



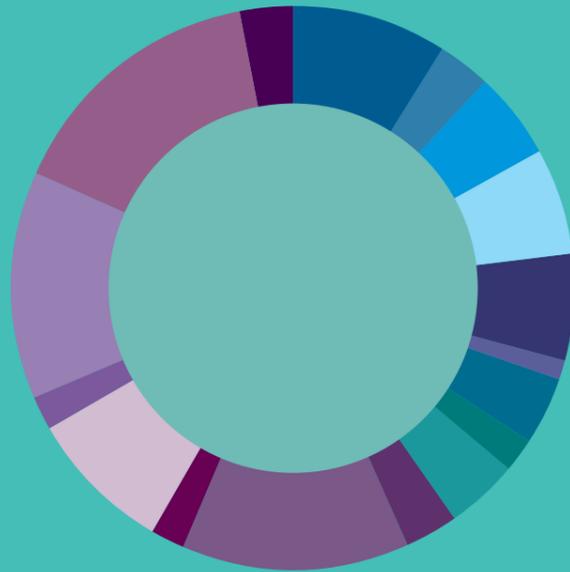
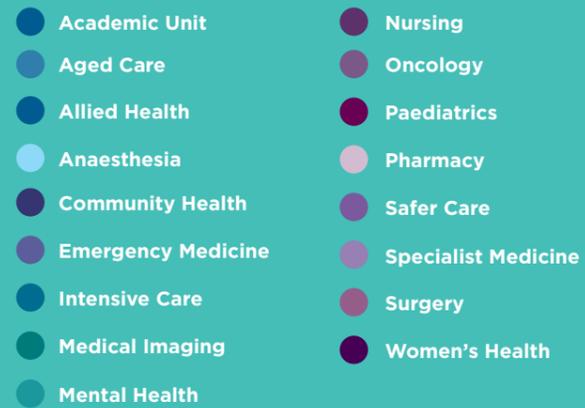
Frankston Hospital



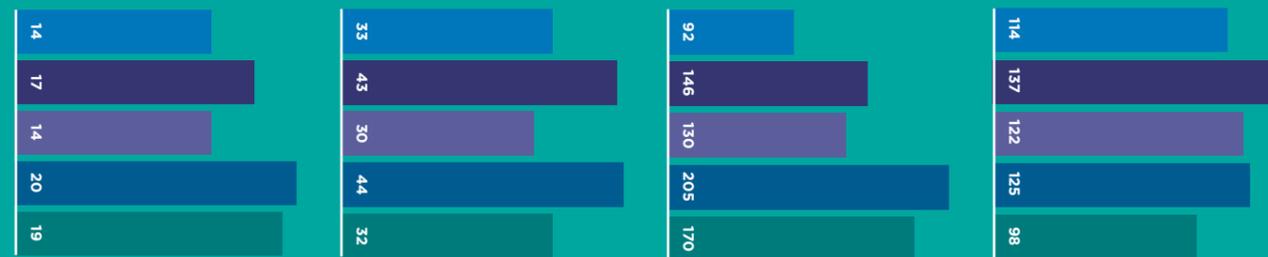
Peninsula
Health

RESEARCH REPORT 2022

RESEARCH ACTIVITY BY DEPARTMENT



NEW PROJECTS



Clinical Trials Approved Multisite Projects Authorised Publications Total Projects Approved

PHD STUDENTS 2022



ACKNOWLEDGEMENTS

Peninsula Health acknowledges the contribution made by all staff involved in research. The Research Report 2022 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.

Office for Research Manager: Lee-Anne Clavarino. Office Coordinator: Kim Sherry. Office Quality Coordinator: Stacey Stefanovic. Editor: Jessica Mills. Writers: Caitlin Watson, Samantha Robin, Jessica Mills. Design: Jasmine Richards. ©Peninsula Health 2022.

Front cover image: Cognition Nurse Consultant Renae Nicol, Associate Professor Chris Moran and Nurse Unit Manager Felicity Leavold.

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Image: Ngarnga Centre breakout area 2022.

WELCOME

I am delighted to once again present to you a report that provides you with a sense of the vibrant research that is now occurring within Peninsula Health. In spite of the vagaries of the COVID environment, you will see some remarkable examples of work driven by our clinicians and researchers that are truly translational. These range from work in the field of ageing, to public health initiatives in surgical populations, enhanced access to cutting-edge clinical trials in cancer care for our regional communities, and participation in one of the largest cohort studies of newborns and their families.

In the background is the commencement of activities in our new research centre, the Ngarnga Centre (Nun-Run-Gah), which is proving to be a wonderful place for researchers to interact, as well as for a variety of learning and teaching activities to occur. Finally, research and activity in the National Centre for Healthy Ageing is truly underway with high priority work being conducted with a range of collaborators across Monash University and from external organisations. This year *Celebrating Research*, an annual showcase of research at Peninsula Health, will feature presentations that showcase and highlight these new research initiatives.

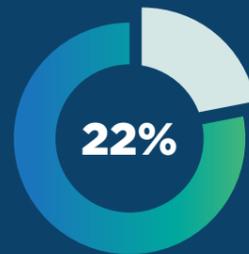
A big thank you to Lee-Anne Clavarino and her great team at the Office for Research for providing agile and excellent support to all researchers at Peninsula Health, and for putting us on track to be compliant with the emerging National Clinical Trials Governance Framework. Finally, my gratitude to the Peninsula Health Executive, Board and many others within the service fabric for recognising the importance of engaging in research and supporting it through a very difficult time in the last few years, particularly with the establishment of the Ngarnga Centre. This kind of support is crucial if research is to flourish and become an essential core activity in our health service.

Professor Velandai Srikanth
*Professor of Medicine &
Director of Research, Peninsula Health
Director, National Centre for Healthy Ageing*



EXPANDING RESEARCH OPPORTUNITIES

With the proportion of older Australians projected to reach 22 per cent of the Australian population by 2057 (8.8 million), a new state-of-the-art research facility is exactly what the doctor ordered.



Proportion of older Australian's by 2057.



Image: The Ngarnga Centre at Frankston Hospital

With a focus on healthy ageing studies, the Ngarnga Centre – ideas, innovation and learning – located at Frankston Hospital will help drive research and solve some of our most complex health issues.

The Ngarnga Centre incorporates the National Centre for Healthy Ageing (NCHA) and is a partnership between Peninsula Health and Monash University, bringing together two of Victoria's major powerhouses in research and medical treatment.

