuse of alcohol and other drugs and present frequently. Clinical staff dismissed the**

**signs of stroke because of their bias towards the person's history. Despite the initial error in diagnosis, on this occasion, the person made a full recovery.**

The team decided the best way to approach the project and to inform any future education and learnings was to involve consumers at every touchpoint.

"The World Health Organisation framework on integrated person-centred health services endorses 'Nothing about us without us' emphasising the importance of co-design between healthcare professionals and the people using health services," says Associate Professor Brand. "Involving the healthcare consumer's voice, one that represents a different kind of knowledge is gaining momentum in health professions' education, including consumers co-designing authentic SBE scenarios to train current and future healthcare workers."

Dr Sevenhuysen agrees, stating that consumers are critical in education in the health system.

"Partnering with consumers in the development, design, and delivery of education is a key objective in developing our education strategic plan. We have a small Consumer Simulated Patient Program, where consumers play the role of a patient and we are looking forward to expanding this program and adding in partnerships focussing on co-design and co-production."

Consumers will be invited to be involved across all phases of the project, including interviews with patients and/or family members who have been involved in or affected by a situation involving cognitive bias. These consumers will be invited to co-design the simulation with the research team, and trained consumer simulated patients will be involved in delivering the SBE to Peninsula Health staff and Monash University final year health profession students.

**Phase 1 - interviews with consumers and/or family members who have been involved in or affected by a situation involving cognitive bias**

**Phase 2 - consumers invited to co-design the simulation with the research team**

**Phase 3 - consumers from the Consumer Simulated Patient Program will be involved in delivering the education**

The project will use a Participatory Action Research (PAR) co-design methodology which translates to the findings being unknown until the project starts. However it is expected that:

- consumer involvement across all phases will deepen understandings of cognitive bias in healthcare, and
- the SBE co-designed with consumers will lead to effective learning and healthcare worker practice change.

Associate Professor Brand is enthusiastic about the potential for the project to make a significant difference to outcomes for patients.

"The long-term impact of this project has the potential to transform current and future healthcare workforce practice, through uncovering and addressing cognitive bias and improving the delivery of high quality, consumer-focused healthcare services, and the patient safety culture at Peninsula Health."

Dr Sevenhuysen agrees, adding that the SBE framework will be used across different incident and risk topic areas.

"If we identify incidents or themes in relation to respiratory deterioration, we could use the same approach, themes from incidents, interviews with staff and consumers, co-design and co-delivery of the intervention, to develop, design and deliver education to address it."

Peninsula Health and Monash University continue to grow their partnership in research and education in many areas, using the insights and expertise of teams at both institutions to improve practice, education, treatments and outcomes for local people.

Through the project, Monash School of Nursing and Midwifery (MNM) and Peninsula Health aim to generate new research evidence to inform policy and educational practice. This includes a template for future SBE scenario development, based on healthcare workers' real training needs, and designing fit-for-purpose education to address those needs and explore potential solutions.

"Co-designing health professions education with consumers is an innovative approach which has the potential to transform hierarchical healthcare relationships to move towards a more humanistic model of care," says Associate Professor Brand.

The findings for Clinical Blindness: Co-Designing Simulation-Based Education (SBE) to address Cognitive Bias in Healthcare, are expected to be reported in late 2022.

**"We recognised a number of clinical incidents that involved cognitive bias or diagnostic over-shadowing."**

## Research Operations Committee

Professor Velandai Srikanth (Chair)
Associate Professor Nadine Andrew
Mr Andrew Bickell
Professor John Botha
Dr Gary Braun
Ms Lee-Anne Clavarino
Dr Jolyon Ford
Professor Terry Haines
Professor David Hunter-Smith
Mr Nicholas Jones
Professor David Langton
Professor Jamie Layland
Associate Professor Shyaman Menon
Associate Professor Chris Moran
Professor Richard Newton
Ms Fiona Reed
Professor Ravi Tiruvoipati
Dr Ashley Webb
Associate Professor Cylie Williams
Ms Libby Wilson

