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Front cover: Our Podiatry team has a strong commitment to research. Left to right: Cylie Williams, Kate McCabe (Head of Podiatry), and Brenton West.

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Introduction, Chief Executive

I am pleased to introduce Peninsula Health’s Research Report for 2011. This year’s report highlights the diverse range of research activities undertaken during 2010/11. It also recognises the valuable contribution of our major academic partner, Monash University, to our research program.

One of the most exciting events in the research calendar at Peninsula Health was the opening of the Peninsula Clinical School in September 2010. This $1.8 million partnership project between Peninsula Health and Monash University will significantly boost teaching and learning facilities on the Frankston Hospital Campus. At the time of going to press we had commenced the recruitment process for the new post of Professor and Head, Peninsula Clinical School – a joint appointment to both Peninsula Health and Monash University. We envisage that the successful appointee will provide research leadership in interprofessional learning and interdisciplinary care as we work towards building a national reputation for research excellence.

As our research expertise and capacity increases, so too will our ability to attract substantial research funds from external grant allocating bodies, publish research outcomes in high impact peer-reviewed journals, foster collaborative cross-disciplinary research, and encourage postgraduate research training through the supervision of postgraduate students.

A key component in Peninsula Health’s research strategy is our involvement in the Monash Comprehensive Cancer Consortium (MCCC) in partnership with Monash University, Southern Health, Alfred Health, Southern Melbourne Integrated Cancer Services (SMICS), Cabrini Health, Monash Institute of Medical Research, and the Prince Henry’s Institute.

As an inaugural partner, Peninsula Health actively contributes to the MCCC, which aims to bring together the research and clinical strengths of the partner institutions to deliver an internationally recognised cancer research program that complements a world class system of integrated clinical cancer care in south-eastern Victoria.

In another cancer-related development over the past year, Peninsula Health Cancer Services, in conjunction with The Alfred Haematology Clinical Research Unit, was awarded a Victorian Cancer Agency Grant to establish a collaborative regional trials clinic at Frankston Hospital. The clinic will enable Peninsula Health to offer cancer patients in Frankston and the Mornington Peninsula the opportunity to participate in clinical trials of new therapeutics.

The Hospital Research Director’s Forum established by Bio21 Australia Ltd exists to promote open discussion, investigation and review of the issues faced by hospitals involved in research, such as research governance, platform funding, and effective translation of research findings into policy and clinical practice. In a new development for Peninsula Health, we are represented in this forum by our Director of Research, Associate Professor John Botha, and Associate Professor Pam Rosengarten, Director of Education and Research, Emergency Medicine. Peninsula Health’s involvement in the forum will allow us to keep abreast of the latest research developments and to contribute to research policy making in Victoria.

Other information contained in this report includes the results of a consent process satisfaction survey carried out by our Research Program with clinical trial participants at Frankston Hospital. It is pleasing to note many positive comments from participants about our research staff, and to see that we comply with best practice processes.

As our research profile evolves and grows, Peninsula Health has much to be proud of. This report clearly demonstrates the role that research plays in improving patient outcomes through innovative, evidence-based care; and the ongoing commitment of our staff to making that happen.

Dr Sherene Devanesen
Chief Executive
In early 2010, Professor John Mathews of the School of Population Health at the University of Melbourne completed an organisation-wide review of Peninsula Health’s research program and activity. One of Professor Mathews’ major recommendations was that we should develop a research strategic plan to align with the Health Service’s Strategic Plan.

To this end, the Peninsula Health Research Steering Committee was established and met for the first time in November 2010. With an overarching objective to foster excellence in research and innovation at Peninsula Health to improve the health outcomes for our community, the Committee aims to make recommendations to the Chief Executive in relation to:

- Developing a research strategy aligned with Peninsula Health’s Strategic Plan
- Developing research priorities for Peninsula Health that reflect the area’s demographic and geographic characteristics, the health status of our community and the health challenges and existing areas of strength in the Health Service
- Building research capacity through the development of relationships with our partner academic institutions and consideration of required infrastructure
- Ensuring that robust administrative and financial support systems are in place to underpin the conduct of sponsored clinical trials and other research.

The Committee comprises representatives from all areas of research at Peninsula Health and two representatives from Monash University. Committee members, who include Professor Ben Canny, Deputy Dean (MBBS), Faculty of Medicine, Nursing and Health Sciences at Monash University, are listed on page 21.

One of the Committee’s first tasks has been to map the infrastructure support we have in place for clinical trials in terms of trial coordinators and trial funding. This will contribute to the further development and management of commercially sponsored clinical trials and will enable Peninsula Health to develop more robust systems as research capacity is enhanced.

During May 2011, the Australian Council on Healthcare Standards (ACHS) undertook an organisation-wide survey of Peninsula Health. This was the first ACHS review of the Health Service to include our research activity. The ACHS reviewers assessed our performance against Standard 2.5 – The organisation encourages and adequately governs the conduct of health and medical research to improve the safety and quality of healthcare.

We received positive feedback from the survey team and look forward to this being formally presented in the Survey Report.

As Executive Sponsor Research I have assumed responsibility for review of negligible risk research. Given the recent expansion in the number of submissions, we have reviewed our processes and in 2011/12 we will establish a sub-committee of the Human Research Ethics Committee to take on this role.

Once again, we were pleased to offer Peninsula Health Small Grants for Health Research during the past year. The four successful applicants and their projects are profiled in this report.

I would like to thank the Director of Research, Associate Professor John Botha and the staff of the Research Program for their ongoing contribution to research development at Peninsula Health.

Dr Susan Sdrinis
Executive Sponsor Research
Executive Director Medical Services, Quality and Clinical Governance
The consummate healthcare professional is one who delivers the best possible clinical care, who educates others, and who seeks to improve healthcare outcomes through research. For many, research is the most challenging of these roles, requiring a combination of intellectual rigour, discipline and persistence.

Here at Peninsula Health, our research activities mirror the provision of quality services across the Health Service, and this report showcases the numerous achievements of our committed researchers.

It is encouraging to report that research by Peninsula Health staff is truly multi-faceted and increasingly interdisciplinary, reflecting the educational philosophy of the Health Service. It includes commercially sponsored pharmaceutical research, collaborative group research and original research that has invariably extended into translational research. At a local level, our successful Small Grants for Health Research continue to demonstrate the extensive diversity of research interests among Peninsula Health staff, and the range of outstanding applications has once again confirmed the academic rigour of staff across our organisation.

As our research capacity has increased, we have made further appointments in key research areas such as Intensive Care, Anaesthesia, Surgery and Emergency Medicine.

The establishment of the Research Steering Committee has been instrumental in formulating research goals and policy at Peninsula Health and this committee has a wide representation of key stakeholders. The membership and regular attendance of colleagues from Monash University has been invaluable and confirms the importance that Monash University places on research activity at Peninsula Health.

A further highlight of the year was the opening of the Peninsula Clinical School on the Frankston Hospital campus.

As Celebrating Research has evolved to meet the demands of increasing research activity, we are pleased to include a Best of the Best Research @ Grand Round in the 2011 program that will showcase research at Peninsula Health. Celebrating Research 2011 will commence with the Research Dinner and the Jeremy Anderson Oration. This year, the Oration will be given by Professor Garry Jennings AM, Director and Chief Executive Officer of the Baker IDI Heart and Diabetes Institute.

On behalf of all members of staff who participate in research, I would like to thank Dr Susan Sdrinis, Executive Sponsor Research, Lee-Anne Clavarino, Manager Research Program and Stacey Hendriks, Administrative Assistant for their ongoing support and commitment to the development of research at Peninsula Health.

I congratulate all my colleagues who have contributed to research at Peninsula Health and encourage those who are yet to embark on their own research journey.

Associate Professor John Botha
Director of Research
Developing our research focus

Here at Peninsula Health, we are appointing a growing number of staff to research-specific roles in both medicine and nursing. Similarly, in allied health we have research portfolio holders who are making a valuable contribution to our research programs.

Intensive Care Unit

The appointment of Dr Ravi Tiruvoipati as Director of Intensive Care Research in 2011 will enable the Intensive Care Unit (ICU) research team to adopt a planned, consistent and focused approach to intensive care research. Ravi, who joined Peninsula Health in 2007, has published widely in the area of respiratory failure and was Research Fellow for the landmark CESAR trial carried out in the United Kingdom in 2009 and published in *The Lancet*.

The move of the ICU to a new state-of-the-art surgical and critical care facility at Frankston Hospital has created a dedicated space for research staff, designed to allow for maximum collaboration.

Over the past year, members of the ICU research team have published in peer-reviewed journals such as *Critical Care and Shock* and *Intensive Care Medicine*. Team members have also given poster or oral presentations at scientific meetings.

Current research projects within the ICU include:

- A randomised controlled trial to explore the role of hyperthermia in the treatment of critically ill patients with sepsis – supported by a Peninsula Health Small Grant for Health Research
- Three multi-centre collaborative studies with the Australasian Society for Parenteral and Enteral Nutrition, the Australian and New Zealand Intensive Care Society, and the University of Sydney
- Two inter-departmental studies within Peninsula Health – one with the Physiotherapy Department to investigate the effects of physiotherapy in critically ill patients, and one with the Department of Anaesthesia and Acute Pain Management to explore resuscitation techniques for patients undergoing emergency surgery.

“The move of the ICU ... has created a dedicated space for research staff.”