The new building is a modern, light-filled space for clinicians, researchers and students to expand the Mornington Peninsula's research profile and create novel integrated care models that will help drive improvements in health related to ageing now and into the future.

Peninsula Health Chief Executive Felicity Topp says the opening of the Ngarnga Centre is a locally and nationally significant milestone.

"This is a pivotal moment in the development of Peninsula Health, an expansion of our partnership with Monash University, and the further growth of the Frankston health precinct as a leader in medical research," explains Ms Topp.

"Our clear focus is to improve health outcomes by enabling translational research across both Peninsula Health and Monash University, and through the NCHA."

The vision of the NCHA is to lead transformative research into ageing and aged care for all Australians. It aims to do this through a unique combination of outstanding research expertise and advanced translational facilities.

A major component of the NCHA, the Healthy Ageing Data Platform, is housed within the Ngarnga Centre, with the remaining translational facilities based at Monash University's Peninsula campus and in community hubs.

Several translational research projects are already underway at the Ngarnga Centre and other locations in Monash University, overseen by NCHA Director Professor Velandai Srikanth. Professor Srikanth was at the forefront of conceptualising the centre and is now expanding its capacity to deliver world-class research.

"Researchers based at the centre are leading studies in health service research, cohort epidemiology, data science and clinical trials," says Professor Srikanth.

"Our doors have been open for six months now, and during that time, we've started to conduct some really important research, research that will significantly benefit an ageing population, such as on the Mornington Peninsula."

"Research at the Ngarnga Centre covers a range of topics. From *New Methods of Rehabilitation for People with Stroke*, *Studying Childhood Risk Factors for Future Dementia Risk* to *Using Artificial Intelligence Techniques to Better Capture Diagnoses From Electronic Medical Records*, our studies are receiving the attention of some of the best researchers in Australia, putting Peninsula Health in a strong position for future clinical trials."

Construction of the Ngarnga Centre was managed by Australian construction group Built, following a competitive tender process.

Built National Director Ross Walker says he was pleased to be involved in such an important project.

"We're proud to have been given the opportunity to work with Peninsula Health and Monash University to construct this exciting new health research facility," says Mr Walker.

"The whole project team collaborated to deliver the project ahead of schedule and on budget thanks to a proactive and positive approach from the client and consultant teams."

"Our team thoroughly enjoyed the whole process from design to completion and will be watching with great interest to see the outcomes of the research that takes place in this new facility."

Professor Srikanth says the collaborative approach to research at the Centre would certainly help find solutions to some of the most demanding health problems facing our community.

"The aim of these interdisciplinary research programs is to carry out internationally significant work; optimising health outcomes, delaying transition to greater need of care and enhancing health and social care systems for our community," adds Professor Srikanth.

"Our aim is to improve or maintain our physical and mental health needs as we age, ensuring greatest quality of life."

Built received a 2022 Master Builders Victoria Excellence in Construction Award for their work completing the Ngarnga Centre.



Image: Cognition Nurse Consultant Renae Nicol, Associate Professor Chris Moran and Nurse Unit Manager Felicity Leavold.

FINDING PRACTICAL WAYS TO SUPPORT PEOPLE WITH DEMENTIA IN HOSPITAL

Across Australia and New Zealand, between 30-50 per cent of people admitted to hospital have some form of cognitive impairment.

At Peninsula Health, 15-20 per cent of patients who are admitted have some form of dementia.



For a number of reasons, people with memory and thinking problems are more likely to be admitted to hospital than the wider population. Often, these patients come to hospital in a confused state, making it hard for clinical staff to identify their needs and preferences, especially in an unknown environment – causing further confusion.

Peninsula Health geriatrician Associate Professor Chris Moran is currently undertaking a study investigating how to best develop individualised toolkits people with dementia can take to hospital in order to feel more comfortable and relaxed.

“Similar to when someone is pregnant, they know they’ll need to come into hospital in the future,” explains Associate Professor Moran.

“When these patients come into hospital, they’re likely to be in a hurry so they will often have a hospital bag packed and ready to go for when that time comes. This bag might contain important information such as care plans, but it will also include comfort possessions, such as photographs, a favourite pillow or a docking station for music.”

Associate Professor Moran is hoping to develop a similar ‘toolkit’ for patients with dementia to have on-hand if they needed to be admitted to hospital.

“We want to create a toolkit for people with dementia that includes objects and information that will make their stay in hospital as safe, pleasant and stress-free as possible,” he says.

Associate Professor Moran leads a team of researchers at Frankston Hospital who work closely with clients who have dementia, as well as their carers, family members and support staff.

“By working with a range of stakeholders, we’re aiming to create a toolkit that will provide hospital staff with the information and resources to quickly and effectively identify the patients’ needs from the beginning, making it easier for staff, patients and their families,” explains Associate Professor Moran.

“With this information, we can help make the transition to hospital as seamless as possible.”

“For example, a patient might be used to receiving a phone call each night from their son or daughter. By having this information when the patient is admitted to hospital, we can put plans in place to ensure it happens. This helps create a feeling of safety for the patient and prevents unnecessary emotional distress,” he adds.

“Maybe the patient gets up multiple times a night to use the bathroom, and that’s their routine. If we know this from the beginning, we could place that patient’s bed close to the bathroom and ensure the pathway was adequately lit to make the route easier.”

Associate Professor Moran and his team are currently inviting people with dementia and their families to take part in the study, with hopes that the findings will improve patient care and make it easier for the hospital staff providing that care.

“If we’re proactive rather than reactive, we can make the lives of both our patients and staff a bit easier and a lot more enjoyable. It comes down to knowing the individual’s patterns and routines, enabling staff to provide patient-centred care on admission,” says Associate Professor Moran.

“If successful, this study has the potential to create better outcomes for patients with cognitive impairment who are admitted to hospital.”



IMPROVING THE PATIENT JOURNEY FOR PEOPLE LIVING IN RESIDENTIAL AGED CARE

When people living in residential aged care need to go to hospital, there is no uniform process for how the various healthcare organisations involved co-ordinate their response to ensure the resident remains at the centre of care.

A study led by Peninsula Health, Monash University and the National Centre for Healthy Ageing (NCHA) is working to change this.

“In the *Optimising Information Exchange Project*, we will co-design and test a digital solution for summarising and sharing an agreed set of data considered critical during the

medical transfer of people living in residential aged care to hospital and back again,” explains Associate Professor Nadine Andrew, the Research Data Lead for the NCHA.