## Scientific Review Panel

Associate Professor Nadine Andrew
Associate Professor Ernie Butler
Associate Professor Miodrag Dodic
Dr Sam Leong
Associate Professor Chris Moran
Professor Virginia Plummer
Associate Professor Cylie Williams

## Human Research Ethics Committee

Professor Virginia Plummer (Chair)
Associate Professor Shyaman Menon (Executive Sponsor)
Dr Melanie Benson
Dr Rosamond Dwyer
Ms Joanna Green
Dr Dilinie Herbert
Mr Richard Ivice
Dr Tom Jeavons
Ms Mandy Lake
Ms Alice Lam
Dr Ian Munro
Dr Meghan O'Brien
Mr Seng-Yew Ong
Professor Warren Rozen
Dr Babak Tamjid
Professor Ravi Tiruvoipati
Dr Vicky Tobin
Ms Ann Urch
Dr Michael Wang
Ms Alexis Ward
Ms Emma White
Associate Professor Zee Wan Wong

- Advance care planning workbook project
- Application of augmented reality for dissection of the inferior epigastric artery perforator flap for microvascular autologous breast reconstruction
- Australian radiographers working within current scope of practice should be embedded within Emergency Fast Track pathway: A pilot study
- Can the success rate of external cephalic version be predicted?: A retrospective cohort study
- COVID-19: Perspectives of pregnant women
- Dementia risk reduction in patients following transient ischaemic attack
- Dentist's opinion of dental auxiliary utilisation in Victoria
- Does tubal pregnancy become ultrasonologically invisible three months after  $\beta$ -hCG is undetectable?
- Development and implementation of models of care to meet the requirements of the Comprehensive Care Standard across the continuum of care at Peninsula Health
- Developmental coordination disorder knowledge at Peninsula Health
- Evaluating a quality framework
- Evaluating the effectiveness of e-learning modules for medical imaging technologists
- Evaluation of a multidisciplinary geriatric medicine clinic
- Exploring implementation and use of the EQ-5D in Community Rehabilitation and Community Care
- Ferric carboxymaltose infusions in a general hospital population: Single healthcare network safety study
- Five year follow-up study following bronchial thermoplasty
- Frailty and inappropriate proton pump inhibitor (PPI) prescription
- Frailty status and timely goals of care documentation in acute setting in the COVID-19 era: A retrospective single centre study
- Functional outcomes of non-operatively managed Achilles tendon ruptures
- Impact of the COVID-19 pandemic on current and future medical oncology trainees in Victoria
- Mapping the patient journey to improve treatment access and engagement in care
- Mapping the use of Patient Reported Outcome Measures (PROMs) and Patient Reported Experience Measures (PREMs)
- National Centre for Healthy Ageing Data Platform: Consumer engagement and consultation
- Oncology patient attitudes to telehealth in the setting of the COVID-19 pandemic
- Pharmacist e-transcription service initiated nicotine replacement therapy uptake in pre-admission clinic
- Pilot study of the safety and effectiveness of bronchial thermoplasty in chronic obstructive pulmonary disease (COPD)
- Protected MET and code calls: A cross-sectional survey
- Recovery from COVID-19 in Peninsula Health staff
- Sleep in the Intensive Care Unit compared to wards
- The effectiveness of a brief relational and skills-based intervention aimed at increasing distress tolerance and resilient coping
- The role of CT in revision breast reduction surgery
- Understanding service delivery preferences of people receiving allied health services at Peninsula Health

Note: Titles as submitted by authors.