Peninsula Health Research Report 2011
Medal winning project improves patient comfort

A project developed by Dr Ravi Tiruvoipati is delivering improved comfort for patients receiving high-flow oxygen after extubation.

Ravi’s research aimed to compare the effectiveness of nasal prongs with face masks in maintaining gas exchange to adult patients in intensive care1. A randomised controlled trial involving 50 patients at Frankston Hospital’s Intensive Care Unit found that while nasal prongs were just as effective as face masks in the delivery of high-flow oxygen, tolerance of the nasal prong technology was significantly better than that of face masks. A trend toward greater patient comfort with the use of nasal prongs was also observed.

The trial was the first randomised evaluation of the effectiveness of high-flow nasal prongs in adults and the results were published in the Journal of Critical Care.

Initiated and completed with support from Fisher and Paykel Healthcare, the research project was developed by Ravi with associate investigators David Lewis, Dr Kavi Haji, and Associate Professor John Botha.

Ravi’s project was recognised at the formal project session of the 2010 Annual Scientific Meeting of the College of Intensive Care Medicine of Australia and New Zealand where he was presented with the Felicity Hawker Medal for the best presentation.

The achievements of Department of Surgery staff involved in research were recognised at Celebrating Research 2010. Plastic Surgery Registrar Dr Ramin Shayan was awarded the Registrar Research Prize and Orthopaedic Surgery Registrar Dr Christy Coyle was awarded second place.

Department of Anaesthesia and Acute Pain Management

Two research projects were commenced by the Department of Anaesthesia and Acute Pain Management during the past year under the leadership of Associate Professor Terry Loughnan, Director of Anaesthetic Research and Training. These projects were:

- An analysis of smoking patterns around the time of surgery, and
- A study into the use of pulse radiofrequency therapy for shoulder pain in patients awaiting shoulder surgery in conjunction with Pain Management Specialist, Dr Murray Taverner.

Developing our research focus

Department of Surgery

The focus for research by the Department of Surgery over the past year has been one of consolidation, collaboration and translation, led by Mr David Hunter-Smith, Deputy Clinical Director of Surgery – Research and Training.

The Department of Surgery at Peninsula Health recognises the role of education and policy development as a means of embedding the best available evidence into public health practice. This view underpins a number of research projects in collaboration with Monash University that examine a range of issues around burden of disease and provision of surgical services in our current health system. These issues include:

- Allocation of finite resources
- The obesity epidemic (a National Health Priority)
- Education systems and innovative training for surgical trainees, and
- Evaluation of outcomes using quality of life measures.

Continuing Education and Development Unit

The appointment of Sheryl Pretty to the position of Clinical Nurse Consultant – Research within the Continuing Education and Development Unit will enable Peninsula Health to promote greater participation by nurses in research. This is a joint appointment with Monash University.

Sheryl brings over 30 years’ nursing experience, chiefly in critical care and education, to the role within Peninsula Health’s Continuing Education and Development Unit. She maintains her skills in clinical practice by working shifts in Emergency and Intensive Care at a large metropolitan hospital. A qualified paramedic and solicitor and barrister, Sheryl has a keen interest in ethics and health law, and is nearing completion of a Professional Doctorate at Victoria University.

Sheryl is aiming to increase the number of nursing-led research projects at Peninsula Health by encouraging and supporting nurses to turn ideas and questions into research proposals.

She will also work towards building stronger links between nurses interested in research, primarily by formalising a networking framework for the Research in Nursing Group (RiNG), a collaborative initiative between Peninsula Health and Monash University.
It is also envisaged that Peninsula Health will become a site for a large international study to test whether some medications may prevent heart attacks and death from heart problems around the time of surgery. This particular trial, the Perioperative Ischaemic Evaluation Study (POISE 2), will be led by the Population Health Research Institute at McMaster University in Canada.

**Emergency Medicine**

The appointment in early 2011 of Dr Megan Deutsher as Research Coordinator, Emergency Medicine will enhance the development of a progressive research base within the department and support Associate Professor Pam Rosengarten, Director of Education and Research, Emergency Medicine.

Research in emergency medicine at Peninsula Health has evolved rapidly over the past 12 months. Three multidisciplinary research projects, which are currently in progress, aim to improve quality of care, particularly in the areas of analgesia and overall service delivery.

In addition to these internal projects, Emergency Medicine is involved in collaborative studies with Peninsula Health’s Intensive Care Unit; and externally with Monash University / Southern Health and The Paediatric Research in Emergency Departments International Collaborative (PREDICT). A focus of these studies is to improve analgesia and sedation for children presenting to emergency departments.

**Allied Health**

Research by our Allied Health staff continues to expand.

Deidre Morgan, an occupational therapist working in Palliative Care and Cylie Williams, a podiatrist from Community Health, are nearing completion of their PhD theses. Both were awarded prizes in Celebrating Research 2010 for work related to their studies. Deidre has been exploring patient experience of functional decline and priorities at end-of-life, and Cylie’s research into idiopathic toe walking and sensory processing is detailed on page 18.

Research by other Allied Health departments to enhance student experience includes:

- The Occupational Therapy Department is collaborating with Monash University to evaluate mixed mental health / physical health rotations for Grade 1 occupational therapists, the outcomes of which will be used to inform student supervision practices
- Physiotherapist Fiona Kent is involved in the development of an interprofessional student led program as part of an initiative to increase the quantity and quality of clinical placements for allied health, medical and nursing students. A screening program will be piloted and evaluated to determine the ability of mixed discipline student teams to deliver primary healthcare.

**Mental Health**

Under the leadership of Dr Ian Munro, Principal Community Mental Health Nurse, nursing staff in Mental Health have been involved in a broad range of research projects, with an emphasis on improving the consumer experience.

Fiona Reed, Chief Nursing Officer Mental Health, led a collaborative team from Peninsula Health and Monash University in research to examine the experience of people with a mental illness when attending the Emergency Department. Details of this study are presented on page 14.

Research led by Rosie Cantley-Smith, Education Coordinator, aims to improve physical health assessment and monitoring of people with serious mental illness. This project will assess the knowledge, skills, attitudes and confidence of mental health nurses in performing metabolic monitoring.
From small beginnings

An increasing number of small research projects at Peninsula Health are undertaken to confirm best practice care and to provide operational data. These projects include negligible risk research, evaluations and observational studies.

Four of the 45 small research projects submitted to the Research Program for approval by the Executive Sponsor Research in 2010/11 are outlined in this section.

Measuring exercise intensity of Agestrong participants

Agestrong, a group-based, moderate intensity training program designed to rebuild strength, balance and confidence, has been helping older people in Peninsula Health’s local community for the past 10 years. Agestrong is run in partnership with Mornington Peninsula Shire and Frankston City Council at 15 different venues across Frankston and the Mornington Peninsula.

Luke Kane, an exercise physiologist at Mornington Community Health, is aiming to build an improved understanding of the physiological effects of the program, with a view to ensuring the safety of a newly-implemented and revised Agestrong assessment process.

“It is important to avoid any negative impacts for Agestrong participants who have other chronic health conditions that may be affected by exercise,” said Luke. A key objective is to reduce the risk of acute cardiovascular events for Agestrong participants by ensuring that they build optimal exercise intensity in a measured, consistent manner.”

A recent pilot study led by Luke with the assistance of Adrian Stewart, an exercise science student from Victoria University, measured the relative exercise intensity achieved by participants during Agestrong exercise sessions at Mornington Community Health.

Measurements included:
- Rating of Perceived Exertion using a Borg Scale
- Heart rate pre-, mid- and post exercise
- Blood pressure pre-, mid- and post-exercise
- Oxygen saturation pre-, mid- and post-exercise.

The study found that Agestrong exercise sessions were being delivered at a light to moderate intensity level, and that participants experienced statistically significant reduction in systolic blood pressure following the exercise program.

The next step for Luke is to develop a proposal for a larger, longitudinal study that will aim to build optimal exercise intensity for all participants in Agestrong, and to establish a consistent intensity monitoring model for Agestrong instructors.

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<td>15 venues</td>
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<td>52 classes</td>
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<tr>
<td>575 active participants</td>
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“…a key objective is to reduce the risk of acute cardiovascular events for Agestrong participants…”
Above: Exercise Physiologist Luke Kane has recently completed a pilot study to ensure the safety of the Agestrong program.
Stop before the op

Tobacco smoking is the single most preventable cause of ill health and death in Australia. The prevalence of cigarette smoking in the Australian population remains significant despite the well-known health consequences. Smokers may require elective surgery as a result of smoking related diseases or for other unrelated pathology.

For smokers entering the hospital system, surgery may represent a ‘teachable’ moment when quitting behaviour is more likely. Furthermore, strong evidence shows that stopping smoking before surgery reduced cardiorespiratory and infective complications in patients attending a stop smoking clinic six weeks before surgery.

A study being undertaken by anaesthetist Dr Ashley Webb aims to determine the effectiveness of a brief intervention to promote quitting at the time smokers are placed on the elective surgical waiting list. Resources provided to smokers include a brochure that explains the health benefits of quitting smoking before surgery, and a self-referral form to Quit Victoria. Patients who choose to self refer to Quit Victoria receive a standard service of six telephone counselling sessions prior to surgery.
A survey tool has also been developed to test the effectiveness of the program in improving patients’ knowledge of smoking and surgical risk, Quitline usage, and smoking cessation prior to surgery. It will be used as a baseline measure prior to the intervention and for 4 months after commencing the intervention to determine effectiveness.