“This will be in the form of a digital one-page summary that is integrated across multiple sectors.”

The research has the potential to benefit a large number of people living in residential aged care, both locally on the Peninsula and nationally. Around 245,000 people in Australia lived permanently in a residential aged care facility at some point during 2019–20, according to the Australian Institute of Health and Welfare.

“We are working with national and local stakeholders including residents and their carers, aged care providers, Peninsula Health staff, ambulance, primary care and digital agencies to gain consensus on what our digital one-pager should contain,” adds Associate Professor Andrew.

“Importantly, this will be in a format that all stakeholders can understand and have visibility over. Once developed we will test our digital solution in three to four residential aged care homes in the Peninsula Health region.”

“We will co-design and test a digital solution for summarising and sharing an agreed set of data considered critical during the medical transfer of people living in residential aged care to hospital and back again.”



It is anticipated that the research, funded by the Medical Research Future Fund (MRFF), will improve outcomes for people in residential aged care in three key areas:

1 Reducing avoidable hospitalisations by:

- providing clear information to support paramedics in decision making about whether or not to transfer a person to hospital by affording:
 - + a clear understanding of the client’s ‘usual’ function for assessment of deterioration
 - + ready access to a client’s Advanced Care Plan (where applicable)
- reducing medication errors in residential aged care facilities through improved data sharing between prescribers (hospitals and GPs)

2 Improving residents’ healthcare experience by:

- empowering residents and their families to provide information into the system (baseline data)
- ensuring residents’ wishes, as expressed in their Advanced Care Plans, are accessible to relevant healthcare providers

3 Improving primary healthcare data linkage by:

- providing infrastructure to allow linkage and sharing of data between multiple healthcare sectors
- providing a pathway for future integration with My Health Record

Associate Professor Andrew and the research team are utilising the infrastructure and networks developed as part of the NCHA for the study.

“In particular, we are drawing upon the Residential Aged Care Research Network and will be using the Healthy Ageing Data Platform for automated data extraction and evaluation of the feasibility trial,” says Associate Professor Andrew.

In addition to data analysis, over the first year of a four-year study so far, the team has also been working with a number of key stakeholders.

“Our team have been interviewing staff and residents from multiple sectors to understand current practice in the area and the workflows into which this digital one-page summary will need to be embedded,” adds Associate Professor Andrew.

“We have also done an extensive literature review to determine best practice in the area and have established our national stakeholder committee and end-user committee. Our technical team are meeting regularly with the Australian Digital Health Agency to ensure that our final solution aligns with national standards and requirements.”

The research team is continuing to test the digital solution as the study progresses, within a robust implementation framework.

“All aspects of design are presented to our stakeholder committee for assessment and feedback to ensure that what we design has potential for national scale-up,” explains Associate Professor Andrew.

“If successful we hope to see this rolled out nationally.”

CUTTING-EDGE RESEARCH IMPROVING CARE

Clinical trials have always been an integral part of Peninsula Health's Oncology Unit but the past three years have seen a significant expansion of the unit's activities. The offering for patients has now been expanded to more than 20 actively recruiting clinical trials at any one time across most cancer streams including breast, lung, genitourinary, colorectal and melanoma.

The attitudes from patients with cancer with respect to being part of clinical trials has also seen a shift in recent years.

Peninsula Health Oncology Research Unit Manager Linda Raineri says patients are interested in being part of clinical trials because they can see the benefit.

"Previously, patients might be apprehensive or even worried about being 'guinea pigs' on experimental therapies in clinical trials but that is no longer the case," explains Ms Raineri.

"With the support of family, friends and their treating medical team, patients are now keen to be involved in these trials as they know clinical trials may offer them a new treatment option that is better than the standard of care and they will receive additional care as part of their involvement."

"In addition, they could be contributing to improved outcomes for other patients with cancer in the future," adds Ms Raineri.

Currently, patients are seen in the outpatient clinics at Frankston Hospital where there is a weekly dedicated oncology trials

clinic run by Consultant Oncologist Dr Babak Tamjid, for the last three years.

Ms Raineri says the research unit nurses play a vital role in supporting patients who are participating in clinical trials at Peninsula Health.

"Most of our research nurses have a background in chemotherapy and administration of therapeutics and have strong relationships with all of the patients on clinical trials," explains Ms Raineri.

Ms Raineri says it is exciting to be part of cutting-edge research that is improving patients' treatment.

"These are treatments that, if successful, could be on the market within a few years, which is really exciting. This is actually helping make an immediate difference in people's lives."

IMPROVING TREATMENT OPTIONS FOR PEOPLE WITH CANCER



Image: Dr Babak Tamjid.

Consultant Oncologist Dr Babak Tamjid is searching for the most effective treatments for people with cancer – and every clinical trial has the potential to deliver the results he has been looking for.

"Current clinical trials will help us to achieve more options in our ongoing battle with cancer," says Dr Tamjid.

"We're looking for further options to treat various cancers and provide patients with longer survival and hopefully a cure. These treatments are needed in most areas, especially cancers that are more prevalent and affecting a larger population and younger patients – like, bowel, lung and breast cancer."

Dr Tamjid has been active in attracting and opening pharmaceutical-sponsored, and investigator-initiated clinical trials to Peninsula Health. He looks after patients through all stages of their involvement in a clinical trial – including recruitment, treatment and then follow up.

He says that by participating in clinical trials, people with cancer are provided with more options.

"This option could be in the form of a new therapy which has shown promising results for patients who don't have any other approved option, giving the patient an option that is not available on the Pharmaceutical Benefits Scheme, explains Dr Tamjid.

"Sometimes these trials can provide the option of testing the cancer genomics free of charge and providing these patients with cancer targeted personalised therapies."

By providing patients with access to a greater number of clinical trials, Dr Tamjid and the oncology team are improving the standard of care provided to patients locally, as well as contributing to a greater understanding of cancer, potentially helping patients all around the world.



Image: The Oncology Research and Clinical Trials Team at Peninsula Health.

Clinical trials in action at Peninsula Health

22 January 2020, Colorectal Cancer study ISO-CC-007 – first patient randomised in Australia

8 June 2021, Lung Cancer study MK-7339-013 – first patient randomised in Australia

12 August 2021, Breast Cancer study MK-3475-B49 – first patient randomised globally from over 100 sites

22 December 2021, Colorectal Cancer study MK-4280A-007 – first patient randomised in Australia

15 July 2022, Lung Cancer study MK-7684A-006 – first patient in screening in Australia

Cancer in Australia

In 2020, it was estimated that there were just under

150,000
new cases



One in two Australians will be diagnosed with cancer by the age of 85.