# MULTISITE PROJECTS AUTHORISED

- A collaborative maternity and newborn dashboard for the COVID-19 pandemic: Real-time monitoring of perinatal services performance indicators and health outcomes
- A double-blind, randomized, placebo-controlled, multicenter study to evaluate the impact of evolocumab on major cardiovascular events in patients at high cardiovascular risk without prior myocardial infarction or stroke
- A phase 3 randomized, open-label study to evaluate the efficacy and safety of olaparib alone or in combination with bevacizumab compared to bevacizumab with 5-FU in participants with unresectable or metastatic colorectal cancer who have not progressed following first-line Induction of FOLFOX with bevacizumab
- A phase 3, randomized, double-blind study to compare the efficacy and safety of pembrolizumab (MK-3475) in combination with lenvatinib (E7080/MK-7902) versus pembrolizumab and placebo as first line treatment for locally advanced or metastatic urothelial carcinoma in cisplatin-ineligible participants whose tumors express PD-L1, and in participants ineligible for any platinum-containing chemotherapy regardless of PD-L1 expression
- A phase 3, randomized, open-label, controlled study of cabozantinib (XL184) in combination with atezolizumab vs second novel hormonal therapy in subjects with metastatic castration-resistant prostate cancer
- A phase I, open-label, multi-center, dose escalation and expansion study to evaluate safety, tolerability, pharmacokinetics, and anti-tumor activity of IMP4297 in combination with temozolomide in patients with advanced solid tumors and small cell lung cancer
- A phase III randomized, double-blind, placebo-controlled, multicenter study evaluating the efficacy and safety of GDC-9545 combined with palbociclib compared with letrozole combined with palbociclib in patients with estrogen receptor-positive, HER2-negative locally advanced or metastatic breast cancer
- A randomised phase III study of duration of anti-PD-1 therapy in metastatic melanoma
- A randomized, double-blind, placebo-controlled phase 3 study of pembrolizumab (MK-3475) in combination with concurrent chemoradiation therapy followed by pembrolizumab with or without olaparib (MK-7339), compared to concurrent chemoradiation therapy alone in participants with newly diagnosed treatment-naïve limited-stage small cell lung cancer
- A randomized, double-blind, placebo-controlled, parallel-group, 52-week pivotal study to assess the efficacy, safety, and tolerability of dupilumab in patients with moderate-to-severe chronic obstructive pulmonary disease (COPD) with type 2 inflammation
- A randomized, double-blind, placebo-controlled, phase 3 study of pembrolizumab plus chemotherapy versus placebo plus chemotherapy for the treatment of chemotherapy-candidate hormone receptor-positive, human epidermal growth factor receptor 2-negative (HR+/HER2-) locally recurrent inoperable or metastatic breast cancer
- A study of relatlimab plus nivolumab in combination with chemotherapy v nivolumab in combination with chemotherapy in participants with stage IV or recurrent non-small cell lung cancer
- An epidemiological case-definition of autoimmune encephalitis for use in national data-linkage projects
- An open label, multi-centre study to determine the safety and efficacy of STC3141 administered as an infusion for up to 5 days in subjects with COVID-19 acute respiratory distress syndrome requiring intensive care
- Bacteremia antibiotic length actually needed for clinical effectiveness
- Building capacity to optimise pressure injury prevention and surveillance across Monash Partners healthcare services
- Coronavirus in Victorian healthcare and aged care workers cohort study
- The COVID-19 Biobank
- Dual mobility versus standard total hip arthroplasty in femoral neck fractures, a registry-nested, cluster-randomised trial
- Emerging Drugs Network of Australia
- Examining hospital presentations for self-harm: An assessment of barriers to care in the emergency department
- Experiences of junior doctors in regards to their education and training during the COVID-19 pandemic
- Family experience with critical care communication during the crisis hours of COVID-19 era: A multicentre survey involving Australian hospitals
- HomeBase2: An implementation trial to improve access to pulmonary rehabilitation in people with chronic obstructive pulmonary disease
- Hospitalisations for allergic contact dermatitis
- Illicit Drug Reporting System (IDRS)
- Implementation of a Rapid Myocardial Infarction Pathway to improve outcomes of in-hospital STEMIs in Victoria
- Intensive nutrition therapy compared to usual care in critically ill adults: A randomised pilot trial
- Is there a role for gait aids to improve stability and reduce falls risk for older people with dementia? Hospital staff survey and expert panel
- Needle and Syringe Program Snapshot Study
- Nutrition practice in critically ill adults: An observational study
- Phase 2 study of MK-6482 in participants with advanced renal cell carcinoma
- Prospective data collection on pregnant women exposed to COVID-19
- Sofosbuvir/velpatasvir and mental health impact in people with lived experience and hepatitis C infection
- Relationship between oral disease modifying therapy burden and adherence in multiple sclerosis
- Telehealth acceptability survey for patients with cancer and health professionals
- The Australian New Zealand Spontaneous Coronary Artery Dissection (ANZ-SCAD) Registry
- The COVID-recovery study
- The HOME trial: Comparing the effectiveness of occupational therapy home visit discharge planning to in-hospital consultations to improve participation after stroke
- The kids are not OK: A Delphi study to identify consensus research priorities and core outcome sets in paediatric emergency department mental health presentations
- The kids are not OK: Emergency department management of acute mental health crises in children and young people - A retrospective study
- Tranexamic acid to reduce infection after gastrointestinal surgery
- Venous thrombo-embolism cohort study
- Victorian Cardiac Outcomes Registry