In addition to Quitline, this project has involved the assistance of the Waiting List team in Surgical Services; Lisa McCormack and the Admissions Lounge staff; Gillian Connell (Rosebud Hospital); and Nicola Robertson and Maryanne Sparrow (Department of Anaesthesia and Acute Pain Management).

**Malnutrition screening project**

Malnutrition contributes to poor outcomes for patients and increased expenditure for healthcare providers. At Peninsula Health, all patients are screened for malnutrition risk on admission and referrals generated to the dietitians, who put in place management plans for those identified as being malnourished. However it has been suggested that many malnourished patients are not being identified with current screening practices, and therefore do not have a management plan put in place.

On one day in April 2011, most adult inpatients from acute, subacute and residential care sites, except those in designated specialty wards, were surveyed to assess malnutrition prevalence, weight status and whether current screening practices had identified and referred the malnourished patients correctly. This enabled the researchers, coordinated by Senior Dietitian Fiona Turnbull, to calculate malnutrition rates, identify the patients that were missed via current screening practices and refer them on appropriately for management.

The project identified that 32 per cent of the acute inpatients surveyed were malnourished, which is comparable to results reflected in recent Australasian literature.

The results will be used to review and improve current referral processes.

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**Which thermometer?**

Accurate body temperature measurement is an essential, standard vital sign measurement in the assessment and management of acutely ill adult and paediatric patients presenting to the Emergency Department.

There are many methods that can be used to record body temperature, yet considerable controversy still surrounds which method is best. Recently, new methods of temperature measurement have become available including temporal artery and tympanic thermometers. While these methods have been reported to be more convenient, less time consuming and better tolerated by patients, their accuracy and agreement with rectal temperature measurement is inconclusive, particularly for young children.

Currently, temperature readings are taken in the Frankston Hospital Emergency Department using a number of different techniques. There is no consistent approach.

This study aims to evaluate the accuracy and effectiveness of tympanic and infrared skin thermometers compared to rectal temperature measurement in children and oral temperature measurement in adults.

Patients will have their temperature measured three times during their routine clinical assessment in the Emergency Department. For adults this will be by mouth, via the ear, and across the forehead. For infants temperatures will be taken rectally, via the ear, and across the forehead. Statistical analyses will be performed on the data to determine the most accurate of the temperature measures.

The results will be disseminated to clinical practice leaders in the Emergency Department and practice guidelines regarding temperature measurement will be developed.

The results will be used to aid development of a consistent, evidence-based approach to temperature measurement for patients attending the Emergency Departments at Peninsula Health.
Facilitating research

Library team supports researchers

A free, open-source integrated library system is providing easier, all-hours access to relevant literature for researchers at Peninsula Health, thanks to the initiative and efforts of the library team who develop and maintain the information resources available to support research.

In 2010, Peninsula Health became the first health service in Victoria to install Koha, a specialist library system developed in New Zealand. The system is widely used in other states by health-related organisations, educational institutions and government departments (including the Australian Bureau of Statistics).

Koha, which derives from a Māori term meaning ‘giving your specialty to the collective event’, is now providing self-sufficiency for researchers on all Peninsula Health sites, with an easy-to-navigate, online catalogue interface and renewal process.

For our library staff, the introduction of Koha has made cataloguing much simpler and faster as records can be imported from the National Medical Library and Libraries Australia. Even sending out overdue notices and calculating fines is done automatically.

Six other medical libraries in Victoria have visited the Peninsula Health Library at our Frankston site to see Koha in operation, and all have decided to implement the system.

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Pharmacy’s role in clinical drug trials

Clinical drug trials at Peninsula Health could not occur without the expertise and support provided by a team of three specialist clinical trials pharmacists which includes Senior Pharmacist Teresa Hennig and Pharmacists JoAnne Smith and Ngoc Tri. This support includes:

- Preparing medications for clinical trials
- Providing information, counselling and education about clinical trial medications to participants
- Reviewing clinical trial protocols to assist the research team to identify and resolve issues that may affect conduct of clinical trials at Peninsula Health
- Monitoring participant compliance with the protocol in terms of the trial medication
- Managing, controlling and storing trial medications appropriately
- Ensuring accountability for trial medications in terms of receipt, supply, returns and destruction
- Liaising with clinical trial investigators, coordinators and monitors, and
- Providing information about clinical drug trials to participants, carers, medical and nursing staff, other pharmacists and health professionals.

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“... providing easier, all-hours access to relevant literature for researchers.”
Facilitating research

Above: Heather Walker, Medical Librarian; Janet Seitz, Medical Library Manager; and Marion Steele, Medical Research Librarian.
The grant also provides for the trial coordinator to attend the Haematological Association of Australia Annual Scientific Meeting in 2011 and 2012. The knowledge and information gained from these meetings will benefit both the trial coordinator and other research coordinators involved in the haematological trials.

For patients with haematological malignancies, a locally-based trial clinic will bring real benefits. It will ensure easier access to trial-related investigations, innovative medications and trial-mandated consultations, while reducing the need for regular and time-consuming travel.

Pathways to care: exploring the barriers for mental health consumers who attend the Emergency Department

Entry to acute mental health services has been governed across Victoria by a single point of entry system originating at the emergency department.

Mainstreaming of mental health services within the general medical system has generated a fundamental transformation in the way that people experiencing mental health problems and their carers access emergency services. While this development is generally regarded as offering improved treatment services, consumers and carers describe a range of issues that they have faced when presenting to the emergency department in crisis.

Fiona Reed, Chief Nursing Officer Mental Health, Teresa Kudinoff, Program Manager, Youth Mental Health and Quality and Dr Ian Munro, Principal Community Mental Health Nurse were awarded a Victorian Specialist Mental Health Services – System and Service (Quality Innovation) Grant from the Department of Health to track the journey of consumers and carers when they access acute mental health services through Peninsula Health’s Emergency Department.

The $30,000 grant enabled the team to survey consumers and carers at a time when they were less distressed in order to identify any barriers and gaps in service provision.

Additionally, the project reviewed the interface between the Emergency Department and the Mental Health Service at Peninsula Health to
establish whether there were any organisational cultural barriers that impact on the experience of Emergency Department staff caring for people with a mental illness.

The team also explored what knowledge and skills are required by Emergency Department staff in order to provide effective care in relation to mental health patients, and to identify any gaps in their current knowledge. Community and inpatient mental health staff were asked to identify the gaps and barriers associated with endeavouring to gain care for their clients; and consumers and carers completed surveys and participated in focus groups.

Lessons learnt included the need to move towards a more collaborative and streamlined process for carers and consumers, with timely assessment by both experienced mental health and emergency medicine clinicians. Educational gaps were identified and will be addressed at both hospital and university level. The current triage tool was also identified as needing revision, particularly in regard to timeliness and appropriate response.

Academic support for this project was provided by Associate Professor Anthony O’Brien, Head of Peninsula Campus, School of Nursing and Midwifery, Monash University.

Supporting newly-diagnosed patients with lung cancer

Lung cancer accounts for 19 per cent of all cancer deaths and is the fourth leading cause of cancer deaths. In 2008, 2,386 new cases of lung cancer were diagnosed in Victoria.1 It has been estimated that only 10.7 per cent of males and 14 per cent of females affected by lung cancer will be alive five years after their initial diagnosis. Each week, an estimated four new patients are diagnosed with lung cancer in Peninsula Health’s catchment area.

While palliative care systems provide strong support for patients with advanced lung cancer, there is little help in place to assist newly diagnosed patients who are trying to come to terms with their diagnosis, their prognosis, a myriad of tests, different treatment options and worries about the inherent delays involved in moving from diagnosis to treatment.

With funding provided through a $30,000 Supportive Care Research Grant from the Southern Melbourne Integrated Cancer Service (SMICS), a new research project is aiming to identify the issues of most concern to patients and their families when lung cancer is first diagnosed, in order to create more positive experiences for cancer patients and their carers. The grant was awarded to Julie Sharp, Clinical Research Nurse in the Department of Thoracic Medicine.

Project methodology will include interviews with patients and their carers, measurement of time delays in the patient journey from referral to treatment and comparison with internationally agreed benchmarks. The project will also evaluate the impact of a specialist nurse intervention that will be offered to all patients at diagnosis. Patients and their carers will be encouraged to discuss their symptoms, their diagnosis, proposed treatments and side-effects, treatment options and difficulties they are experiencing. A supportive care screening tool developed by SMICS will be used to identify areas where patients need further advice or assistance. A ‘distress thermometer’ that allows patients to pinpoint how they are feeling on a distress scale of 0 to 10 will be used to serially evaluate patients’ emotional wellbeing. The Hospital Anxiety and Depression Scale will also be completed at the first and final session.

A consumer steering group will advise on design and implementation of the project, which will directly support a number of key initiatives in Victoria’s Cancer Action Plan and the Southern Melbourne Integrated Cancer Services (SMICS) Strategic Plan 2010-2013.

Researchers from Peninsula Health and Monash University are trialling the use of digital technology to improve patient care and patient flow management.

Using digital technology to streamline clinical decision making and patient care

Supported by an Australia Research Council Linkage Grant, the research team is working on a proof of concept project to develop a streamlined Digital Clinical Pathway Management System using digital pens and a customised database.