Source: Cancer Council

PROVIDING EASIER ACCESS TO CANCER TRIALS ON THE MORNINGTON PENINSULA

A new Cancer & Clinical Trials Hub in Rosebud is improving oncology care for patients on the southern peninsula.



Image: Dr Joanne Lundy.

The new centre expands treatment options for patients with cancer on the Mornington Peninsula and provides access to clinical trials closer to home.

Since opening in February, the Cancer & Clinical Trials Hub has provided more than 770 chemotherapy treatments, 36 chemotherapy education sessions and 210 oncology outpatient reviews.

The Rosebud Hospital Chemotherapy Day Unit did not have sufficient facilities to provide chemotherapy education sessions or medical outpatient reviews, with patients needing to commute to Frankston Hospital to see an oncologist.

Peninsula Health Medical Oncologist Dr Joanne Lundy says the expansion of Peninsula Health's oncology service offers immense benefits for people living with cancer on the Mornington Peninsula.

"Instead of needing to commute to Frankston, patients now have the option of accessing high-quality medical, nursing and allied health cancer services in their local community."

Dr Lundy says the clinical trials component of the centre will also make a difference for patients with cancer living on the Mornington Peninsula.

"We are thrilled to be able to offer these patients clinical trial opportunities."

Funded by the federal government, TrialHub is an initiative of Alfred Health and works alongside partner hospitals to support clinical trial activities with a focus on increasing regional patient participation in prostate, melanoma and rare cancer trials.

The partnership between TrialHub and Peninsula Health aims to promote a teletrial model to improve access for patients, support workforce development, upskill staff and also identify additional trials suitable for the region.

Currently, nearly half of Frankston Hospital's cancer clinical trial participants are from the Rosebud catchment area. This partnership will enable more people from the southern peninsula to access these trials without needing to travel to Frankston.

Peninsula Health Chief Executive Felicity Topp says the opening of the Cancer & Clinical Trials Hub in Rosebud is a significant milestone for the local community.

"We have been delivering clinical trials at Frankston Hospital for some time. By growing our skilled workforce and taking on new trials, Rosebud can become an independent outer-metro hub for clinical trials," explains Ms Topp.

"Working closely with TrialHub, we hope to increase access to more potentially life-saving breakthrough cancer therapies to the southern peninsula community."

"The Cancer & Clinical Trials Hub will double our capacity to deliver chemotherapy at Rosebud, and allow us to offer outpatient and education appointments so patients can access all of their cancer care locally," adds Ms Topp.



Image: Jennifer King and Cancer & Clinical Trials Hub staff member Chantelle.

Local care a comfort for Jennifer

For Tootgarook resident and patient with breast cancer Jennifer King, the new Cancer & Clinical Trials Hub in Rosebud makes accessing treatment more convenient.

After receiving treatment at Frankston Hospital, and at the previous chemotherapy unit at Rosebud Hospital, for the past five years, Ms King is now able to access clinical trials and receive treatment closer to home.

Ms King says she is grateful she now doesn't have to travel as far to receive world-class treatment.

"Some patients suffer from anxiety when they are undergoing chemotherapy, so having access to breakthrough treatments closer to home can help reduce some of that stress," says Ms King.

Once her current course of treatment is complete, Ms King will take part in one of the cancer trials at the Cancer & Clinical Trials Hub.

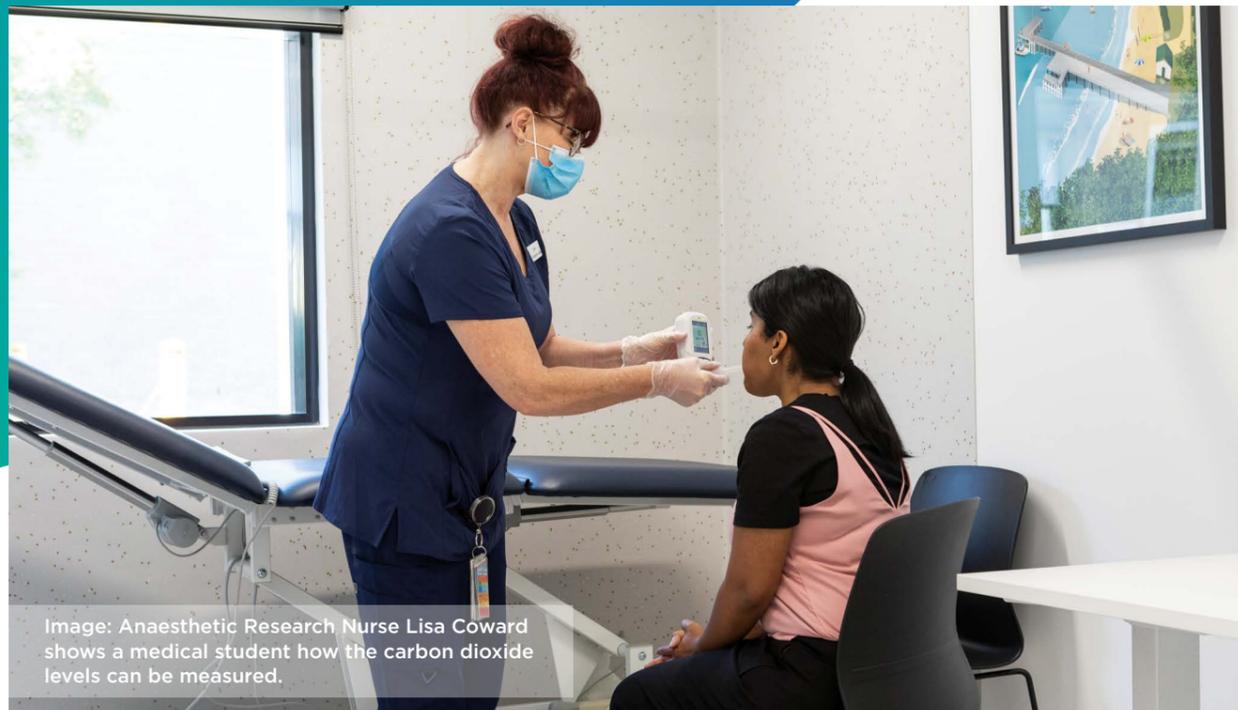
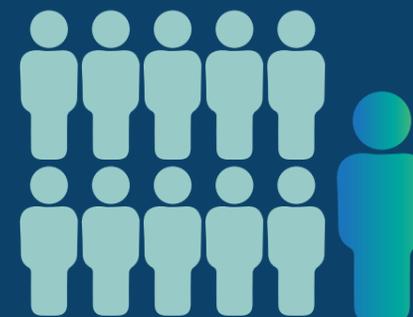


Image: Anaesthetic Research Nurse Lisa Coward shows a medical student how the carbon dioxide levels can be measured.

Tobacco smoking

Tobacco smoking is one of the largest preventable causes of death and disease in Australia.



One in eleven Australians over the age of 15 smoke tobacco.

It is estimated that smoking kills **20,500** Australians yearly.

Source: Australian Bureau of Statistics

HELPING PATIENTS UNDERGOING ELECTIVE SURGERY TO QUIT SMOKING

A passion for encouraging people to quit smoking, stemming from a deeply personal experience, led Peninsula Health Anaesthetist Dr Ashley Webb to conduct a research study in the hope of getting more patients to quit smoking prior to having elective surgery.

His father's smoking history began when he was a teenager experimenting with cigarettes, and ultimately ended when he died from throat cancer at the age of 52.

"Tobacco has impacted too many families, and this experience motivated me to research smoking behaviours in the hope that more people quit, saving lives and improving health," says Dr Webb.

His latest study, *Offering mailed nicotine replacement therapy and Quitline support before elective surgery: a randomised controlled trial*, was published in the prestigious Medical Journal of Australia in April and found that quitting was greatly increased when smoking cessation assistance was offered as part of routine pre-surgical care.

In the study, smokers were identified from routine health questionnaires Peninsula Health sends to patients when they are placed on the elective surgery waiting list. They were randomly assigned to one of two groups; either receive routine care or be offered free smoking cessation support before surgery. Patients accepting the offer of support were sent a month's worth of nicotine patches and lozenges prior to their surgery, and electronically referred to Quitline. Quitline is a government-funded, confidential, evidence-based telephone counselling service that provides support to help people quit smoking.

Dr Webb says his study captured patients at an optimal point in time when they may be more responsive to the idea of quitting smoking.

"When patients are coming into hospital for elective surgery, it's a perfect opportunity to discuss the notion of quitting smoking," explains Dr Webb.

"Many people think they are bullet-proof and that the damaging effects of tobacco won't happen to them but hospital admission for surgery or other reasons often changes this. They start to feel more vulnerable, less bullet-proof and spend time reflecting on their health."

More than 300,000 Australian smokers have elective surgery each year, so using this opportunity to increase smoking cessation could have significant impacts for public health.

The study revealed that proactively offering cessation helped double the proportion of people quitting before surgery.

While nine per cent of smokers successfully quit in the usual care group, quitting in the group offered help increased to 18 per cent. Being offered help and saying yes to receiving that help, saw the best results, with 26 per cent successfully quitting in that group.

Dr Webb says this was an impressive result.

"The average rate of people in the community who are able to quit smoking is three per cent per year, so to have 26 per cent of our trial participants give it away was an incredible result."

The research also showed that even in the group who were offered cessation help but declined it, quitting was higher than those who received routine care.

"Simply having a nurse telephone you before surgery to discuss tobacco use was a powerful message that resulted in many people taking steps to quit of their own accord, without the use of stop-smoking medication," says Dr Webb.

The research followed participants for three months after surgery and found that the relapse rate back to smoking was close to 50 per cent.

Dr Webb says these findings weren't surprising given the addictiveness of cigarettes.

"Smoking is really challenging to give up," explains Dr Webb.

"But these results are positive and pave the way for us to conduct further research into the area of relapse prevention."

"It really makes my day when I can get patients to stop smoking. We had people in their 70s and 80s who, with our support, became ex-smokers for the first time, and they were so grateful. Most people do not want to be dependent on substances, but don't know how to give it up. Many of our study participants had wanted to give up smoking for decades but it was only through this program that they were finally able to quit."

As well as reducing the risks associated with smoking, the outcomes of the elective surgery itself were improved in those who quit smoking.

Giving up smoking prior to elective surgery helped reduce the risk of wound infections, cardiopulmonary complications and other adverse respiratory events.

"If this program were to be rolled out across the country, it would have a massive impact on people's health and on the public health system more broadly," says Dr Webb.

The model could also be applied to other major health issues, such as obesity.

According to Dr Webb, Peninsula Health is leading the way in encouraging smokers to quit and he hopes this program will be rolled out across other public hospitals in Victoria.

"My aim is to be able to offer this as part of our standard care practices," says Dr Webb.

"It would be nice if kids could just learn about smoking by reading about it in history books."

BABIES MAY HOLD THE ANSWERS TO SOME OF OUR MAJOR HEALTH PROBLEMS

Babies born between October 2021 and October 2023 are set to play a vital role in solving some of our most important research questions into the future.



Image: Romy Schauble at Frankston Hospital.

Generation Victoria, or GenV, is an ambitious endeavour to invite 160,000 Victorian babies, as well as their parents or guardians, to build one of the largest data repositories in history.

Funded by the Victorian Government, with philanthropic support from the Paul Ramsay Foundation, and led from the Murdoch Children's Research Institute, GenV is recruiting new babies at every birthing hospital in Victoria.

GenV Peninsula Region Area Manager Romy Schauble says Peninsula Health represents a diverse range of demographics across a large geographical area.

"Frankston Hospital captures a large number of births from a broad catchment area," explains Ms Schauble.

"Women who give birth at Frankston Hospital come from areas including Cranbourne and all the way to the southern end of the Mornington Peninsula including places like Sorrento and Portsea so a vast range of demographics are represented here."

"Many research studies in Victoria are based purely in Melbourne but having a base at Frankston Hospital allows us to capture many people who would never otherwise have the opportunity to take part in this type of study," adds Ms Schauble.

The study aims to recruit babies just after they are born, while they are still in hospital.

"As soon as people have their babies, we speak to the parents to see if they are interested in taking part in the project," explains Ms Schauble.

"Since commencing recruitment at Frankston Hospital a year ago, we have recruited more than 1,000 babies to the project and more than 2,700 participants, which includes parents and guardians."

GenV collects saliva and other samples from the baby as well as from the parents.

The \$55 million project is one of the first and biggest studies of its kind and it is hoped it will help unlock the clues to some of our most pressing health problems, including obesity, asthma, food allergies and mental illness, among many others.

Once initial data and samples are collected, the data repository will be available for researchers across Australia to apply to access in order to answer a range of research questions.

Ms Schauble says the aim of the project is to accelerate discoveries in medical research to improve a variety of health problems for children and adults into the future.

"More than 60 per cent of children by age two have some kind of health problem, and by age eight that increases to 70 per cent. These include behavioural and psychological problems including allergies and anxiety, among many others."

Despite advances in medical research, many of these health problems have not improved in many decades. GenV may help provide vital answers to researchers to enhance diagnosis and treatment of these conditions.

Recruitment for research studies is a challenging process, sometimes taking years and participation is not always as demographically diverse as it could be. It is hoped that with this data repository, researchers will be able to solve health problems quicker by tapping into this existing database.

"In medical research, usually less than 20 per cent of people sign up to take part in any particular study," says Ms Schauble.

"Across Victoria, we've recruited more than 55,000 participants to the project, who speak 38 different languages other than English, which makes it an incredibly diverse study."

"We're following these babies from in utero until adulthood, so we could see medical breakthroughs as a result of this project for decades to come," adds Ms Schauble.

In 2020/21
2,831
babies were born at
Frankston Hospital.

"This project isn't just about babies, it is also about families and providing valuable insights for adult research as well."

GenV is voluntary and is open to anyone in Victoria who wants to be part of the project. Information is collected with participants' consent and securely stored by the Murdoch Children's Research Institute.

For more information about GenV, visit www.genv.org.au



Image: Lisa and Kavine with baby Stellar, the 600th baby to take part in Gen V at Frankston Hospital.



Image: Dr Laura Jolliffe.

WELCOME DR LAURA JOLLIFFE

Alongside the excitement of a state-of-the-art research facility, the opening of the Ngarnga Centre – ideas, innovation and learning – has enticed some of Australia’s best researchers to join forces to help solve some of our most complex health issues. One of those researchers is Dr Laura Jolliffe, Peninsula Health Allied Health Research and Knowledge Translation Lead.

A clinician, researcher and lecturer, Dr Laura Jolliffe is an emerging leader within the neurorehabilitation space.

She credits her passion for research in this area, to an experience she had as an Occupational Therapist, working closely with a patient on the neurosurgical ward at The Alfred.

“She had been at a music festival prior – she was young with so much life ahead of her. Her family were looking to me for answers, answers that I didn’t have,” recalls Dr Jolliffe.

“This moment was a key driver towards my passion for research, in particular neurorehabilitation.”

“I love being a clinician, and still consider myself a clinician, but feel that I can make a bigger impact on

healthcare through my research, and by supporting other allied health professionals to answer their own clinical questions,” Dr Jolliffe adds.

Originally beginning her studies in chemical engineering, Dr Jolliffe says she was quickly drawn to occupational therapy due the diverse scope of work the role offered.

“Occupational therapy gave me the opportunity to work in a range of different practice areas; from hand therapy to mental health and neurosciences.”

Completing her PhD in 2020, Dr Jolliffe’s research interests focus on how clinicians can be supported to implement best-practice clinically.

Dr Jolliffe led the pilot work for the recently funded PROMOTE trial; a trial that aims to bridge the gap between research and its inadequate implementation in stroke rehabilitation across Australian healthcare services.

“At the end of the day, research needs to benefit both the patient and clinician, enabling us – the clinician – to better understand not only the treatment approaches, but also the patients’ needs,” explains Dr Jolliffe.

Throughout her clinical career in occupational therapy, Dr Jolliffe was also able to observe the patient journey as a whole, and understand the complexity of older patients.

“In my time at Alfred Health, I had the opportunity to complete a targeted study on the over-ninety cohort of patients, which I really enjoyed. At times, research excludes this cohort, yet as clinicians we still need to ensure we’re making the most appropriate clinical decisions when treating,” says Dr Jolliffe.

“I believe my clinical background has shaped me into the researcher I am today – I am proud to do research with and for those who use it.”

Dr Jolliffe is a member of the Stroke Foundation Guidelines Content Development Group; the Australian Stroke Clinical Registry Quality Improvement and Implementation Group; and, the Allied Health Translational Research Advisory Committee Central Clinical School (Monash University).

SUPPORTING A ROBUST RESEARCH PROGRAM

Research at Peninsula Health has continued to expand and grow at a rapid rate, with staff in a diverse range of areas across the organisation participating in project teams to improve the healthcare needs of our community.

Over the last financial year, 98 new research projects were approved, 32 multi-site projects were authorised, 19 clinical trials were approved and 170 research papers were published – all of this research is coordinated and managed by the Office for Research, led by Manager Lee-Anne Clavarino.

“I work with a small team, Kim Sherry and Stacey Stefanovic, dedicated to assisting researchers to meet the requirements for the approval of research,” explains Ms Clavarino.

“Research at Peninsula Health has continued to develop, offering members of our community clinical trials of new treatments. Clinical trials are now considered part of the continuum of care and it is our aim to develop our clinical trial service to offer trials in a wider range of specialities.”

Stacey Stefanovic, Quality Coordinator in the Office for Research, is assisting with the implementation of the National Clinical Trials Governance Framework – a framework developed by the Australian Commission on Safety and Quality in Health Care to support the delivery of high-quality clinical trial services.

“The implementation of the National Clinical Trials Governance Framework at Peninsula Health will ensure we continue to offer clinical trials that promote the best outcomes for our community,” says Ms Stefanovic.

The Office for Research has also played a significant role in the commissioning and ongoing management of the Ngarnga Centre, which also houses the National Centre for Healthy Ageing, a partnership between Peninsula Health and Monash University.

Office Coordinator Kim Sherry is a long-serving staff member in the research team, who enjoys the diversity and ever-evolving challenges of the role.

“Almost every day brings new knowledge and new questions and there is always something varied and interesting to do in the Office for Research – a fabulous reason for continuing in this interesting role,” says Ms Sherry.

The Office for Research was initially established in 2006 to support the Human Research Ethics Committee and has continued to develop its role taking on other research functions within the organisation.



Image: Lee-Anne Clavarino.