# PROJECTS APPROVED BY THE EXECUTIVE SPONSOR

- A cross sectional analysis of clinical supervision across two practice environments
- A quantitative and qualitative review of compliance rates and outcomes using a virtual clinic for long term follow-up of patients following total joint arthroplasty
- A review of telehealth in the geriatric medicine outpatient clinics
- A single study of vancomycin use in patients undergoing haemodialysis
- A study of the appropriateness of continuous vancomycin management in patients admitted to Hospital in the Home services
- Adult Community Mental Health Program staff survey on safety in the workplace and community
- Alcohol related acute pancreatitis: Lessons learnt during the COVID-19 lockdown in Victoria
- An audit of compliance with local guidelines for the management of Clostridium difficile infections in a tertiary hospital
- An audit of the management and outcomes of patients with hand trauma at Frankston Hospital
- Analysis of MET calls at The Mornington Centre: A 6 month review
- Assessment of a Symptom Urgent Review Clinic (SURC) nurse-led model of care for toxicity management of patients undergoing systemic anti-cancer therapy at Peninsula Health
- Audit of medical assessments post-fall in the older hospitalised patients at a tertiary hospital
- Cost-minimisation analysis of registrar v nurse practitioner led MET calls
- Creating a more enabling and supportive built environment for patients with cognitive impairments in the Flinders Ward at The Mornington Centre
- Documenting implementation of CleanSpace HALO PAPER system at Peninsula Health using process mapping
- Does histology of adenomyosis post-hysterectomy match radiological findings on transvaginal ultrasound?
- Electronic health record template impact on community mental health medication reconciliation uptake by medical officers
- End of life care in an acute hospital for patients from residential aged care facilities
- Establishing a successful grassroots academic surgery program: Our experience at Peninsula Health
- Evaluating gestational diabetes education service delivery changes post COVID-19
- Evaluation of A Space to Think and Connect: A wellbeing initiative
- Hospital readmissions among patients following discharge from inpatient rehabilitation to their private accommodation
- Infants at risk of developmental hip dysplasia: An audit of outcomes of children at risk of DDH with mild dysplasia on hip ultrasound at 6-10 weeks corrected gestational age
- Junior Medical Officer experiences of multimodal interventions for opioid prescribing after surgery
- Multimodal intervention for opioid prescribing after surgery: A single centre study
- National Centre for Healthy Ageing Data Platform: Establishing a core dataset
- Outcomes of collagenase use in Dupuytren's Disease: A large multi-institutional cohort study
- Outcomes of treating for Dupuytren's Disease: Surgical fasciectomy and collagenase enzymatic fasciotomy and the importance of hand therapy and post-operative splinting
- Outpatient perceptions of telehealth for cardiovascular care
- Patent foramen ovale closure in young patients with stroke: Clinical audit at Frankston Hospital 2016-2019
- Patients' experience of an acute model of rehabilitation
- Peninsula Health staff telehealth survey
- Perceptions of volunteers in returning during/after a COVID-19 pandemic in a major public health service
- Pharmacological management of delirium at Peninsula Health: A quantitative study
- Post-operative analgesia in elective joint arthroplasty
- Post-operative splinting following surgery for Dupuytren's Disease
- Review of depot anti-psychotic use in an aged psychiatry service, including analysis of agents used, their tolerance and monitoring of their efficacy and for side effects
- Risk factors and radiological findings in a stroke population aged between 18 and 50
- Single centre descriptive study of ECG characteristics in patients with confirmed SARS-CoV-2
- Strengthening hospital response to family violence system audit tool project
- Tapentadol (SR and IR) versus oxycodone (SR and IR) in the management of acute pain after surgery: A retrospective single-centre study
- The efficacy of the Vancouver Classification in treatment of periprosthetic fractures
- The general surgery trainee experience: Emergency upper GI pathology
- The role of Supportive and Palliative Care Indicators Tool (SPICITM) to plan and improve end of life care and facilitate supportive and palliative care referrals
- The use of post-operative high-sensitivity troponins as a predictive marker of mortality in the post-operative patient
- Understanding the predictors that lead to lower limb amputation, secondary to a foot pathology, at Peninsula Health
- Use of a chest pain pathway in an Australian emergency department: Clinical, resource and downstream implications
- User evaluation of CleanSpace HALO masks in the COVID-19 Operating Theatre and comparison to conventional N95 masks
- Using natural language processing to identify patients with delirium in the intensive care unit