Clinical pathways have been adopted by most Australian hospitals to document and manage multidisciplinary care across a variety of acute care environments. Currently, most clinical pathways are paper-based, which makes data analysis time-consuming and cumbersome.

Although digital pens and digital paper are already proven technologies in other areas of healthcare, their use with a web-browser enabled proprietary database as a means of providing timely information has not previously been explored. In this trial, data are being collected at the bedside using digital pens on specialised binary paper. At the end of each shift, the data are uploaded onto a database which is held on a secure computer server.

The key objective of this project is to build a prototype for a fully integrated information system that collects variances in patient care. While paper-based pathways can take up to six months to be analysed, long after the patient has been discharged, this unique combination of digital pen / paper technology and a real-time database has the potential for immediate analysis and intervention, improved management of health service resources, better management of discharge planning and length of stay, and education.

Additionally, the research team anticipates that the lessons learnt from this project can be applied to other uses of digital pen and paper for data collection at the point of care and the use of digitised clinical pathway data to support clinical decision making and resource management.

Dr Virginia Plummer (Mobile Health Research Group, Monash University) is Principal Investigator for this project, with Linda Dawson (Monash University), Terri Harlem and Justin Aylward (Peninsula Health), David Waterhouse (Print Media Group Pty Ltd), and Stephen Weeding (Monash University and NEC Australia).
Above: Registered Nurse Rachelle Thom demonstrates how the digital pen and paper-based pathway can be used at a patient’s bedside to collect real-time data.
Innovation

Idiopathic toe walking and sensory processing

Cylie Williams, a podiatrist who works primarily with children, is focusing her PhD research at Charles Sturt University on idiopathic toe walking and a possible link with sensory processing difficulties.

Idiopathic toe walking has been reported to be present in up to 12 per cent of the general paediatric population, and is observed in children older than three years of age. Idiopathic toe walking is diagnosed when children continue to walk on tiptoes without a heel strike and without any signs of neurological, orthopaedic or developmental disorders.

It has been suggested that idiopathic toe walkers may have problems with interpreting the sensory input they receive from walking and their environment, although there is limited research to establish this link. By exploring the relationship between toe walking and sensory processing it may be possible to modify treatment, resulting in a greater potential impact.

Improving management of infected arthroplasty

Antibiotic impregnated cement is often used in total hip and knee replacements to reduce the risk of prosthetic joint infection, which can be a serious post-operative complication. Infected prostheses are usually treated by removing the prosthesis and all of the cement, followed by implantation of a new joint in either a one-stage or two-stage procedure.

During 2010, investigations were carried out by Orthopaedic Surgeon Mr Brad Crick, Orthopaedic Registrar Dr Christy Coyle, and Hospital Medical Officer Dr Rebecca Tang, to determine whether further antibiotic is eluted after exposing new surface area of antibiotic impregnated bone cement at six weeks.

Researchers created five antibiotic-impregnated bone cement blocks and inserted stainless steel screws into two of them to create a similar condition to that of hip or knee replacement surgery. Each cement block was placed in a sterile, normal saline solution and stored at 37°C. Vancomycin levels were measured over six weeks, after which each of four blocks underwent a different intervention – removal of the screw, shattering of the block, drilling a single hole, and drilling multiple holes. The fifth block remained intact as the control block. Vancomycin levels were measured weekly for a further six weeks.

Before the interventions, vancomycin concentrations peaked at around two weeks. Post intervention, blocks with the greatest increase in surface area of antibiotic impregnated bone cement at six weeks.

The key assessment used in Cylie’s research is the Toe Walking Tool, a validated tool designed to exclude and encourage for referral those children who may toe walk due to a medical reason. Cylie has used the tool to screen children for entry into the study, to identify children who did not toe walk, and to exclude toe walking children with a suspected medical reason for toe walking.

The study, Idiopathic Toe Walking: Is there a sensory processing link?, involved 30 idiopathic toe walkers and 30 peers. Overall, it was determined that children with an idiopathic toe walking gait do process some sensory input differently. This gait may not be habitual as often reported in the literature; and it is possible that this gait pattern may be a result of some neurological response to the toe walkers’ external environment. The outcomes of the project included a recommendation that localised treatment of the gait at the foot and ankle should be accompanied by appropriate identification of fine and gross motor skills.

Cylie was awarded the Peninsula Health Allied Health Research Prize 2010 for The Toe Walking Tool: A novel method for assessing idiopathic toe walking children.
Monitoring our performance

Improving the consent process for clinical trials

During 2011, a clinical trial consent survey initiated by the Research Program to gather information about what motivates patients to consent to clinical trial participation was modified in order to encourage an improved response rate. The survey is undertaken in parallel with similar surveys of acute care patients in relation to consent to treatment.

Modifications were made to the clinical trial consent survey previously undertaken in 2008, to include questions (multi-choice or 5-point Likert scale) about why participants had decided to take part in clinical trials and how comfortable they felt asking questions about the trials. A free text section was added to enable participants to comment on any other aspects of being a clinical trial participant at Peninsula Health.

The survey was distributed to clinical trial participants by trial coordinators. Participants were not asked to identify themselves on the form, although surveys were labelled with the relevant department’s name. A reply paid envelope was attached to each survey to enable participants to complete the form in their own time.

The revised response method for the survey has contributed to an improved response rate of 25 (17 from Oncology and 8 from Thoracic Medicine) compared with 10 responses from the original survey.

- All respondents reported that the clinical trial, its purpose and procedures had been thoroughly explained to them and that they had been given written information which explained clearly what was involved in the trial.
- All respondents reported that they were satisfied with the overall experience of taking part in the clinical trial. When asked why they decided to participate in the clinical trial, 19 responded “to improve my medical condition”; 15 replied “for the benefit of research”; and 8 “to give something back to medicine”.

What participants said

I was impressed and grateful to all staff members for the kindness shown to me when receiving treatment.

I would like to thank my doctor, nurses and everybody concerned with the oncology group at Frankston Hospital.

Excellent ongoing support, especially from the research coordinator.

Always comfortable with staff, who are friendly, helpful and professional.

Peninsula Health research snapshot

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<td>2010/11 83</td>
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Postgraduate students at Peninsula Health 2010/11

Registrars undertaking postgraduate studies 2010/11

28

130
Research governance

Chair, Human Research Ethics Committee

On behalf of the Board of Directors I am pleased to deliver the annual report as Chair of the Peninsula Health Human Research Ethics Committee (HREC) during 2010/11.

The Committee comprises Peninsula Health Board Directors, staff and members of our community. It considers and advises the Board on all ethical matters arising from research activity that require determination. The Committee has particular regard to ensuring that research participants are accorded the respect and protection that is due to them, and that research which is of benefit to the community is encouraged.

During the year the Committee farewelled Ms Diana Ward, the immediate past Chair of HREC. Diana completed her term as a Peninsula Health Board Director on 30 June 2010 and I would like to take this opportunity to thank Diana for her excellent leadership of this Committee since 2009. Ms Alexandra Forbes joined HREC as the other Board of Director’s representative. The Committee also farewelled Associate Professor Gary Hunter and Mr Graeme Ness, two of our lay members. Their contribution to HREC in terms of both the review of applications and development of the Committee itself has been greatly appreciated.

The scope of the issues faced by the Committee in its consideration of applications continues to become more complex as Peninsula Health becomes increasingly active in research, requiring informed and robust discussion, thereby providing a stimulating and rewarding working environment. An increase in the use of electronic surveys and the use of social media for participant recruitment are just two of the contemporary issues that are emerging as examples of change in research methodology at Peninsula Health.

In order to assist the Committee in its deliberations, on occasion we have sought independent expert advice (with the permission of the principal researcher) where appropriate advice is not available at Peninsula Health or is not likely to be independent of the submitting research team.

This year the Committee reviewed 25 applications, including seven commercially sponsored / collaborative group clinical drug trials and 11 locally-initiated research projects. A further 45 negligible risk or quality activities were reviewed by the Executive Sponsor Research, Dr Susan Sdrinis.

Thirteen projects were reviewed under the Victorian Streamlined Ethical Review Process and were subsequently approved to commence at Peninsula Health through the Research Governance Framework.

A major revision of the Terms of Reference for HREC was undertaken with reference to the VMIA (Victorian Managed Insurance Authority) Research Governance Toolkit to ensure that the Terms are consistent with best practice. This revision included the development of a sub-committee of HREC to review low and negligible risk research which has increased significantly in the past year.

Expert input from the Peninsula Health Methods Review Panel and the Drugs and Therapeutics Committee is integral to the work of the Committee. The former provides scientific review of single-site research, whilst the latter undertakes the same task for drug trials that are not eligible for review under the Streamlined Ethical Review Process. I would like to thank all members of these two bodies for their invaluable assistance.

Finally, I would like make note of the fact that the Peninsula Health Board is, as always, appreciative of the commitment shown by our HREC community members and staff members in relation to the important work of the Committee.

The Committee looks forward to continuing the process of examining the ethical aspects of research in an increasingly challenging technological society.

Mr Peter Brookhouse
Chair Human Research Ethics Committee
Research committees

Human Research Ethics Committee

The Human Research Ethics Committee considers and advises the Board of Peninsula Health on all ethical matters arising from relevant research activity. It both monitors and requires regular reports from researchers in relation to ongoing and completed projects.