The Office for Research

- coordinates Celebrating Research, Peninsula Health’s annual showcase and celebration of its research
- facilitates training and support for researchers
- produces the Research Report annually in conjunction with Corporate Communications and Philanthropy
- coordinates and convenes the Peninsula Health Human Research Ethics Committee, its subcommittees and research review and approval processes
- reviews and authorises site commencement for multi-site research
- works closely with the Director of Research on strategic issues, and
- coordinates the implementation of the National Clinical Trials Governance Framework, which will become part of the accreditation process

RESEARCH GOVERNANCE

RESEARCH OPERATIONS COMMITTEE

Professor Velandai Srikanth (Chair)

Associate Professor Nadine Andrew

Mr Andrew Bickell

Professor John Botha

Dr Gary Braun

Associate Professor Michele Callisaya

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

Ms Fiona Reed

Dr Kerry Rubin

Professor Ravi Tiruvoipati

Dr Ashley Webb

Associate Professor Cylie Williams

Ms Libby Wilson

HUMAN RESEARCH ETHICS COMMITTEE

Professor Virginia Plummer (Chair)

Associate Professor Shyaman Menon

Dr Melanie Benson

Dr Rosamond Dwyer

Ms Joanna Green

Dr Dilinie Herbert

Ms Jo Hansen

Mr Richard Ivce

Dr Tom Jeavons

Ms Mandy Lake

Ms Alice Lam

Dr Meghan O'Brien

Ms Gillian Oates

Mr Seng-Yew Ong

Professor Warren Rozen

Dr Babak Tamjid

Professor Ravi Tiruvoipati

Dr Vicky Tobin

Mr Michael Wang

Associate Professor Zee Wan Wong

SCIENTIFIC REVIEW PANEL

Associate Professor Nadine Andrew

Associate Professor Ernie Butler

Associate Professor Miodrag Dodic

Dr Sam Leong

Associate Professor Chris Moran

Associate Professor Cylie Williams

PROJECTS APPROVED BY THE HUMAN RESEARCH ETHICS COMMITTEE

A standardised booklet to improve pre-operative medication adherence

Alcohol and other drugs strategic planning project for the aboriginal community in bayside peninsula

Assessing community health literacy and diversity to optimise COVID-19 preparedness

CAREp: Relational coping skills enhancement for psychosis

Changed behaviour documentation on Flinders Ward

Clinical Blindness: Co-designing interprofessional simulation-based education (SBE) with consumers to uncover and address cognitive bias in healthcare.

Concomitant posterior cruciate ligament (PCL) and medial collateral ligament (MCL) injury: Effect on symptoms and signs of knee function

Consumers' experience with patient-reported outcome measures

Delivering Equitable Experience for People of higher weight (DEEP)

Does public dental care for personal care assistants impact on behavioural intentions on oral hygiene care for residents living in aged care facilities?

The effect of animal-assisted intervention on anxiety and depression markers in doctors working at Peninsula Health; a preliminary prospective controlled trial 'Dogs for Docs'.

Evaluation of a persona-based text messaging service 'Nellie' for opioid naïve surgical patients in the management of post-operative pain

Implementation of LaTCH memory group at Peninsula Health

Improving the inpatient care of people living with dementia

Induction of labour versus expectant management of macrosomic fetuses in women without diabetes. A retrospective cohort study.

Investigating factors influencing long-term client outcomes in a group persistent pain management program

Measuring the impact of extracorporeal carbon dioxide removal using PrismaLung in reducing ventilator-induced lung injury in mechanically ventilated patients

Mental health and emergency care for people 65 years and over

Optimising health information exchange during aged care transfers

Planning a digital PROMs collection system to capture EQ-5D-5L measures from older adults in the Community Rehabilitation Program

Predictors of completion among those in the Forensic Mental Health in Community Health program

Relational mapping at the Prevention and Recovery Care Service

School-based paediatric clinic audit

The trajectories of mandatory and voluntary clients in a family violence intervention program

Therapist perceptions of telehealth

MULTISITE PROJECTS AUTHORISED

A double-blind placebo-controlled randomized phase III trial of fulvestrant and ipatasertib as treatment for advanced HER-2 negative and estrogen receptor positive (ER+) breast cancer following progression on first line CDK 4/6 inhibitor and aromatase inhibitor

A phase Ib/II, open-label, multicenter, randomized umbrella study evaluating the efficacy and safety of multiple treatment combinations in patients with breast cancer

A phase III, multicenter, randomized, double blind, placebo-controlled study evaluating the efficacy and safety of canakinumab versus placebo as adjuvant therapy in adult subjects with stages AJCC/UICC v. 8 II-III A and IIIB (T>5cm N2) completely resected (RO) non-small cell lung cancer (NSCLC)

A phase III, randomized, open-label, multicenter study evaluating the efficacy and safety of adjuvant giredestrant compared with physician's choice of adjuvant endocrine monotherapy in patients with estrogen receptor-positive, HER2-negative early breast cancer

A randomised, double-blinded phase II study of gemcitabine and nab-paclitaxel with CEND-1 or placebo in patients with untreated metastatic pancreatic ductal adenocarcinoma

A randomised, multicenter, double-blind, placebo-controlled phase 3 study of nivolumab versus placebo in combination with neoadjuvant chemotherapy and adjuvant endocrine therapy in patients with high-risk, estrogen receptor-positive (ER+), human epidermal growth factor receptor 2-negative (HER2-) primary breast cancer

An analysis of the Safer Care Victoria and Alfred Health collaboration to facilitate implementation of analgesics stewardship programs in Victorian Health Services

Can Vitamin C prevent Complex Regional Pain Syndrome in lower limb surgery?
A double-blinded randomised, multi-centre, controlled feasibility study

A 2x2 factorial randomized controlled trial of colchicine and spironolactone in patients with ST elevation myocardial infarction

Complete whole genome sequencing for cancer of unknown primary

Determining the impact of opioid policy on intended and unintended harms: a data linkage study

Do statins favourably modify atherosclerotic plaque in patients with different levels of polygenic cardiovascular risk?

Early sedation with dexmedetomidine vs. placebo in older ventilated critically ill patients

Impact of COVID on surgical complications

Improving the management of patients with severe behavioural and psychological symptoms of dementia (BPSD) in Victorian Hospitals

Intensive nutrition therapy compared to usual care in critically ill adults: A randomised pilot trial - Muscle (a sub study of INTENT)

Ipilimumab and nivolumab combination therapy in patients with selected immunotherapy sensitive advanced rare cancers

MINDS-MS: Improving detection and treatment of Depression in people with Multiple Sclerosis through neurology healthcare services

A phase 3 study of MK-4280A (coformulated favezelimab [MK-4280] plus pembrolizumab [MK-3475]) versus standard of care in previously treated metastatic PDL1 positive colorectal cancer

National Gynae-Oncology Registry

Neuroinflammatory conditions: clinical and laboratory features

Online and telehealth management of rotator cuff tendinopathy: A randomised controlled trial

Open-label phase 3 study of MK-7684A (coformulation of vibostolimab with pembrolizumab) in combination with concurrent chemoradiotherapy followed by MK-7684A versus concurrent chemoradiotherapy followed by durvalumab in participants with unresectable, locally advanced, Stage III NSCLC

Opioid Prescriptions and Usage After Surgery (OPERAS)

Phase 3, randomized, double-blind study of MK-7684A in combination with etoposide and platinum followed by MK-7684A vs atezolizumab in combination with etoposide and platinum followed by atezolizumab

PROpatient: A registry-based randomised controlled trial of symptom monitoring, using patient-reported outcomes, and care coordination to improve quality of life for patients with upper GI cancer

Restoring Microcirculatory Perfusion in ST-Elevation Myocardial Infarction (RESTORE-MI)

Safewards Acute Care

The use of massive open online courses on plastic and reconstructive surgery in the education of prevocational doctors and medical students

What is the experience of staff providing a hospital response in residential aged care during the COVID-19 pandemic Melbourne: a qualitative study using in-depth interviews

Who cares for the carer? Co-designing a novel service to support health and wellbeing of older carers of older people

Workplace perceptions of grade two occupational therapists employed in public inpatient bed-based hospital networks: A mixed methods study

CELEBRATING RESEARCH

Celebrating Research was postponed in 2021 due to the COVID-19 pandemic. We were pleased to host a Mental Health Symposium in April 2022 where Peninsula Health welcomed the following eminent mental health researchers.

Professor Michael Berk

Alfred Deakin Chair of Psychiatry at Deakin University and Barwon Health
Director, IMPACT, the Institute for Mental and Physical Health and Clinical Translation

Professor Megan Galbally

Professor and Director of the Centre for Women's and Children's Mental Health
Monash University and Monash Medical Centre

Professor Felice Jacka OAM

Professor of Nutritional Psychiatry, Director of the Food & Mood Centre at Deakin University

PROJECTS APPROVED BY THE DIRECTOR OF RESEARCH/ EXECUTIVE SPONSOR

A retrospective audit of prescribing patterns to delirium guidelines in a major metropolitan hospital emergency department

A study of paediatric anaphylaxis management on discharge from emergency department in a metropolitan hospital

An investigation of appropriateness of computed tomography of the chest, abdomen, and pelvis (CTCAP) requests for Peninsula Health inpatients

Analysis of morbidity and mortality meetings at Peninsula Health

Analysis of Occupational Violence and Aggression data

Audit of a new hospital in the home program within Peninsula Health Paediatric and Neonatal Service

Audit of CT abdomen and pelvis oral contrast studies in the Emergency Department

Audit of presentations of diabetic ketoacidosis (DKA) during the COVID-19 era

Australian public hospital experience for Coloplast Imajin ureteric stent

Bleeding and VTE complications in cholecystectomy

Cholecystectomy in patients with cirrhosis

Clinical audit of intraoperative use of IV clindamycin

Clinical outcomes of Clostridioides difficile infection

CovidSurg-3: Outcomes of Surgery in COVID-19 Infection

Computed tomography left atrial appendage as an alternative to transoesophageal echocardiography in the COVID pandemic in Australia

Departmental audit of intrathecal morphine use at Frankston Hospital

Desflurane use within the Department of Anaesthesia – a quality improvement audit

Development and pilot testing of a national audit tool for monitoring psychotropic medication use in hospitalised patients discharging to a residential aged care facility

Does positive superficial margin in breast cancer increase the risk of recurrence

Failure rates of intramedullary nail designs in the management of subtrochanteric femoral fractures

Has the case mix of the geriatric evaluation and management service changed over last 18 months?

Hospitalisation rates and clinical outcomes in a single centre cohort of COVID-19 positive pregnant women in Australia during the Omicron BA.1 surge

Human papilloma virus prevalence and serotyping in penile cancer

Identifying the contributing factors to perceived delays in completion of inpatient imaging at Frankston Hospital

Impact of COVID-19 lockdown on first presentation of reduced foetal movements: A retrospective observational study

Impact of single package screws on tourniquet time in the fixation of ankle fractures

Improving antimicrobial prescribing on surgical wards at Peninsula Health

Investigation into ultrasound requests for suspected DVT after COVID-19 vaccination

Is there a difference in presentations of patients with chest pain in the era of mRNA vaccination?

NCHA Data Platform – Data Quality Audit

Neo-adjuvant chemotherapy outcomes for radical cystectomy for bladder cancer

Opioid prescribing for emergency department patients on discharge in a major hospital

Patient reported experience of Cancer Care Coordinators at Peninsula Health

Prevalence of rebound hypercalcaemia post-denosumab cessation amongst patients with breast cancer with bony metastases

Prospective audit reviewing sugammadex use at Frankston Hospital

Rate of pCR for dual anti-HER 2 blockade in neoadjuvant setting for HER2 positive breast cancer

Review of Medical Emergency Team calls within 24 hours post-surgery

Telehealth video appointments – Tell us what you think

The anaesthetic record: are we complying with current guidelines?

The ‘Deep End’ Living Lab: Homelessness in healthcare (Data Stream)

The utility of arterial-end tidal CO2 difference as a predictive marker of disease severity and mortality in patients with COPD

Note: titles as supplied.

GRANTS

\$149,996

Associate Professor Nadine Andrew, Integrating person-centred care planning across the care continuum with a focus on consumers’ values, needs and preferences, Monash University Living Labs Program 2021

\$50,000

Rebecca Barnden, Digital healthcare training for disadvantaged consumers, Telematics Trust

\$14,799

Dr Laura Joliffe, Preventing hospital-related harms in older adults: A qualitative exploration and implementation mapping study, Monash University Rehabilitation, Ageing and Independent Living Research Centre

\$146,155

Associate Professor Chris Moran, Improving the inpatient care of people living with dementia, Monash University Living Labs Program 2021

\$2.97 million

Associate Professor Charles Pilgrim, SCANPatient: Synoptic reporting of CT scans assessing cancers of the pancreas, Medical Research Futures Fund

\$10,000

Professor Ravindranath Tiruvoipati, Improving sleep in intensive care units, The Angior Family Foundation

PUBLICATIONS

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