# CELEBRATING RESEARCH 2020

The COVID-19 pandemic provided an opportunity to revisit Celebrating Research to include presentations from eminent researchers, external to Peninsula Health in a themed symposium and a showcase of work from leading Peninsula Health researchers. The online format allowed better access for staff and health professionals in our catchment.



## Cardiovascular Symposium - Heart Health Matters

*Jeremy Anderson Oration*

### Professor Stephen Nicholls

Director of MonashHeart,  
Monash Health

Professor of Cardiology,  
Monash University

### Professor Jamie Layland

Director Cardiovascular Research,  
Peninsula Health

### Professor Natasha Lannin

Head of Brain Recovery and  
Rehabilitation Group,  
Monash University and  
Alfred Health

### Professor Girish Dwivedi

Wesfarmers Chair in Cardiology,  
University of Western Australia

### A/Professor Dion Stub

Cardiologist,  
Alfred Health and Western Health

## Research Showcase

### A/Professor Nadine Andrew

Leveraging electronic medical records and routine administrative data: Towards a population approach for monitoring dementia frequency, risk factors and management

### Professor Warren Rozen

Plastic surgery research in 2020: An evolution of diagnostic tests

### A/Professor Richard Beare

Geospatial analysis to address questions important to delivery of acute stroke and homebirth services

### Dr David Snowdon

Motivational interviewing to increase walking in community-dwelling old adults after hip fracture: A randomised controlled trial

### Professor David Langton

Unravelling a clinical paradox: Why does bronchial thermoplasty work in asthma and how can we improve patient outcomes?