Mr Peter Brookhouse
Board Director (Chair)

Ms Alexandra Forbes
Board Director (Deputy Chair)

Dr Susan Sdrinis
Executive Sponsor Research

Associate Professor John Botha
Director of Research

Mrs Gwenneth Austin
Healthcare Professional

Ms Catherine Britt
Laywoman

Ms Jan deClifford
Senior Pharmacist

Rev Andrew Constance
Minister of Religion

Ms Julie Grant
Healthcare Professional

Dr Debra Griffiths
Researcher

Ms Maureen Habner
Healthcare Professional

Associate Professor Gary Hunter
Layman

Associate Professor Terry Loughnan
Researcher

Mr Graeme Ness
Layman

Mr Simon Ruth
Healthcare Professional

Associate Professor Dhiren Singh
Researcher

Mr Adrian Stone
Lawyer

Mr Ian Taylor
Layman

Dr Ravi Tiruvoipati
Researcher

Dr Ashley Webb
Researcher

Methods Review Panel

Mr Nigel Broughton
Orthopaedic Surgeon

Associate Professor Ernie Butler
Head of Neurology

Dr Ian Munro
Principal Community Mental Health Nurse

Drugs and Therapeutics Committee

Associate Professor Ian Carney
(Chair)
Clinical Director Medicine

Mr Skip Lam (Deputy Chair)
Director of Pharmacy

Ms Sarah Chao
Pharmacy Manager

Ms Jan deClifford
Senior Pharmacist

Ms Gill Dixon
Nurse Unit Manager

Ms Linda Goodwin
Nurse Unit Manager

Dr Helen Hewitt
Clinical Director Emergency Medicine

Associate Professor Sean Jespersen
Clinical Director Mental Health

Mr Ben Leung
Deputy Director of Pharmacy

Dr Andrew McLaughlin
Consultant Anaesthetist

Dr Susan Sdrinis
Executive Director Medical Services, Quality and Clinical Governance

Ms Joan Thomas
Nurse Unit Manager

Ms Sharon White
Operations Director

Research Steering Committee

The Research Steering Committee works to foster excellence in research and innovation at Peninsula Health; to enhance the Health Service’s ability to compete for research funding; and to foster dissemination of research findings through publication in peer-reviewed journals. The Committee makes recommendations to the Chief Executive in relation to development of a research strategy, research priorities, research capacity, and underpinning systems.

Dr Susan Sdrinis
Executive Sponsor Research (Chair)

Dr Susan Sdrinis
Executive Sponsor Research (Chair)

Associate Professor John Botha
Director of Research

Associate Professor John Catalano
Haematologist

Ms Jan Child
Executive Director Rosebud Hospital, Mental Health, Allied Health, Nursing, Community and Continuing Care & Consumer Participation

Mr Brendon Gardner
Executive Director Frankston Hospital

Ms Maureen Habner
Director / Chief Nursing Officer

Mr David Hunter-Smith
Deputy Clinical Director of Surgery – Research and Training

Associate Professor Terry Loughnan
Director of Anaesthetic Research and Training

Associate Professor Sean Jespersen
Clinical Director Mental Health

Ms Sheryl Pretty
Clinical Nurse Consultant – Research

Ms Jane Roberts
Operations Director Medicine

Associate Professor Pam Rosengarten
Director of Education and Research, Emergency Medicine
Enhancing patient management at point of care using electronic based clinical pathways.
Principal Investigator: Dr Virginia Plummer

An Australian version of the Alcohol-Related Problems Survey (ARPS): a comprehensive computerised screening tool for older adults.
Principal Investigator: Stephen Bright

Projects considered by the Human Research Ethics Committee

During 2010/11, the following projects were considered by the Human Research Ethics Committee.

Enhancing patient management at point of care using electronic based clinical pathways.
Principal Investigator: Dr Virginia Plummer

An Australian version of the Alcohol-Related Problems Survey (ARPS): a comprehensive computerised screening tool for older adults.
Principal Investigator: Stephen Bright

Ovarian cancer patterns of care survey.
Principal Investigator: Associate Professor Penelope Webb

Peninsula Health Measurement of Prestige Factors Survey.
Principal Investigator: Dr James Le Bas

Cultural safety among perioperative nurses: beliefs, use and ways of improvement.
Principal Investigator: Judy Clayton

Barriers and enablers of research utilization in nursing.
Principal Investigator: Sheryl Pretty

Acceptance and commitment therapy for medication-resistant psychosis: a randomised controlled trial.
Principal Investigator: Dr John Farhall

A quality use of medicine clinical registry to assess clinical outcomes in patients with schizophrenia treated with intramuscular injections of paliperidone palmitate.
Principal Investigator: Dr Jenny Grunfeld

Pathways to care – exploring the barriers for mental health consumers who attend the Emergency Department.
Principal Investigator: Fiona Reed

Role of hyperthermia in the treatment of critically ill patients with sepsis – a randomised controlled trial.
Principal Investigator: Dr Ravi Tiruvoipati

Nephro-protective effects of L-amino acids in critically ill patients: a multicentre randomised controlled trial.
Principal Investigator: Associate Professor John Botha

Diadochokinesis in healthy adults aged 65 years and over.
Principal Investigator: John Pierce

A multicenter, randomized, double-blind, placebo controlled phase III study of panobinostat in combination with bortezomib and dexamethasone in patients with relapsed multiple myeloma.
Principal Investigator: Associate Professor John Catalano

Principal Investigator: Dr Sachin Gupta

Refining the Professional Practice Audit Questionnaire (PPAQ) for Australian mental health nurses.
Principal Investigator: Associate Professor Tony O’Brien

Magnetic resonance imaging (MRI) study of foreign-body reaction to bioabsorbable soft tissue anchors in shoulder surgery – a retrospective pilot study.
Principal Investigator: Mr Andrew Weber

A phase III, multicentre, open-label, randomized trial comparing the efficacy of GA101 (ROS072759) in combination with CHOP (G-CHOP) versus rituximab and CHOP (R-CHOP)
Projects reviewed under the Streamlined Ethical Review Process

A multicenter, multinational, randomized, double-blind, phase III study of IMC-1121B plus docetaxel versus placebo plus docetaxel in previously untreated patients with HER2-negative, unresectable, locally-recurrent or metastatic breast cancer. Principal Investigator: Dr Jacquelyn Thompson

A randomized, double-blind, placebo-controlled study to evaluate cardiovascular outcomes following treatment with aldoglitin in addition to standard of care in subjects with type 2 diabetes and acute coronary syndrome. Principal Investigator: Dr Deepak Dutta

A randomized, double-blind, placebo-controlled study to evaluate the safety, efficacy and pharmacokinetics of ABT-263 in combination with rituximab in previously untreated patients with B-cell, chronic lymphocytic leukemia (CLL). Principal Investigator: Associate Professor John Catalano

A phase II, multicentre, randomized, controlled, open-label study of the safety, efficacy and pharmacokinetics of ABT-263 in combination with rituximab in previously untreated patients with CD20-positive diffuse large B-cell lymphoma (DLBCL). Principal Investigator: Associate Professor John Catalano

A randomized, double-blind, active controlled, parallel group, multicentre study to determine the efficacy and safety of albiglutide as compared with sitagliptin in subjects with type 2 diabetes mellitus with renal impairment. Principal Investigator: Dr Deepak Dutta

A phase 3 trial of denosumab as adjuvant treatment for women with early-stage breast cancer at high risk of recurrence. Principal Investigator: Dr Jacquelyn Thompson

A phase II trial of bortezomib and dexamethasone in renally impaired patients with untreated multiple myeloma – The BRIM trial. Principal Investigator: Associate Professor John Catalano

A 52 weeks, double blind, randomized, placebo-controlled trial evaluating the effect of oral BIBF 1120, 150 mg twice daily, on annual forced vital capacity decline, in patients with idiopathic pulmonary fibrosis (IPF). Principal Investigator: Associate Professor David Langton

Double blind randomised phase III study of lenalidomide (Revlimid) maintenance vs placebo in responding elderly patients with diffuse large B-cell lymphoma (DLBCL) and treated with R-CHOP in first line. Principal Investigator: Associate Professor John Catalano

A multicenter, randomized, double-blind, placebo-controlled study to evaluate the efficacy, safety and tolerability of an oral aripiprazole / escitalopram combination therapy in patients with major depressive disorder. Principal Investigator: Associate Professor Sean Jespersen

A multicentre trial comparing the efficacy and safety of GSK573719 / GW642444 with GSK573719 and with tiotropium over 24 weeks in subjects with COPD. Principal Investigator: Associate Professor David Langton

Projects reviewed under NHMRC Harmonisation of Ethical Review Pilot Program

Australian Stroke Clinical Register
Principal Investigator: Associate Professor Ernie Butler

Negligible risk research and quality activities

Outcome of a physiotherapist-led orthopaedic screening clinic at Peninsula Health. Submitted by: Dr Leonie Oldmeadow

Supportive Care Screening Tool. Submitted by: Bernadette McCormack

Evaluation of care coordination project for malignant haematology. Submitted by: Carmel O’Kane / Sara Andrews

Post operative oxygen saturation audit. Submitted by: Dr Ashley Webb

ICU liaison nurse uptake and change in review rates. Submitted by: Joanne Molloy
Complex communication needs in ICU.
Submitted by: Liza Simms

Patients who leave the Emergency Department without being seen: the Frankston Hospital experience.
Submitted by: Associate Professor Pam Rosengarten

Mobility outcomes at inpatient rehabilitation discharge and three months for stroke patients at Golf Links Road Rehabilitation Service and Rosebud Rehabilitation Unit. Who achieves what? An observational study.
Submitted by: Mehrnoosh Arzani and Vatt Southakith

Evaluating the preceptor role in pre-registration nursing student clinical education.
Submitted by: Arlene Costello

The great cookie taste test.
Submitted by: Tania Dodd

ANZICS Clinical Trials Group: Point Prevalence Program.
Submitted by: Associate Professor John Botha

Nicotine replacement therapy (NRT) program - QA study.
Submitted by: Nikki Hale

Does the use of a brochure ‘Taking your medication safely’ change patient attitudes and empower patients to be involved with their medication management whilst in hospital?
Submitted by: Jan de Clifford

Mental health and wellbeing during pregnancy and postpartum.
Submitted by: Dr Priscilla Yardley

‘Stop before the op’ – a smoking cessation strategy for elective surgical patients at Peninsula Health.
Submitted by: Dr Ashley Webb

GP experiences in diagnosing and managing obstructive sleep apnoea.
Submitted by: Associate Professor David Langton

 Coronary Syndromes Sub-Committee pre-notification of STEMI trial.
Submitted by: Dr Geoff Toogood

Referral patterns in 24 hour ambulatory ECG monitoring.
Submitted by: Zoe Boon

Research participant consent satisfaction survey.
Submitted by: Research Program

Measuring exercise intensity of participants in the Agestrong Program.
Submitted by: Luke Kane

The early outcome of fracture neck of femur after admission to the subacute unit.
Submitted by: Dr Kamran Kheyri

IV paracetamol audit in the Emergency Department.
Submitted by: Associate Professor Pam Rosengarten

Medical students clinical placement project.
Submitted by: Dr Patrick Fiddes

Body mass index and hospital / ICU mortality.
Submitted by: Dr Ravi Tiruvoipati

Is the ordering of imaging studies in patients with suspected venous thromboembolism consistent with the results of D-dimer testing?
Submitted by: Dr Andrew Tay

Insulin pump service evaluation.
Submitted by: Kylie Ball

Malnutrition screening project.
Submitted by: Fiona Turnbull

Audit of Peninsula Health clinics and waiting lists.
Submitted by: Fiona Kent

Gap analysis for student-led clinic: consumers.
Submitted by: Fiona Kent

Gap analysis of unmet clinical need: managers.
Submitted by: Fiona Kent

Social inclusion felt needs assessment.
Submitted by: Nikki Hale

Perceptions of surgical trainers and trainees through a guided discovery model of learning in the operating theatre.
Submitted by: Dr Violet Kieu

How accurate are OSA control statistics from CPAP machines?
Submitted by: Associate Professor David Langton

Critical care nutrition.
Submitted by: Fiona Turnbull

Use of bedside ultrasound to diagnose shoulder dislocation.
Submitted by: Associate Professor Pam Rosengarten

Paliperidone palmitate long acting injection in elderly patients: the experience of an Australian aged psychiatry service.
Submitted by: Associate Professor Dhiren Singh

An exploration of medical student’s expectations from mentoring.
Submitted by: Dr Patrick Fiddes

Clinical audit in day oncology unit.
Submitted by: Julie East

Audit of deceased patient records at The Mornington Centre.
Submitted by: Robin Digby

Monash MBBS graduate medical law evaluation.
Submitted by: Dr Leanna Darvall

Physiotherapy Simulation Centre evaluation.
Submitted by: Michelle Paton

Addressing physical health needs of consumers with mental illness.
Submitted by: Rosie Cantley-Smith

Which thermometer?
Submitted by: Dr Jodi Oakman

Toolkits Project.
Submitted by: Dr Jodi Oakman

Estimation of radiation exposure associated with admission to the intensive care unit.
Submitted by: Dr Mainak Majumdar

Please note: All project titles have been listed as submitted by the sponsor or principal investigator.
The following publications and presentations result from research undertaken at Peninsula Health. Staff may have published research undertaken at other health services which is not listed here.

**Anaesthesia and Acute Pain Management**

**Publications**


In press

Loughnan TE, Gunasekera E, Tan TP. Cricoid pressure with video assisted laryngoscopy. *Anaesthesia and Intensive Care*.


**Community Health**

**Publications**


**In press**


**Presentations**


Held S. Bridging the gap. 2011 *Victorian Alcohol and Drugs Association Annual Conference*, Melbourne, February 2011.


Howard J. The art of listening (to young people) – establishment of a youth advisory group in a major health organisation. *6th International Conference on Drugs and Young People*, Melbourne, May 2011.


Walsh K. AOD services for an ageing population. 2011 Victorian Alcohol and Drugs Association Annual Conference, Melbourne, February 2011.

Walsh K. When I’m 64 – we are getting older. Are we getting wiser? The Anex 2010 Australian Drugs Conference: Public Health and Harm Reduction, Melbourne, October 2010.


Diabetes Education

Presentations


Emergency Medicine

Presentations

Haji D. Echo in the ED – Role of Physician TTE. Perioperative & Critical Care Echo Ultrasound Conference, Hamilton Island, September 2011.


General Surgery

Publications


Intensive Care

Publications


Presentations

Haji K. Two case reports of colchicine overdose: an uncommon presentation and a classic but initially misdiagnosed [poster presentation]. Australian and New Zealand Intensive Care Society / Australian College of Critical Care Nurses, 35th Australian and New Zealand Annual Scientific Meeting on Intensive Care and 16th Annual Paediatric and Neonatal Intensive Care Conference, Melbourne, October 2010.

Lewis D. Elderly patients are more prone for hypoglycemia while in intensive care. Australian and New Zealand Intensive Care Society / Australian College of Critical Care Nurses, 35th Australian and New Zealand Annual Scientific Meeting on Intensive Care and 16th Annual Paediatric and Neonatal Intensive Care Conference, Melbourne, October 2010.

Lewis D. The frequency of blood glucose monitoring in septic patients in the Intensive Care Unit: A retrospective audit [poster presentation]. Australian and New Zealand Intensive Care Society / Australian College of Critical Care Nurses, 35th Australian and New Zealand Annual Scientific Meeting on Intensive Care and 16th Annual Paediatric and Neonatal Intensive Care Conference, Melbourne, October 2010.


Majumdar M. Is retrieval an appropriate mode of delivering critical care to the remote / rural patient? Australian and New Zealand Intensive Care Society / Australian College of Critical Care Nurses, 35th Australian and New Zealand Annual Scientific Meeting on Intensive Care and 16th Annual Paediatric and Neonatal Intensive Care Conference, Melbourne, October 2010.


Tiruvoipati R. Why I use ECMO. Australian and New Zealand Intensive Care Society / Australian College of Critical Care Nurses, 35th Australian and New Zealand Annual Scientific Meeting on Intensive Care and 16th Annual Paediatric and Neonatal Intensive Care Conference, Melbourne, October 2010.

Pratt NM. A ten year check up for a rapid response system – revitalizing our medical emergency team [poster presentation]. Australian and New Zealand Intensive Care Society / Australian College of Critical Care Nurses, 35th Australian and New Zealand Annual Scientific Meeting on Intensive Care and 16th Annual Paediatric and Neonatal Intensive Care Conference, Melbourne, October 2010.

Medical Oncology

Publications


Mental Health Service

Publications


Financial Support, Research Grants or Prizes

Reed F, Kudinoff T, Munro I. Pathways to care – Exploring the barriers for mental health consumers who attend the Emergency Department. Department of Health for the Victorian Specialist Mental Health Services – Service and System Improvement Project grant, $30,000.

Presentations

Chique T. A successful collaboration between AOD and mental health. 2011 Victorian Alcohol and Drugs Association Annual Conference, Melbourne, February 2011.

Nursing

Publications


In press


Presentations

Digby R. Transferring from an acute hospital to a sub acute facility – the experience of patients with dementia. Joanna Briggs Institute, 2010 National Australian Conference on Evidence-Based Clinical Leadership, Adelaide, November 2010.


Nutrition and Dietetics

Presentations

Buckley L. Current feeding practices after elective colorectal surgery at Frankston Hospital compared to a fast track protocol: a retrospective audit [poster presentation]. Australasian Society for Parenteral and Enteral Nutrition Annual Scientific Meeting held in conjunction with Australian Gastroenterology Week, Gold Coast, October 2010.

Pain Management

Presentations

Taverner MG. Who benefits from invasive therapy in chronic pain? Faculty of Pain Medicine – Refresher Course Day, Australian and New Zealand College of Anaesthetists, the Faculty of Pain Medicine and the Hong Kong College of Anaesthesiologists Combined Scientific Meeting, Wanchai, Hong Kong, May 2011.


Taverner MG. Injection and radiofrequency treatment for joint pain. Pok Oi Hospital Interventional Workshop, Yuen Long, Hong Kong, May 2011.


Taverner MG. Living with Pain. KPJ Ampang Puteri Specialist Hospital Public Forum, Kuala Lumpur, Malaysia, January 2011.

Pharmacy

Presentations


Physiotherapy

Presentations


Plastics and Maxillofacial Surgery

Publications

In press


Podiatry

Publications


Presentations

McCabe K, Ball A. If you thought you were good with a scalpel, you should try this [poster presentation]. Australasian Podiatry Conference 2011, Melbourne, April 2011.