## Presentation Prizes 2020

### SESSION 1

*Early Researcher Prize*

### Dr Timur Krivitsky

The effect of the COVID-19 pandemic and Victorian stage 3 lockdown on the profile of presentations to the Frankston Hospital Emergency Department

### SESSION 2

*Experienced Researcher Prize*

### Mrs Rebecca Barnden

Identifying admission to permanent residential aged care in the 18 months following stroke using linked data

*Early Researcher Prize*

### Ms Qiantong Hua

A quantitative and qualitative assessment of drug-drug interaction alerts within an electronic health record system

## Poster Prizes 2020

### THE RESEARCH CHALLENGE OF 2020

### Dr Subanki Rajanayagam, A/Prof Dr Debra Renouf

Screening and diagnosis for gestational diabetes mellitus during COVID-19 pandemic

*1st Prize*

### Ms Tonya Jones

Is telehealth more effective than face-to-face physiotherapy at reducing pain and disability in adults with knee osteoarthritis?

*Equal 2nd Prize*

### Mr Nicholas Savage, Dr Leonardo Cordova, Dr Rashna Ram, Dr Lisa Ellis, Prof Warren Rozen, Mr Marc A Seifman

The effects of COVID-19 related movement restriction on emergency plastic surgery presentations

*Equal 2nd Prize*

### TECHNOLOGICAL SOLUTIONS FOR A HEALTHY FUTURE

### Dr Jeremy Lim, Dr Dynaroat Yit, Ms Melanie Werkmeister, Dr Manuja Premaratne

Broadening patient characteristics of Computed Tomography Coronary Angiography (CTCA) can result in increasing radiation doses despite best practice

*1st Prize*

### Dr Reuben Lim, Dr John Du, Mr Nigel Broughton, Mr Kosta Calligeros

Clinical and radiological follow-up of 509 hip and knee arthroplasties: Is a 'virtual clinic' still a reliable standard of follow-up care?

*2nd Prize*

### HEALTHCARE INNOVATION

### Mr Lakmal Wanniarachchi, Ms Alice Lam, Ms Joanne Stewart, Ms Catherine McLeod

Identifying Peripherally Inserted Central Catheter Occlusion rate: The PICCOC study

*1st Prize*

### Mr Andy Tran, Ms Julie Metcalfe, Ms Gillian Oates, Dr Peter Kelley

An audit of compliance with local guidelines for the management of Clostridium difficile infections in a tertiary hospital

*2nd Prize*

### PEOPLE AT THE CENTRE OF OUR RESEARCH

### Dr Stephanie Whittle, Ms Helene Angerer, Dr Manuja Premaratne, Ms Viviane Khalil

Discrepancies in post ST elevation myocardial infarction care in women compared to men: Evaluating for implicit bias: A single centre study

*1st Prize*

### Ms Qiantong Hua, Ms Viviane Khalil

A quantitative and qualitative assessment of drug-drug interaction alerts within an electronic health record system

*2nd Prize*

# GRANTS

- **Andrew N**, Long K, **Srikanth V**, Haines T, Hill K, Bell S, Olivier P, **Beare R**, Smith K, Blackberry I, **Moran C**, Barker A & Xie J. Optimising health information exchange during aged care transfers. *Medical Research Future Fund*, **\$1,949,557**
- **Blight R & O'Brien M**. An evaluation project, to assess the value and impact of the Strengthening Hospital Responses to Family Violence (SHRFV) program across Victorian hospitals/health services. System Audit Family Violence Evaluation (SAFE Project). *Collier Charitable Fund*, **\$15,000**
- Brand G, **Sevenhuysen S**, Morphet J, Dix S, **Davis J**, Molloy R, **Sinni S**, **Watts A**, **Daniel M** & **Challis H**. Clinical blindness: Codesigning interprofessional simulation-based education with consumers to uncover and address cognitive bias in healthcare. *Monash University Nursing and Midwifery Research Development Grant*, **\$20,000**
- Callaway E, Morgan P, Fossey E, Haines T, Hill K, Brusco N, Ekegren C, Bould E, **Williams C**, Hay M, Tregloan K, Sloan S, LeCerf C, Bredlin J, Gee E, **Caspers K**, Vien K, Mackey J & Layton N. DHHS Victoria Implementation Tools and Training project: Allied Health NDIS Capability Framework. *Department of Health and Human Services (Victoria)*, **\$48,000**
- **Dwyer R**, Tran T, Kirkman M, Hammarberg K, Lowthian J & Layton N. Mental health problems and emergency department presentations for older people: a multiple methods investigation to inform improvements to patient-centred care. *Monash University Living Labs Program 2021, Pilot Round*, **\$145,660**
- Feldman EL, Cameron F, **Srikanth V**, **Moran C**, **Beare R** & Northam EA. Brain, cognition, mental health and functional outcomes in Type 1 diabetes – thirty year follow-up of the Royal Children's Hospital Cohort. *NIH Grant*, **USD\$589,685**
- Haines T, Russell G, Hill K, **Williams C**, Callaway E, Hlavac J, Willoughby L, Long K & Lennon R. Effectiveness of tailored COVID-19 messages for vulnerable Australians. *Medical Research Future Fund*, **\$315,691**
- **Hunter-Smith D**, **Rozen W**, **Sachs R**, Ellis L & **Tobin V**. Effectiveness of intra-articular non-animal stabilized hyaluronic acid (Durolane SJ\*) compared to corticosteroid injections to treat basal thumb joint arthritis: a prospective, randomized, blinded clinical study. *Bioventus Investigator-Initiated Study Grant*, **\$33,308**
- **James A**, Banwell H & **Williams CM**. Developing a risk matrix for triage in podiatry services – a modified Delphi study. *Australian Podiatry Education Research Fund*, **\$9,900**
- Lee A, Hill K, Haines T & **Callisaya ML**. Development of a scalable physical activity program for improving physical activity and reducing risk factors of falls in older people with dementia who receive home support. *Dementia Australia Research Foundation*, **\$75,000**
- Long K, Haines T, Hill K, Russell G, Rawson H, **Andrew N** & **Moran C**. Development of a Mornington Peninsula residential aged care research network. *Monash University Living Labs Program 2021, Pilot Round*, **\$150,000**
- Michael N, Sulistio M, **Antill Y**, Brady B, Herbert K, Keneally M & Sjah R. Feasibility and acceptability of electronic capturing of patient reported symptoms in an ambulatory cancer setting. *Cabrini Foundation Grant*, **\$15,000**
- Mileshkin L, Lee YC & **Antill L**. Adjuvant tislelizumab plus chemotherapy after post-operative pelvic chemoradiation in high risk endometrial cancer: the ADELE study. *Medical Research Future Fund*, **\$1,633,241.35**
- Nielsen S, Lam T, **Morgan K**, Savic M, Pickard H, Kuhn L, **Andrew N**, White R, Bendal K & Watkins G. Mapping the patient journey to improve treatment access and engagement in care. *Monash University Living Labs Program 2021, Pilot Round*, **\$150,000**
- **Rozen W**, **Hunter-Smith D** & **Tobin V**. Continuation of antithrombotic use in hand surgery: an analysis of risks and benefits. *Monash University BMedSc Student Grant*, **\$10,000**
- **Snowdon DA & Callisaya ML**. Understanding the effect of an allied health assistant model of care on compliance with hip fracture guidelines: a feasibility randomised controlled trial in physiotherapy. *Australian Physiotherapy Association Research Foundation*, **\$9,976**
- Teede H, Kannan A, **Andrew N**, Pearce C, Johnson A, Enticott J, Bonnington P, Dobson R, Curcin V, McKimm A, Wale R, Bingham G, Tong E, Mason CW, MacBean L, Pearce C, Ferrigi J, **Beare R**, **Srikanth V**, Phung D, Du L, **Collyer T**, Shaw T, Snelling TL, Keech W, Geelhood G & Wilson A. Towards a national data management platform and learning health system. *Medical Research Future Fund*, **\$1,922,584**



Image: Grant recipient Dr Meghan O'Brien. Photo taken prior to COVID-19.

## PUBLICATIONS

Ackerman, I. N., Fotis, K., Pearson, L., Schoch, P., Broughton, N., Brennan-Olsen, S. L., . . . Page, R. S. (2021). Impaired health-related quality of life, psychological distress, and productivity loss in younger people with persistent shoulder pain: a cross-sectional analysis. *Disability and Rehabilitation*, 1-10. <https://doi.org/10.1080/09638288.2021.1887376>

Anderson, L., Moran, C., Liew, S., & Kimmel, L. A. (2020). Patients from residential aged care with hip fractures-Does discharge destination from acute care affect outcomes? *Australasian Journal on Ageing*, 39(4), e522-e528. <https://doi.org/10.1111/ajag.12824>

Andrew, N. E., Cadilhac, D. A., Sundararajan, V., Thrift, A. G., Anderson, P., Lannin, N. A., & Kilkeny, M. F. (2021). Linking Australian Stroke Clinical Registry data with Australian government Medicare and medication dispensing claims data and the potential for bias. *Australian and New Zealand Journal of Public Health*. <https://doi.org/10.1111/1753-6405.13079>

Andrew, N. E., Kilkeny, M. F., Sundararajan, V., Kim, J., Faux, S. G., Thrift, A. G., . . . Cadilhac, D. A. (2020). Hospital presentations in long-term survivors of stroke: Causes and associated factors in a linked data study. *Stroke*, 51(12), 3673-3680. <https://doi.org/10.1161/strokeaha.120.030656>

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Antill, Y., Kok, P. S., Robledo, K., Yip, S., Cummins, M., Smith, D., . . . Mileskin, L. (2021). Clinical activity of durvalumab for patients with advanced mismatch repair-deficient and repair-proficient endometrial cancer. A nonrandomized phase 2 clinical trial. *Journal for Immunotherapy of Cancer*, 9(6). <https://doi.org/10.1136/jitc-2020-002255>

Atmuri, K., Sarkar, M., Obudu, E., & Kumar, A. (2021). Perspectives of pregnant women during the COVID-19 pandemic: A qualitative study. *Women and Birth*. <https://doi.org/10.1016/j.wombi.2021.03.008>

Ayton, D., O'Donnell, R., Vicary, D., Bateman, C., Moran, C., Srikanth, V. K., . . . Skouteris, H. (2020). Psychosocial volunteer support for older adults with cognitive impairment: development of MyCare Ageing using a codesign approach via action research. *BMJ Open*, 10(9), e036449. <https://doi.org/10.1136/bmjopen-2019-036449>

Balogun, S. A., Sharman, J. E., & Callisaya, M. L. (2021). The Tasmanian electronic falls ascertainment tool-A pilot study. *Australasian Journal on Ageing*. <https://doi.org/10.1111/ajag.12911>

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Best, J. G., Ambler, G., Wilson, D., Lee, K. J., Lim, J. S., Shiozawa, M., . . . Werring, D. J. (2021). Development of imaging-based risk scores for prediction of intracranial haemorrhage and ischaemic stroke in patients taking antithrombotic therapy after ischaemic stroke or transient ischaemic attack: a pooled analysis of individual patient data from cohort studies. *The Lancet Neurology*, 20(4), 294-303. [https://doi.org/10.1016/s1474-4422\(21\)00024-7](https://doi.org/10.1016/s1474-4422(21)00024-7)

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Bloom, J. E., Dawson, L. P., Seneviratne Epa, D., Prakash, R., Premaratne, M., Carrillo De Albornoz, P., . . . Layland, J. (2021). Perceptions of telehealth and cardiac care during the COVID-19 pandemic. *Internal Medicine Journal*. 51(1), 151-152. <https://doi.org/10.1111/imj.15156>

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