Speech Pathology

Publications

Vascular Surgery

Publications

Presentations
Somjen GM. Recurrent reflux after endovenous laser ablation of the great saphenous vein. 14th Annual Scientific Meeting and Workshops, The Australian College of Phlebology, Melbourne, March 2011.

Women’s Health

Publications

Presentations

Trivedi A. Gynaecological bleeding. 22nd EUROSON Congress, European Federation of Societies for Ultrasound in Medicine and Biology and the Danish Society of Diagnostic Ultrasound, Copenhagen, Denmark, August 2010.

Trivedi A. Predictors of early pregnancy failure. 22nd EUROSON Congress, European Federation of Societies for Ultrasound in Medicine and Biology and the Danish Society of Diagnostic Ultrasound, Copenhagen, Denmark, August 2010.

Trivedi A. Limitations of obstetric US. 22nd EUROSON Congress, European Federation of Societies for Ultrasound in Medicine and Biology and the Danish Society of Diagnostic Ultrasound, Copenhagen, Denmark, August 2010.
Celebrating and rewarding achievement

Small Grants for Health Research
Peninsula Health Small Grants for Health Research provide seeding funds for approved research projects. The grants aim to encourage staff to develop research experience and skills.
During 2010/11 we provided four Small Grants for Health Research totalling $12,000.

Sheryl Pretty
Barriers and enablers of research utilization in nursing
Worldwide, the nursing fraternity has recognised that evidence-based practice benefits both patients and clinicians in ensuring quality-based care, but that implementation of research findings into clinical practice remains poor. This is primarily due to a variety of actual and perceived barriers such as lack of authority to institute change, lack of knowledge and confidence, and time constraints.

This 20 month research project seeks to explore the perceived barriers and enablers to utilisation of research by nursing staff within Peninsula Health. It uses a multi-method approach incorporating quantitative and qualitative research activities in three parts – a randomised survey of nursing staff, focus groups with nursing staff, and action learning with small groups for development of practice.

The results of the study will be reported at each stage to identified stakeholders. Results should help to clarify how nurses at Peninsula Health value research and evidence in their work setting, and also identify the contextual factors that influence the practicalities and ability to undertake

Above: Nurses in our Elective Surgery ward at Frankston Hospital.
research and evidence-based practice in their work.

Study findings will contribute to the development of positive strategies to enhance research culture within nursing, and to support staff engaged in research. This will lead to advancement of clinical practice and patient outcomes.

Wider reporting of the results through conference presentations and publication will contribute to knowledge about research and evidence utilisation, particularly in relation to the barriers and enablers that assist or deter nurses in relation to research.

**Dr Darsim Haji**

The use of transthoracic echocardiography in the assessment and management of patients in the emergency department

Transthoracic echocardiography (TTE) and training is becoming increasingly available to emergency physicians as an assessment tool for patients who present with various undifferentiated and challenging clinical presentations.

These presentations include haemodynamically unstable patients such as patients in shock, patients with chest pain and / or shortness of breath, and surgical patients with fractured neck of femur, associated with significant morbidity and mortality.

This project aims to prospectively evaluate the role of bedside echocardiography to optimise and improve accuracy in diagnosis and consequently provide better treatment to emergency department patients.

As treatment of the above various clinical presentations is invariably time critical, real-time bedside transthoracic echocardiography can play an important role. The presence of significant cardiac pathologies influences the options of treatment required for the particular patient.

**Dr Ravi Tiruvoipati**

HIT trial: the role of hyperthermia in the treatment of critically ill patients with sepsis – a randomised controlled trial

Sepsis is one of the most common reasons for admitting patients to intensive care. The mortality of patients admitted with sepsis remains high despite improvements in intensive care practice. Patients who survive the acute illness are known to develop significant cognitive and functional impairment. Several studies on sepsis have shown that patients who could not mount a febrile response had a significantly higher mortality compared to those who developed fever. It was shown that hypothermia (low body temperature) impairs immune function. Furthermore, the evidence suggests that treating fever in sepsis with antipyretics may increase mortality and morbidity.

Animal experiments (randomised controlled trials) have shown that artificial warming (inducing fever) in the experimental model of sepsis improves survival. There are no controlled clinical trials evaluating the effects of induced hyperthermia in critically ill patients with sepsis.

Given the strong experimental and clinical evidence of impaired immunity and increased mortality with hypothermia and improved immunity and reduced mortality with hyperthermia, a randomised controlled evaluation is indicated to further define the benefits of hyperthermia in treatment of sepsis.

**Brenton West**

A pilot study into changes in sensation of the foot in people with long term statin use

Peripheral neuropathy generally presents as numbness or tingling sensations in the peripheral limbs. The more common and scientifically proven aetiologies for peripheral neuropathy include diabetes mellitus, vitamin deficiencies, Hansen's disease, Charcot Marie Tooth disease, and alcoholism. There have been a number of references within recent literature about a causal relationship of the use of statins and a positive relationship with peripheral neuropathy. The prevalence of statin-induced peripheral neuropathy is unknown due to limited investigation and different study designs.

The causal relationship between statin use and peripheral neuropathy references prompts the need for further investigation into peripheral neuropathy to ensure preventive strategies designed to maintain good foot health can be implemented.

In this study, 30 participants will be equally divided into a control and a study group. A detailed medical history will be taken for all participants and a number of tests will be performed including 10g Semmes Weinstein Monofilament at four sites on the foot and vibration perception thresholds at four sites on the foot using a neurothesiometer.
Celebrating Research 2010

Celebrating Research is a two week event that celebrates the research achievements of Peninsula Health staff. Events include research prizes for allied health, nursing, junior medical staff and students; a poster display competition at Frankston Hospital; and the Research Dinner and Jeremy Anderson Oration.

Symposia and prizes

Participants are required to submit an abstract and to give an oral presentation during Celebrating Research.

Allied Health Research Prize

First place: Cylie Williams
The Toe Walking Tool: a novel method for assessing idiopathic toe walking children

Second place: Luke Kane
Addressing a barrier to exercise participation for older adults: a review of the efficacy of a revised health and risk assessment process for the Agestrong Program

Third place: Melissa Yong
A qualitative comparison of three drug information databases in Australia

Second place: Naomi Pratt (oral presentation by research team member, Joanne Molloy)
A ten year check-up for a rapid response system – revitalizing our medical emergency team

Third place: Robin Digby
Transferring from the acute hospital to a sub acute facility: the experience of patients with dementia

Other nurses who presented were:

Kate Brown
Induction of labour – an audit of current practices

Fiona Kent
Teaching and learning practices of grade 1 physiotherapists

Dr Leonie Oldmeadow
Making a list, checking it twice: the effect of a second level screening clinic on orthopaedic outpatient waiting list priority

Rebecca Pang
Are there any differences in the outreach pharmacist’s activities and outcomes of patients referred by clinical pharmacists and the Complex Care Program?

Nursing Research Prize

First place: Debbie Distefano
Teens Empowered and Actively Managing Type 1 Diabetes (TEAM T1) program

Second place: Janet Wettenhall
Caring for families: a hidden dimension of nursing workload in an acute palliative care unit

Registrar Research Prize

First place: Dr Ramin Shayan
Lymphatics and blood vessels in irradiated skin tissue

Second place: Dr Christy Coyle
Antibiotic elution from cement: an in vitro study

Third place: Dr Mohanarajah Govindarajah
Is fresh frozen plasma necessary as an adjunct to prothrombin complex concentrate in the reversal of warfarin?

Other registrars who presented were:

Dr Belchi Chiezey
Evidence of reduced mortality with stress hyperglycaemia in critically ill patients with sepsis

Dr Jonathan Clark
The effectiveness of constrained liners in treating recurrent total hip arthroplasty dislocation

Dr Caitlin Low
An audit of radiofrequency treatment for chronic pain in Frankston Hospital, Beaurewa Hospital and Frankston Private Day Surgery

Dr Rory Maher
The dorsal cartilage of the metacarpophalangeal joint: an anatomical study
Dr Tze Ping Tan
Blinded off-line assessment of the effects of cricoid pressure with video assisted laryngoscopy in patients using a C-MAC

Dr Daniel Stanszus
Quality improvement of acute stroke in an Australian outer metropolitan hospital

Dr Nam Le (oral presentation by research team member, Dr Peter Clarke)
Obesity trends 2005 to 2010 for patients undergoing elective surgery in an Australian metropolitan hospital

Dr Sameer Kaul
Are CPAP implementation studies a dinosaur?

Dr Ailin Mohajeri
A comparative study of endovascular and open repair of elective abdominal aortic aneurysm

Dr Bhaveen Marne
Patient satisfaction post bilateral breast reduction: a comparative evaluation of Robbins vs Hall-Findlay

Dr Amir Mohtashami
Sub-anaesthetic eight hour intravenous infusions of ketamine in the management of chronic pain syndromes

Dr Austin Vo
Early computerized tomography accurately determines the presence or absence of scaphoid and other fractures

Student Research Prize
Equal First place:
Dhaksha Tharmaraj, Sachittra Fernando and Selvamani Balasubramaniam
Evaluation of patient outcomes following thrombolytic therapy for ischaemic stroke at Frankston Hospital

Chien-I (Jack) Wang
Sub-anaesthetic eight hour intravenous infusions of ketamine in the management of chronic pain syndrome

Second place: Mark Wilson and Renee Jaques
Mentoring of medical students: a cross-sectional descriptive study 2009-2010

Other students who presented were:

Charmian Eng
Community perspectives on involvement in medical education: a literature review

Adelewa Idowu
Stroke of genius or stroke of luck? Do stroke information booklets increase knowledge and personal educational value in stroke patients at The Mornington Centre?

Emily Moore
Developing an interactive, interprofessional (team meeting) DVD simulation for undergraduate physiotherapy students to aid the transition from campus based to clinical based learning

Nicolas Smoll
Epidemiology of medulloblastomas: incidence, prevalence, relative survival and cure

Adam West
Haemangiopericytoma vs. solitary fibrous tumors

Poster Competition
Best Scientific Poster – Allied Health
First place: Deidre Morgan
How do I inhabit a disintegrating body?

Second place: Luke Kane
Addressing a barrier to exercise participation for older adults: a review of the efficacy of a revised health and risk assessment process for the Agestrong Program

Best Scientific Poster – Medicine
First place: Dr Mohanarajah Govindarajah
Is fresh frozen plasma necessary as an adjunct to prothrombin complex concentrate in the reversal of warfarin?

Second place: Dr Bhaveen Marne
Patient satisfaction post bilateral breast reduction: a comparative evaluation of Robbins vs Hall-Findlay

Best Scientific Poster – Nursing
First place: Michelle McElroy and Kathryn Eldridge
Newborn falls in hospital: are we identifying and managing the risk?

Second place: Tina Dodd
The great cookie taste test

Other posters displayed were:

Susan Brown
An evaluation of a new graduate occupational therapy rotational program
Compliance with arm exercises post breast cancer surgery

Janine Claxton
The value of routine mental health screening for young adults with type 1 diabetes

Kerry Dalgleish, Jennifer Quilligan and Lee Burrell
Patient perception of the needle localisation process at Peninsula Health

Robin Digby
Call bell response time and inpatient falls: the correlation

Lisa Finamore
Effectiveness of a school readiness program: a transdisciplinary approach

Carol Gore
The experience of information provision for stroke survivors and their families

Dr Mohanarajah Govindarajah
Is fresh frozen plasma necessary as an adjunct to prothrombin complex concentrate in the reversal of warfarin?

Alison Hunt and Helena Verboon
Home is the art of rehabilitation

Associate Professor David Langton
A public hospital sleep laboratory goes open access

Dr Sunny Lee
ERCP in an outer metropolitan hospital: indications, interventions and complications

Dr Caitlin Low and Dr Murray Taverner
An audit of radiofrequency treatment for chronic pain in Frankston Hospital, Beleura Hospital and Frankston Private Day Surgery

Dr Bhaveen Marne
Complications post reduction mammoplasty: a comparative evaluation of the Robbins and Hall-Findlay techniques

Desiree McCarthy
An action plan to reduce the incidence of central line associated bloodstream infections in intensive care

Joanne Molloy
The first 12 months of the critical care liaison nurse service

Kirsten Phillips and Dr Janyantha Rupasinghe
Thrombolysis following ischaemic stroke at Frankston Hospital

Naomi Pratt
A ten year check-up for a rapid response system – revitalizing our medical emergency team

Dr Ramin Shayan
Lymphatics and blood vessels in irradiated skin tissue

Katrina Smith
The prevalence of vitamin D deficiency in a population of hospital employees during winter: a cross-sectional study

Dr Daniel Stanszus
Quality improvement of acute stroke in an Australian outer metropolitan hospital

Dr Ravindranath Tiruvoipati
A comparative study of endovascular and open repair of elective abdominal aortic aneurysm

Dr Ravindranath Tiruvoipati
Evidence of reduced mortality with stress hyperglycaemia in critically ill patients with sepsis

Dr Ravindranath Tiruvoipati
Impact of ICU admission timing in patients admitted following emergency gastrointestinal surgery

Dr Mmaselemo Tsuari
The outcome of vaginal births after primary caesarean section at Frankston Hospital

Cylie Williams
Idiopathic toe walking and sensory processing disorders: is there a link?

Research Dinner and Jeremy Anderson Oration 2010

The sixth Peninsula Health Research Dinner and Jeremy Anderson Oration was attended by senior staff and their guests at The Peninsula Country Golf Club in November 2010.

The Dinner is held to recognise the excellence and diversity of research being conducted at Peninsula Health, and also to honour the late Professor Jeremy Anderson, a former Board member, friend and mentor to many at Peninsula Health.

Professor Anderson was the former Director of the Monash Institute of Health Services Research before taking on the role of Professor of Epidemiology and Biostatistics at The University at Melbourne.

In 2010, we were honoured to have Professor Rhonda Small, Professor and Director, Mother and Child Health Research, La Trobe University deliver the Jeremy Anderson Oration. Professor Small’s oration was entitled Birth then and now – Reflections on 20 years of research about maternity care and motherhood.
Celebrating Research 2011

Celebrating Research 2011 will take place during October. The program includes the following:

**Research @ Grand Round**
Wednesday 12 October
Academic Centre
Frankston Hospital

**Peninsula Health Research Dinner and Jeremy Anderson Oration**
Friday 14 October
Peninsula Country Golf Club
Skye Road, Frankston

The Jeremy Anderson Oration will be delivered by Professor Garry Jennings AM, Director and Chief Executive Officer, Baker IDI Heart and Diabetes Institute

**Poster Display Competition**
Monday 17 October – Wednesday 26 October
Frankston Hospital

Posters on display from various Peninsula Health clinical areas

**Research Prizes**
Presentation of research projects by Peninsula Health staff

**Allied Health Research Prize and Nursing Research Prize**
Tuesday 18 October
Academic Centre
Frankston Hospital

**Registrar Research Prize**
Thursday 20 October
Academic Centre
Frankston Hospital

**Student Research Prize**
Monday 24 October
Peninsula Clinical School
Frankston Hospital

**Best of the Best Research @ Grand Round**
Wednesday 26 October
Academic Centre
Frankston Hospital

Acknowledgements
Peninsula Health acknowledges the contribution made by all staff involved in research. The Research Report 2011 highlights just a small number of the projects that have taken place in 2010/11 but recognises the many ongoing trials in departments such as Cancer Services, Diabetes, Gastroenterology, Intensive Care, Mental Health and Thoracic Medicine.
Annual publications

Peninsula Health’s Research Report 2011 highlights the achievements and contributions of staff involved in research. For a fuller picture of Peninsula Health’s activities over the past year, please see our other annual publications:
• Quality of Care Report 2011 – contains details of Peninsula Health’s progress and achievements in improving clinical care and our consumers’ experience.
For further information about Peninsula Health or to download our annual publications, please visit our website, www.peninsulahealth.org.au. For printed copies of our publications, please phone our Public Relations & Marketing team on (03) 9788 1501.

Fast facts

Each month on average Peninsula Health provided the following services…

<table>
<thead>
<tr>
<th>Service</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>babies were born</td>
<td>203</td>
</tr>
<tr>
<td>children (0-16 years) were admitted to our hospitals for treatment</td>
<td>662</td>
</tr>
<tr>
<td>children (0-16 years) were treated in our emergency departments</td>
<td>1266</td>
</tr>
<tr>
<td>patients were treated in the emergency departments</td>
<td>6,490</td>
</tr>
<tr>
<td>people were admitted for hospital treatment from our emergency departments</td>
<td>2,044</td>
</tr>
<tr>
<td>emergency surgical procedures were performed</td>
<td>408</td>
</tr>
<tr>
<td>elective surgical procedures were performed</td>
<td>513</td>
</tr>
<tr>
<td>prescription items were dispensed</td>
<td>7,921</td>
</tr>
<tr>
<td>X-rays and medical imaging procedures were performed</td>
<td>8,800</td>
</tr>
<tr>
<td>community mental health occasions of care were provided</td>
<td>8,112</td>
</tr>
<tr>
<td>community health courses of care were provided</td>
<td>5,410</td>
</tr>
<tr>
<td>inpatient rehabilitation treatments were provided</td>
<td>187</td>
</tr>
<tr>
<td>patients were admitted to the Hospital in the Home service, and an average of 802 visits were carried out</td>
<td>106</td>
</tr>
<tr>
<td>cardiac cases were treated</td>
<td>166</td>
</tr>
<tr>
<td>cancer treatments were provided</td>
<td>294</td>
</tr>
<tr>
<td>During the year a total of:</td>
<td></td>
</tr>
<tr>
<td>people presented to our emergency departments</td>
<td>77,875</td>
</tr>
<tr>
<td>patients were admitted to our hospitals</td>
<td>72,560</td>
</tr>
<tr>
<td>surgical procedures were carried out at Peninsula Health</td>
<td>15,893</td>
</tr>
<tr>
<td>community mental health occasions of care were provided</td>
<td>97,341</td>
</tr>
<tr>
<td>courses of care were provided through community health</td>
<td>128,937</td>
</tr>
<tr>
<td>allied health courses of care were provided</td>
<td>18,125</td>
</tr>
<tr>
<td>dental courses of care were provided</td>
<td>23,770</td>
</tr>
<tr>
<td>occasions of service were provided at our various diabetes clinics at Frankston Hospital</td>
<td>2,612</td>
</tr>
<tr>
<td>drug &amp; alcohol courses of car were provided</td>
<td>7,915</td>
</tr>
</tbody>
</table>

For a fuller picture of Peninsula Health’s activities over the past year, please see our other annual publications: