Bayside Health Peninsula



Research Report

From inquiry to impact

2026

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Acknowledgement

Bayside Health Peninsula acknowledges the Traditional Custodians of the lands where our health services are located. We acknowledge the Bunurong and Boon Wurrung people of the Kulin Nation. We pay our respects to Elders past, present and emerging.

The images shown throughout the *Research Report 2026* are taken from vinyl wall coverings which can be seen on different levels of Peninsula University Hospital in Frankston. The artwork was developed by design studio BATESSMART and is representative of the environment, flora and fauna from across the region, both contemporary and historical.

Front cover image: Dr Emma Bishop

Welcome to the Research Report 2026

It is my pleasure to introduce the Research Report 2026 and celebrate another remarkable year of research, innovation and collaboration.

This report captures a transformational period in our organisation's history. On 1 January 2026, Peninsula Health joined with Alfred Health, Bass Coast Health, Gippsland Southern Health Service and Kooweerup Regional Health Service to form Bayside Health. This report captures the highlights and significant achievements of those working at Bayside Health Peninsula, formerly Peninsula Health. While our organisation has evolved, our commitment to advancing healthcare through research remains stronger than ever.

The research activities featured in this report demonstrate how research and innovation have grown and flourished at Bayside Health Peninsula. Under the leadership of Professor Velandai Srikanth, Professor of Medicine, Director of Research, Bayside Health Peninsula and Director, National Centre for Healthy Ageing (NCHA), our researchers and clinicians continue to generate knowledge that is improving care and health outcomes for our communities.

We have a strong and growing clinical trials portfolio with several studies achieving exceptional national and international recruitment. This includes the world-leading recruitment to the multinational REACT SHOCK trial, and leading Australian recruitment to major anaesthesia, oncology and cardiology trials. This contribution extends to early recruitment and substantial participation in innovative trials, with trial outcomes published in leading journals including *The New England Journal of Medicine, JAMA Oncology* and *The Lancet Respiratory Medicine*.

January marked an exciting new chapter for Bayside Health Peninsula in Frankston with the opening of the clinical services tower alongside the renaming of the entire campus to Peninsula University Hospital. This pivotal development further strengthens our partnership with Monash University and creates new opportunities to advance research, clinical trials, teaching and education, ensuring our community benefits from the latest evidence and innovation in healthcare.

A major highlight was the official opening in June of the NCHA's six world-leading research simulation facilities. I was pleased to join the Federal Member for Dunkley, Jodie Belyea MP, and Professor Terry Haines from Monash University to celebrate this milestone. These facilities provide unique opportunities to test and evaluate innovations that support healthy ageing and have the potential to influence policy and practice nationally, helping Australians live healthier lives as they age. Among these facilities is the groundbreaking Smart Ward at The Mornington Centre, embedded within an operational hospital environment. Combining advanced technology, data and simulation capabilities, it provides an unparalleled platform to develop and evaluate future models of care for older Australians.

The formation of Bayside Health also creates exciting opportunities for the future of research. By bringing together leading research teams across our network, including those based at Bayside Health Alfred and Bayside Health Peninsula, we can strengthen collaboration, accelerate discovery and translate research into practice more effectively for the benefit of our local communities.

This report showcases only a fraction of the outstanding work taking place across Bayside Health Peninsula. It is also a celebration of the researchers, clinicians and staff whose expertise, curiosity and commitment are helping to improve lives today while shaping the future of healthcare.

I thank everyone who contributes to our research efforts and our valued partners who support this important work. I hope you enjoy reading this year's report.



Jana Gazarek
Chief Executive,
Bayside Health Peninsula

Message from the Director of Research

As Director of Research, I am pleased to present this year's achievements in our Research Report 2026. Since developing our Research Strategy last year, we continue to deliver on the pillars of workforce, community, innovation and sustainability.

It has been a very busy year for our staff and researchers who have managed business as usual alongside major transitions, including moving into the new hospital tower and beginning to work through the Bayside Health merger. Despite these significant changes, our researchers and clinical trial teams have worked exceptionally hard to maintain their excellent work. In the coming year, we will work to weave our research goals into the overall Bayside Health strategy. Our workforce remains the foundation of our research success. This year has highlighted the dedication, expertise and commitment of our research community.

It is with deep sadness that I share the recent passing of Dr Vicky Tobin, who worked for many years as Research Coordinator in the Department of Surgery, helping establish a highly productive research program. Vicky was a valued member of our research workforce and will be greatly missed.

We also acknowledge the retirement of Professor David Langton, whose leadership in respiratory medicine and research has left a lasting mark on Bayside Health Peninsula. David championed innovation in severe asthma care, established the Australian Bronchial Thermoplasty Register, and helped position our health service at the forefront of asthma research.

We are excited to announce the appointment of Associate Professor Kimberley Haines, who will commence in early 2027 in a conjoint position with Bayside Health Peninsula and Monash University. Her appointment will further strengthen allied health research at Bayside Health Peninsula.

With respect to systems and infrastructure, the new Peninsula University Hospital has provided a great environment for our clinical researchers and trial teams.

An exciting milestone was reached by the National Centre for Healthy Ageing (NCHA) with the completion of six unique research simulation facilities, including the NCHA Smart Ward at The Mornington Centre. These facilities will transform the way ageing-related research is translated for our community and make the NCHA the national leader in this area.

This year was also the first time our clinical trials research was assessed against the National Clinical Trials Governance Framework for health service accreditation. Thanks to the dedication of our Office for Research and clinical trial teams, we received an excellent score against the assessment maturity scale, but there is more work to do going forward.

To support meaningful community engagement, our Office for Research sought feedback from our Community Advisory Groups on this Research Report. Based on their feedback, this report includes stories of current and completed research that has improved care for our patients and the community. I hope you enjoy reading this year's report.



Professor Velandai Srikanth
Professor of Medicine,
Director of Research, Bayside Health Peninsula
and Director, National Centre for Healthy Ageing

Advancing local care through clinical trials

Clinical trials are an important part of delivering safe, evidence-informed healthcare at Bayside Health Peninsula. They offer access to new and developing treatments close to home and help improve future care.

In 2025–2026, Bayside Health Peninsula had:

96
ACTIVE CLINICAL TRIALS

15
SPECIALTY AREAS

These areas included:

- oncology
- cardiology
- respiratory medicine
- neurology
- paediatrics
- surgery
- intensive care
- allied health
- healthy ageing.

In May 2026, Bayside Health Peninsula completed its first assessment against the National Clinical Trials Governance Framework, which is evaluated alongside the National Safety and Quality Health Service accreditation process for health services conducting clinical trials. The assessment recognised the governance systems, organisational support and consumer partnership initiatives that support clinical trial delivery. At the time, more than 90 clinical trials were active, with 28 sampled for review.

The assessor visited clinical trial units and supporting services across the organisation, including pharmacy, diagnostic services, community health, allied health, intensive care and emergency medicine. They also met with investigators, research staff, trial participants and clinical trial consumer advisors. Bayside Health Peninsula was recognised as a Growing System with an overall maturity rating of 2.85, recognising strong foundations and identifying opportunities for continued improvement on the path to a 3.0 maturity rating and an Established System.

Clinical trial spotlight

The following examples highlight four clinical trials being delivered across different areas of care, demonstrating the contribution of Bayside Health Peninsula teams to national and international research.

SNaPP

Problems with breathing and lung function are among the most significant complications that can occur after surgery and anaesthesia. The international SNaPP Trial compared sugammadex and neostigmine, two medicines used to reverse the effects of muscle-relaxing medication after surgery, to determine whether sugammadex could reduce breathing-related complications.

The trial found that patients who received sugammadex had a slightly lower rate of post-operative lung complications compared with those who received neostigmine. Bayside Health Peninsula's Anaesthetic Research Team made an outstanding contribution, with Peninsula University Hospital recruiting 270 participants. This made Peninsula University Hospital the highest recruiting site in Australia and second highest globally. Published in *The Lancet Respiratory Medicine* in June 2026, the trial provides high-quality evidence on medicines commonly used in anaesthetic care and highlights Peninsula University Hospital's important role in supporting this research.

SODa-BIC

When people are critically ill, acid can build up in the blood and affect how well vital organs such as the heart and kidneys work. Sodium bicarbonate is sometimes used in intensive care to help correct this imbalance, but it has been unclear whether this improves patient outcomes. The international SODa-BIC Trial investigated whether giving sodium bicarbonate to adults in intensive care units with metabolic acidosis and shock could reduce serious kidney-related complications or death within 30 days, compared with a placebo.

The trial found that although sodium bicarbonate helped correct acid levels in the blood, it did not reduce the overall risk of death or major kidney-related complications. Published in *The New England Journal of Medicine* in June 2026, the study provides important evidence to guide the use of sodium bicarbonate in intensive care. Bayside Health Peninsula's Intensive Care Research Unit helped deliver this major international trial, contributing to research that will inform care for critically ill patients.

CLEAR SYNERGY

After a heart attack, reducing the risk of further heart problems is an important focus of care. The international CLEAR SYNERGY Trial examined whether colchicine, an anti-inflammatory medicine, could reduce further cardiovascular events in patients with acute myocardial infarction who had undergone percutaneous coronary intervention.

The trial found that colchicine did not reduce the risk of major cardiovascular events, including cardiovascular death, recurrent heart attack, stroke or unplanned repeat procedures, compared with the placebo. Bayside Health Peninsula was the lead Australian site and highest recruiting Australian site, demonstrating strong local capability in cardiovascular clinical research. Published in *The New England Journal of Medicine* in September 2025, the trial contributed important evidence to guide treatment decisions following a heart attack.

TROFUSE-11

Triple-negative breast cancer can be more difficult to treat than some other breast cancers, particularly when it has returned locally and cannot be removed with surgery or has spread to other parts of the body. TROFUSE-11 is an international phase 3 clinical trial for people with previously untreated, locally recurrent unresectable or metastatic triple-negative breast cancer. The study is comparing sacituzumab tirumotecan, an antibody-drug conjugate designed to deliver treatment directly to tumour cells, given alone or with pembrolizumab, against treatment of the physician's choice.

The trial seeks to establish whether these therapies can help patients live longer and remain cancer progression-free for longer than with standard chemotherapy. Peninsula University Hospital's Oncology Clinical Trials Unit was the first Australian site to recruit to TROFUSE-11, supporting local access to an international cancer trial and contributing to research that may help inform future treatment options.



Image: Peninsula University Hospital, Cancer Services



GOAL 1

A skilled and supported workforce

We will grow and support our workforce to be research active.

A nurse-led approach to hip fracture recovery

Sharon Allsop is passionate about many things, including her cats, hiking and spending time with family and friends.

More than 30 years of nursing experience, including leadership roles in the Intensive Care Unit and home-based community care, have led Ms Allsop to delve further into something she is really passionate about: research, particularly working with vulnerable patient populations.

"I wanted to be involved in highlighting older people with hip fracture. They're really important and I thought, what can I look at as an advanced-practice nurse to help improve outcomes?" explains Ms Allsop.

The idea stemmed from working as a clinical nurse consultant in joint replacement, where Ms Allsop was identifying gaps and opportunities for improvement and was inspired by what advanced-practice nurses could do with their skill sets.

> "It made me think, can I show how nurses make a difference, how they actually impact and improve outcomes? There was no framework for a nurse-led model of care, and we needed that for patients with a hip fracture."

Ms Allsop's PhD, *Developing a framework for a nurse-led model of care to support and empower people post hip fracture*, identified and outlined key characteristics of advanced-practice nurses that contribute to positive patient outcomes, including collaboration, coordination, discharge planning, support and follow-up.

"Our research showed improvements in length of [hospital] stay and mortality when these role characteristics of advanced-practice nurses were present," explains Ms Allsop.

Through her work with patients who had experienced hip fracture, Ms Allsop established that a nurse-led model of care had to be based on patient empowerment, and her research showed patients valued kindness, social connection and patient advocacy to support their recovery journey.

"There were some key concepts that came out of the research about how you nurture patients, involve them and empower them to be the drivers of their care and outcomes, and really focusing on what's important to them," concludes Ms Allsop.



Image: Sharon Allsop



Image: Dr Kristy Siostrom with inpatient Esther

End-of-life care for people with dementia

Improving the end-of-life care of people with dementia is the driving force behind Dr Kristy Siostrom's PhD research, which aims to help clinicians recognise deterioration earlier and deliver more timely, person-centred care.

"Dementia is one of the greatest healthcare challenges associated with an ageing population and is a leading cause of death in Australia and internationally," says Dr Siostrom, a specialist geriatrician at Bayside Health Peninsula.

> "People living with dementia are more likely to be hospitalised and experience complications such as delirium and falls during their admission."

"My interest in dementia and delirium stems from a desire to improve care for this vulnerable population," she says.

Dr Siostrom is based at The Mornington Centre, Bayside Health Peninsula's Geriatric Evaluation and Management facility. She works on the Flinders Ward, a specialised unit caring for patients with dementia and delirium who experience significant behavioural changes.

"Most people living with dementia will experience changed behaviours at some stage of their illness," explains Dr Siostrom. "These changes, known as behavioural and psychological symptoms of dementia, can include wandering, anxiety, agitation and verbal or physical aggression."

Through her work on the Flinders Ward and discussions with colleagues across Australia, Dr Siostrom observed what appears to be a small group of people with dementia whose behaviours escalate dramatically as they approach the end of life.

"These individuals often develop severe agitation and aggression and may tolerate unusually high doses of antipsychotic and sedative medications," she says.

"There is currently very little research to determine whether this pattern truly represents a distinct end-of-life trajectory in dementia. As a result, it can be difficult for clinicians to recognise when patients are entering this phase and to provide the most appropriate care."

Dr Siostrom believes earlier identification could enable clinicians to focus on comfort, quality of life and support for patients, families and healthcare staff. When she found there was insufficient evidence to answer this clinical question, she decided to pursue a PhD and investigate the issue herself.

"My PhD aims to determine whether this subgroup of patients exists, identify ways to recognise them earlier, and establish how best to manage their care to ensure comfort and dignity at the end of life," she says.

Beyond its potential impact on patient care, the research is also helping Dr Siostrom strengthen her research capabilities and translate clinical observations into evidence that can inform practice.

"I hope this will enable me to contribute more effectively to improving dementia care, supporting future research, and mentoring trainees in geriatric medicine as they undertake their own research projects."

Dr Siostrom commenced her PhD in February and is completing it part-time alongside her clinical role as a geriatrician.

Exploring sensory strategies in persistent pain

Not many people would claim to 'love' pain. But for occupational therapist (OT) and PhD candidate Nikki Goatley, it's become a passion.

"I love the education part of it," explains Ms Goatley. "I love teaching people about pain. I love understanding it. I love the complexity."

Ms Goatley's PhD, *Exploring sensory-based strategies in persistent pain*, was sparked by a trend that she was noticing in patients presenting to the Persistent Pain Clinic at Bayside Health Peninsula.



Image: Nikki Goatley

"We often have people who explain things that they notice in their world that might have changed since they started experiencing pain," says Ms Goatley.

> "People might say that they're more sensitive to light or more sensitive to touch, more sensitive to sound than they used to be. I thought, maybe there's something in this."

Ms Goatley's research into existing literature on the topic found that most papers focused on why people experiencing pain are more sensitive, and how it can be targeted from a biomedical perspective, but did not address sensory activity from a biopsychosocial perspective.

However, being aware of how OTs work with sensory-based approaches in paediatrics and mental health, Ms Goatley wondered whether this was relevant for pain as well.

"As OTs, how can we help people adapt what they're doing or adapt their environment or slowly build their tolerance to be able to do these things again?" asks Ms Goatley.

Ms Goatley's research will be made up of several studies, including looking at pain outcomes for clients in the Persistent Pain Management Service at Bayside Health Peninsula, as well as surveying OTs in the community and interviewing people with persistent pain who have had some exposure to sensory-based strategies through their clinician.

"I'm hoping that this leads to more awareness that clinicians in this space can do this work," explains Ms Goatley.

"We need some kind of guidelines or training in sensory-based strategies for therapists to understand how sensory theory can be applied to people with persistent pain, and some evidence behind us."



Studying burnout to better support allied health clinicians

Improving the wellbeing of allied health workers is more than a research interest for physiotherapist Dr Katie Palmer – it is an area of utmost importance, shaped by her own experiences on the frontline of patient care.

"I've experienced burnout during my career," explains Dr Palmer, who is now Deputy Head of Physiotherapy at Bayside Health Peninsula.

"I was a senior clinician on acute COVID wards during the 2021 Delta wave of the COVID-19 pandemic. I experienced a level of burnout I'd never experienced before, and it still influences how I work with my team and my patients today."

Dr Palmer isn't alone in her experience of burnout. In fact, the 2025 People Matter Survey, an independent opinion survey conducted by the Victorian Public Sector Commission, showed that allied health clinicians at Bayside Health Peninsula were experiencing high levels of burnout.

"Our Director of Allied Health, Kirsten Caspers, wanted to better understand what was driving that burnout," Dr Palmer explains.

"Rather than jumping straight to solutions, we felt it was important to properly understand the problem first. When we started looking at the evidence, we found there was actually a significant gap in the research around the experience of burnout among allied health clinicians working in hospital-based settings."

Together with co-investigators Dr David Snowdon, Sally Harrowfield, Dr Laura Jolliffe and Dr Tracy Henderson, Dr Palmer is conducting a research project exploring burnout among allied health clinicians, with the goal of developing evidence-based strategies to better support staff and strengthen workforce wellbeing.

Through a series of in-depth interviews, researchers are seeking to understand not only the factors that contribute to burnout but also the supports that may help prevent or reduce its impact.

The research is currently nearing the end of its data-collection phase, with more than 20 interviews completed across a broad range of allied health professions, including physiotherapy, occupational therapy, social work, speech pathology, podiatry and orthotics. Participants represent a variety of career stages and clinical settings, helping to build a comprehensive picture of burnout across the allied health workforce.

While formal analysis is yet to begin, Dr Palmer says one thing has already stood out. "The participants have been incredibly generous and vulnerable in sharing their experiences," she says.

> "Burnout can be a very difficult topic to talk about, so the level of trust that people have placed in us has been remarkable."

"Their willingness to share their stories is going to provide really rich information that can help us create meaningful change."

Protecting participant confidentiality has been a key priority throughout the project. Results will be presented across allied health as a whole, rather than by profession, to ensure individuals and smaller professional groups remain anonymous.

The research team is also conducting a systematic review of the literature on burnout among allied health professionals and expects to identify a significant gap in the published evidence on this topic.

Dr Palmer believes the research has the potential to lead to both immediate and longer-term improvements for allied health professionals.

"One of the questions we ask participants is what helped, or what could have helped, when they were experiencing burnout," she says.

"It's already clear there are some practical strategies and supports that have worked well for individuals but may not be available or known across the organisation. Those are some of the opportunities we can potentially act on quite quickly."

She also expects the findings to help inform broader workforce wellbeing strategies over time.

"There will always be pressures associated with working in a caring profession, but the interviews are making it clear that there are many things we can do to better support our clinicians."

The importance of that support extends beyond staff wellbeing.

"If clinicians are burnt out, it can affect retention, job satisfaction and even whether people remain in the profession," Dr Palmer explains.

"We want people to enjoy coming to work, feel safe at work and have the capacity to continue learning, growing and delivering the best possible care."

Ultimately, she says, healthier clinicians contribute to better patient outcomes.

"So much of allied health is about creativity, problem-solving and finding solutions for complex patient needs," says Dr Palmer.

> "When people are supported and thriving, they're better able to provide high-quality care."

"That takes energy and mental space. When people are supported and thriving, they're better able to provide high-quality care."

With interviews expected to conclude shortly, the team hopes to complete the analysis and produce a final report by the end of the year. The findings will be shared internally and externally through conference presentations and academic publication.



Image: Dr Katie Palmer

Research Revisited

Cultivating compassion in mental healthcare

Compassion is often expected in mental healthcare, but busy and complex services can make it difficult to provide consistently.

Dr Cameron Marshman – Mental Health Nurse at Bayside Health Peninsula and Senior Lecturer at Monash University – designed a PhD project, *Cultivating compassion in mental healthcare,* to look beyond individual kindness to explore how compassion is understood by mental health staff and what health services can do to support compassionate care in everyday practice.

WHAT WAS THE ISSUE?

Compassion is a very important part of mental healthcare. But people do not always describe compassion in the same way. This research wanted to better understand what compassion means to mental health staff and how it can be supported in everyday care.

WHAT DID OUR RESEARCH DO?

The research team asked mental health workers from Bayside Health Peninsula to share their experiences of compassion. This included people working in lived experience, nursing, allied health, psychiatry, management and leadership roles. Staff took part in interviews, creative art workshops and a co-design workshop.

WHAT DID WE LEARN?

The research found that compassion is more than being kind. Staff described compassion as something people feel, show and build through relationships. Compassion helps staff create care that feels safe, respectful and connected.

WHAT DOES THIS MEAN FOR PATIENTS AND THE COMMUNITY?

When staff are supported to understand and practise compassion, patients are more likely to experience care that feels human, safe and respectful. The findings can help guide future staff training, leadership and improvements in mental health care.



Image: Dr Cameron Marshman

For mental healthcare workers, compassion is often described as fundamental to good care. Yet in busy and complex systems, it is not always easy to define, sustain or embed. Dr Marshman's study set out to better understand how compassion is experienced by those working across Bayside Health Peninsula's mental health services.

The project used appreciative inquiry, which is a strengths-based research approach that focuses on what is already working well and how this can be built upon. Seventeen participants were recruited from across the mental healthcare workforce, including lived experience roles, nurses, allied health professionals, psychiatrists, managers and leaders.

Together, they took part in interviews, body mapping workshops, and a final co-design workshop. Body mapping was a central and innovative part of the study. Participants created life-sized visual self-portraits using art, symbols and reflection to explore their own experiences and understandings of compassion. The process allowed people to express ideas that may be difficult to capture through words alone. It also highlighted the importance of psychological safety, the physical environment and co-facilitation with an art therapist when using creative methods in mental health research.

The findings showed that compassion in mental healthcare is multidimensional and continually evolving. Participants understood compassion as a whole-body, felt experience – something that enables mental healthcare workers to create spaces for connection, trust and healing with clients. The work also raised important questions about the relationship between nature, compassion and wellbeing.

Since being published in the *Journal of Clinical Nursing,* the project has already been shared widely through conferences, invited presentations, workshops and a public exhibition of body maps. By reframing compassion as both relational and embodied, this research offers practical insights for education, leadership and clinical practice. This helps Bayside Health Peninsula consider how compassion can be cultivated not only by individuals, but across mental healthcare systems.

GOAL 2

Consumer and community involvement

We will actively partner with consumers to co-design and deliver research programs important to our community.

When consumers don't feel heard: Improving systems for consumer escalation of acute deterioration

James Bonnamy knows how important it is to listen when a patient or their loved one expresses concerns about deterioration.

As a Patient Services Manager and one of the people responsible for responding to Care Calls – a formalised, independent pathway for people to escalate their concerns when they feel they're not being heard – Mr Bonnamy is at the forefront of responding to deterioration.

However, despite the introduction of these response systems in Victoria several years ago, Mr Bonnamy was consistently hearing news stories from across the state of families whose concerns were still ignored, with tragic outcomes.

"I kept thinking to myself: I don't understand. We've got this system that was supposed to fix this problem," explains Mr Bonnamy.

He became interested in the gap between what is institutionally sanctioned and what the reality is for people who have tried to raise concerns and felt unheard, or were unaware of the pathways available to help them escalate their concerns.

"That really piqued my interest, and I thought I really want to find out why that might be the case, why we might have a discrepancy between what's said and what's actually experienced," adds Mr Bonnamy.

Mr Bonnamy is approaching his project using institutional ethnography, which is a research approach born in Canada that he describes as not widely used in healthcare research in Australia.

Institutional ethnography encourages the researcher to look for the hidden influences or controls over work processes undertaken by healthcare professionals and health services, such as the policies, protocols, standards, frameworks and social norms. In some cases, people will be aware of these higher-level influences on their everyday work, but not always.

"The healthcare professional at the bedside who is taking the Care Call, for example, might not realise that they are carrying out a work process that is influenced by institutional factors well outside of their local work context," explains Mr Bonnamy.

CARE CALL ESCALATION PROCESS

1. Speak to a nurse

If you are still worried

2. Request to speak to the nurse in charge

If you are still worried

3. Call 1800 PHCARE (1800 742 273) at any time and ask to make a Care Call



Image: L-R Associate Professor Cathleen Aspinall, James Bonnamy and Associate Professor Pauline D'Astoli OAM

"They might not realise that it's not working in the best interests of the patients who we're caring for, but they're carrying it out to the letter, and we assume that we're doing the best for the patient – but that might not be the case."

Mr Bonnamy has begun his project by speaking with consumers who have made a Care Call, discussing not just their concerns about deterioration, but what the influencing factors were in making the call, how the call itself progressed and what the outcome was.

The next step will be interviewing the healthcare professionals, from the switchboard operators who take the calls initially, to the Patient Services Managers, the Nurse Unit Managers, the Midwifery Unit Managers, and the committee members who review the Care Call data. There will also be a review of current policies and procedures.

Mr Bonnamy acknowledges Bayside Health Peninsula as an organisation that has opened its doors to being involved in this research, and that has openly and honestly shared with him in his research.

> "Bayside Health Peninsula has had the Care Call system in place for many years, and it has been through several iterations. It certainly stands out as one of the more organised and consumer-informed systems."

"But there is always room for improvement. And my ultimate goal is to support the organisation to identify those improvements," says Mr Bonnamy.

By December 2027, Mr Bonnamy aims to present a report with recommendations to improve the system, so that consumers are receiving appropriate care, and that their deterioration is recognised and acted on appropriately.

Ultimately, he hopes that his findings will inform the next iteration of the National Safety and Quality Health Service standards for recognising and responding to acute deterioration.

While it is Mr Bonnamy's PhD project, he stresses that it cannot be completed in isolation, and he is grateful for all the support from Bayside Health Peninsula staff, and for access to data and documentation that will help inform his research.

"I'm very grateful to lots of people who have given their time – the consumers, healthcare professionals, and executive who openly and honestly share with me about their experience," says Mr Bonnamy.

"Everyone just wants the system to be the best it can be."



Image: Dr Emily Mann

Sharing data matters:
Community voices shaping research

The National Centre for Healthy Ageing (NCHA) Data Platform was built on a simple belief: the health data used for research is contributed by the community, so the community should have a say in how it is used.

The Data Platform generates research-grade data from electronic health records (EHRs) to support research, evidence-based solutions and learning for high-priority areas of health that are related to ageing.

Consumer involvement has been embedded into the Data Platform from the beginning.

"When we were setting up the Data Platform, we were very keen to involve local consumers," explains Dr Emily Mann, Research Manager of the NCHA Data Platform.

"The data that's used for research from Bayside Health Peninsula is contributed by local people, so we wanted to know what they thought would be an acceptable use of that data."

To understand community perspectives, the NCHA engaged consumer representatives from Bayside Health Peninsula Community Advisory Groups, along with members of local organisations including Rotary.

Workshops were held to explore attitudes towards using EHR data for research and to understand what consumers expected from a trusted data platform.

Those discussions later informed the publication, *Sharing data matters: Exploring the attitudes of older consumers on an emerging healthy ageing data platform using electronic health records for research*, which found that trust, transparency and communication were central to community support for health data research.

Participants recognised the potential benefits of research but wanted reassurance that data would be used responsibly and for the public good.

The findings helped shape the consumer review process that is now a key feature of the NCHA Data Platform.

Today, researchers seeking access to research data through the platform are asked to complete an expression of interest outlining their proposed project, including its purpose, expected community benefits and plans for sharing findings. Importantly, researchers must explain their study in plain language rather than technical or academic terms.

"The project summary is then anonymised and distributed to consumer representatives for review," explains Dr Mann.

"They assess whether the project appears beneficial to the community, identify any concerns and can ask questions directly to researchers if clarification is needed."

Consumer feedback ensures community perspectives are considered at the earliest stage of the approval process. For Dr Mann, consumer involvement is about more than governance.

> "It allows consumers to have input into how their data is used and provide feedback on projects that are important to them and the community they live in."

"It highlights the importance of having consumers involved in their own data. It might not be their individual data, but collectively it's community data, and they're part of that community," she says.

Consumer advisor Dawn Clavin says the opportunity to contribute a broader community perspective is one of the most rewarding aspects of the role.

"Consumer engagement in assessing applications for use of the NCHA Data Platform is useful as we can give opinions that I hope represent those of ordinary people who are part of the wider community, as opposed to those who are very much involved in the provision of healthcare," says Ms Clavin.

"For me, I feel it's something useful I can do for others and hope I can bring some wisdom to the process. And along the way I have felt appreciated and valued by the team."

Although consumer reviewers have rarely requested significant changes to individual projects, their influence has been substantial. The original workshops helped establish the framework for assessing research requests and reinforced the importance of maintaining an ongoing dialogue with the community.

The *Sharing data matters* study also highlighted that consumers want more than strong privacy protections. They want to understand how their data is being used, what research is being conducted and how the findings might improve healthcare in the future.

Building trust requires meaningful partnerships between researchers, healthcare providers and the communities they serve.

Looking ahead, the NCHA Data Platform aims to expand opportunities for consumer involvement, including recruiting more reviewers and exploring ways for community representatives to contribute to advisory and governance activities.

"It's easy to get caught up in research and look at it through the lens of a researcher or clinician," adds Dr Mann.

"It's really important that the public and consumers have input into how data is used, and then hear about the results and how that research could improve care for themselves and the community around them."

By placing community voices at the heart of data-driven research, the NCHA Data Platform is helping to build trust, transparency and better health outcomes for the future.



Image: Dr Emily Mann with consumer advisor Dawn Clavin

Research Revisited

Understanding digital health literacy in older hospital patients

As healthcare becomes increasingly digital, it is important to understand whether older patients can access and use online health information with confidence.

Dr Beatriz Martins, specialist geriatrician at Bayside Health Peninsula, and Dr Matthew Pappas, former geriatric advanced trainee at Bayside Health Peninsula, led the project *Describing the digital health literacy of older patients in an Australian Geriatric Evaluation and Management inpatient population* to explore digital device use, online health information, and digital health literacy among older inpatients at The Mornington Centre.

WHAT WAS THE ISSUE?

Healthcare is using more digital tools, like telehealth, websites, text messages and emails. Some older patients may not have a digital device or may not feel confident using the internet to access health information.

WHAT DID OUR RESEARCH DO?

The research team asked older patients at The Mornington Centre about how they use digital devices, telehealth and the internet. Patients also answered questions about how confident they felt finding and using health information online.

WHAT DID WE LEARN?

Some patients felt comfortable finding health information online. Others were less confident knowing if the information was reliable, or using it to make health decisions. Some patients did not have a digital device at home.

WHAT DOES THIS MEAN FOR PATIENTS AND THE COMMUNITY?

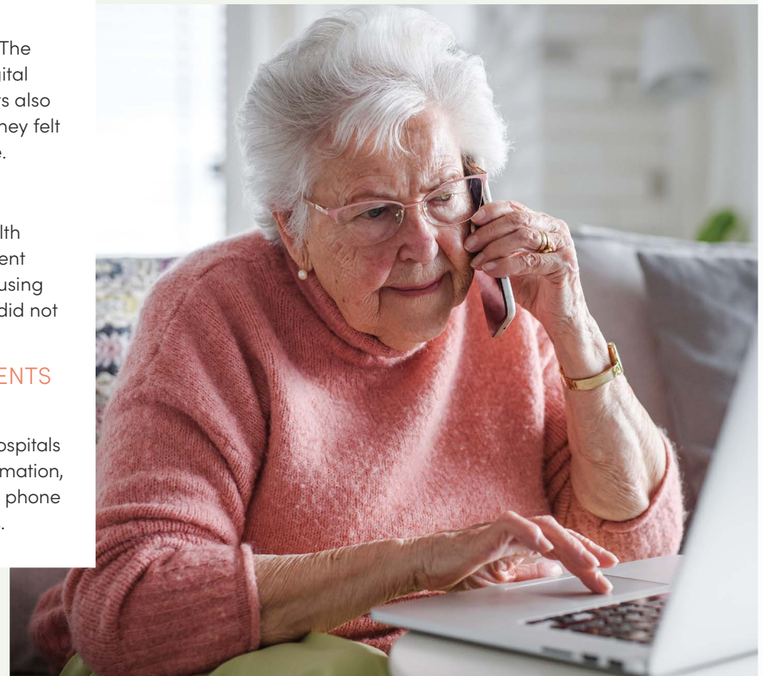
Digital health may not work for everyone. Hospitals should think about other ways to share information, such as providing printed materials, making phone calls or providing support to use digital tools.

Dr Martins, Dr Pappas and the research team completed a single-site, cross-sectional study to describe digital health literacy among older inpatients in two Geriatric Evaluation and Management wards at The Mornington Centre. The study recruited 44 patients aged 65 years and older between September 2023 and January 2024. Participants completed a questionnaire about their use of technology and preferences, as well as the eHealth Literacy Scale, known as eHEALS.

The study found wide variation in digital access and confidence. Seven of the 44 participants reported having no electronic information devices at home. While most participants agreed that they knew how and where to find helpful health resources on the internet, fewer felt confident using online information to make health decisions or judging whether online health information was high or low quality.

The findings also showed that participants with tertiary education achieved higher digital health literacy scores than those with primary or secondary education. Participants who preferred digital appointment notifications likewise achieved higher digital health literacy scores than those who preferred non-digital methods, such as letters, phone calls or in-person communication.

The findings highlight that older patients have different levels of access, confidence and support when accessing digital health information. As hospitals continue to introduce patient-facing digital tools, this research points to the importance of considering whether patients have access to a device, feel confident judging online information, and prefer digital or non-digital ways of receiving health information. This work has been presented at the 2025 ANZ Society for Geriatric Medicine Conference and published in the *Australasian Journal on Ageing*.





GOAL 3

Innovation and collaboration

We will foster a culture of innovation and collaboration, strengthening research quality through strategic partnerships.



Image: Dr Emma Bishop

A doctor, a question and a breakthrough:

Dr Emma Bishop's mission to improve outcomes for patients with *C. difficile*

Dr Emma Bishop's interest in *Clostridioides difficile infection* began in April 2013, on her very first day as an infectious diseases specialist at Bayside Health Peninsula.

"I saw a 32-year-old woman with very, very severe *C. difficile infection*. She was so sick that she was due to have a colectomy the next morning to try and save her life," Emma explains, "That patient said to me, 'Can you help me?'"

C. difficile is a bacterium that causes severe colon inflammation and diarrhoea. Dr Bishop found a report that day of four cases in Europe where patients had their colons saved with a novel type of combination antimicrobial treatment (intravenous tigecycline and metronidazole with oral vancomycin: 'triple therapy'), and successfully treated her first patient this way. That was the beginning of Dr Bishop's journey researching *C. difficile*.

In 2018, Dr Bishop – working alongside colleague Professor Ravindranath Tiruvoipat – published outcomes from 13 patients who received this combination therapy at Bayside Health Peninsula between 2013 and 2016, including four patients from the Intensive Care Unit.

This led to a re-writing of the hospital protocol and the publishing of a very well-received paper that was one of four in the world in a 2020 meta-analysis, leading to an update in the 2021 European guidelines for managing severe/fulminant *C. difficile*.

Dr Bishop and Professor Tiruvoipati's new paper regarding outcomes of intensive care patients with this regimen from 2018–2022 has just been published.

Like many infectious disease physicians, Dr Bishop's career was overtaken by the COVID pandemic, and her work on *C. difficile* was paused until 2021. When she and Professor Tiruvoipati recommenced their work together, they reviewed *Clostridioides difficile infection (CDI)* management guidelines across America, Europe and Australia. Their review article published in the *Journal of Antimicrobial Chemotherapy* in 2022, earned them an award from the British Society of Antimicrobials.

In 2023, under Professor Tiruvoipati's guidance, Dr Bishop commenced a retrospective study of clinical outcomes of patients with *CDI* at Bayside Health Peninsula from 2018–2022.

This study has now expanded to include 500 episodes at Barwon Health and led to the opportunity for Dr Bishop to commence a hybrid clinical/laboratory PhD working with Professor Dena Lyras, the director of the Monash Biomedicine Discovery Institute, Professor Tiruvoipati and Professor Eugene Athan, the head of the Australasian *CDI* management committee.

Importantly, Dr Bishop's review of the five-year cohort of the outcomes of 642 cases at Bayside Health Peninsula led to funding for a faecal microbiota and fidaxomicin treatment program, which commenced in 2025 with executive support.

Translating the work of Professor Lyras and her team, who had discovered that *CDI* in mice damages the nervous system of the bowel, Dr Bishop and Professor Tiruvoipati found that in 20 per cent of patients, the disease in humans didn't start with diarrhoea, as previously thought. *C. difficile* may actually start with features of small bowel and large bowel dysmotility, presenting with symptoms such as vomiting, abdominal distension, severe constipation, delirium and high fevers.

> "When we analysed the data, we found that patients with what we have now defined as an atypical presentation faced a significantly higher risk of mortality, both at 30 days and at 90 days."

"This was a completely new concept, with only a couple of case reports worldwide describing the phenomenon," Dr Bishop explains. These findings, published in *Clinical Infectious Diseases*, led Professor Lyras, Dr Bishop and their collaborators to secure $1.5 million in NHMRC funding to undertake a prospective clinical study aimed at further investigating this important clinical observation.

The prospective study, *Investigating gut dysmotility induced by Clostridioides difficile infection,* has commenced at both Bayside Health Peninsula and Barwon Health. Two hundred patients will be enrolled and interviewed at the very onset of their illness.

Participants will undergo comprehensive tests, including baseline and follow-up abdominal X-rays, analysis of blood and faecal samples, and careful follow-up until 14 weeks post-illness to assess the persistence of gut dysmotility. Faecal samples will be analysed at the Monash Biomedicine Discovery Institute by Dr Bishop with



Image: Dr Emma Bishop and Professor Ravindranath Tiruvoipati

Dr Steven Mileto and Dr Jack Waters, post-graduate researchers working with Professor Lyras, who is the Coordinating Principal Investigator for this study.

Professor Lyras has investigated *C. difficile* disease for more than 30 years, looking at the biological aspects and how the disease impacts mice.

The study will also aim to discover if there are different or virulent strains of *C. difficile* in the two hospitals and whether the antibiotic regimens currently being used are still effective to new strains. Professor Tiruvoipati is thrilled to be continuing his work with Dr Bishop as an Associate Investigator for the Peninsula site.

"Overall, this would be beneficial for patients who come to the hospital, not just in this hospital, but across the world because this is a very common disease," says Professor Tiruvoipati.

Dr Bishop hopes the findings of this study will influence new guidelines – particularly regarding atypical presentations and with respect to severity staging of *CDI*, where the impact of the small bowel and delirium have been underestimated. Ultimately, her aim is for all patients with the disease to have access to effective treatments within their budget, no matter which hospital they're admitted to.

With all of her early research on *Staphylococcus aureus infection*, including in the lab as part of her microbiology training, Dr Bishop was as surprised as anyone that her career has ended up focusing on a completely different disease.

Optimising life-support technology to improve outcomes for critically ill patients

When patients are admitted to the Intensive Care Unit (ICU), they are often among the sickest in the hospital, critically unwell, unstable and sometimes experiencing multiple organ failure.

In these situations, advanced life-support technologies play a vital role in stabilising patients and supporting their recovery. At Peninsula University Hospital, clinicians are working at the forefront of advanced life-support innovations.

Professor Ravindranath Tiruvoipati, Director of intensive care research and specialist intensivist at Bayside Health Peninsula, has been leading a novel study into one of the newest life-support devices available in Australia.

The PrisMax $ECCO_2R$ system, approved by the Therapeutic Goods Administration five years ago, can support kidney function, lung function or both simultaneously. This is particularly useful in patients with multiple organ failure.

> Peninsula University Hospital was the first centre in the southern hemisphere to adopt the technology.

Although the device is now being used more widely across Australia and internationally, very little is known about how to optimise device performance.

This gap in knowledge prompted Professor Tiruvoipati and his team to launch the first study examining real-world clinical experiences with the technology.

"Nobody has really studied this in detail before," he explains. "The equipment is new, the data is complex, and understanding exactly how to get the best performance from these circuits is a challenge."

The research focuses on how effectively the device functions for patients with very severe respiratory and renal failure receiving Continuous Renal Replacement Therapy (CRRT), standalone Extracorporeal CO_2 Removal ($ECCO_2R$), and combined CRRT–$ECCO_2R$ therapy.

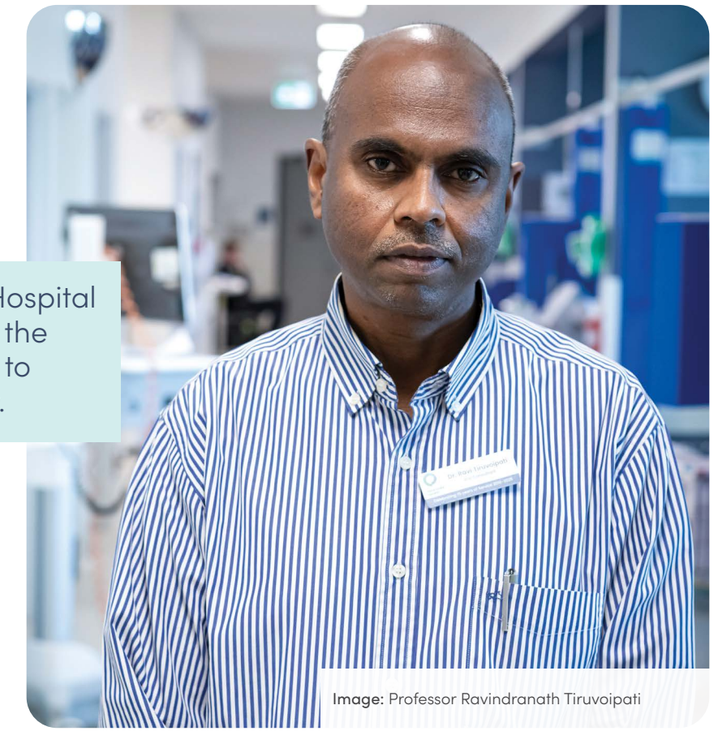


Image: Professor Ravindranath Tiruvoipati

These treatments are complex and involve circulating blood outside the body through a specialised circuit, where it is purified before being returned to the patient. Each circuit is designed to last up to 72 hours, but in practice, unexpected clotting can cause sudden failure, sometimes within minutes.

When a circuit fails, therapy must be paused while staff replace the circuit, reconnect the patient to the device with the new circuit and restart treatment. In a busy ICU, this process can take several hours and could impact patients' recovery. For critically ill patients, uninterrupted therapy is essential to optimise patient outcomes.

"The longer the therapy can continue without interruption, the better it is for the patient," Professor Tiruvoipati says. "Every time a circuit fails, there is a delay in delivering the treatment the patient needs."

The study aims to identify the factors that contribute to circuit failure and determine how clinicians can prevent these interruptions.

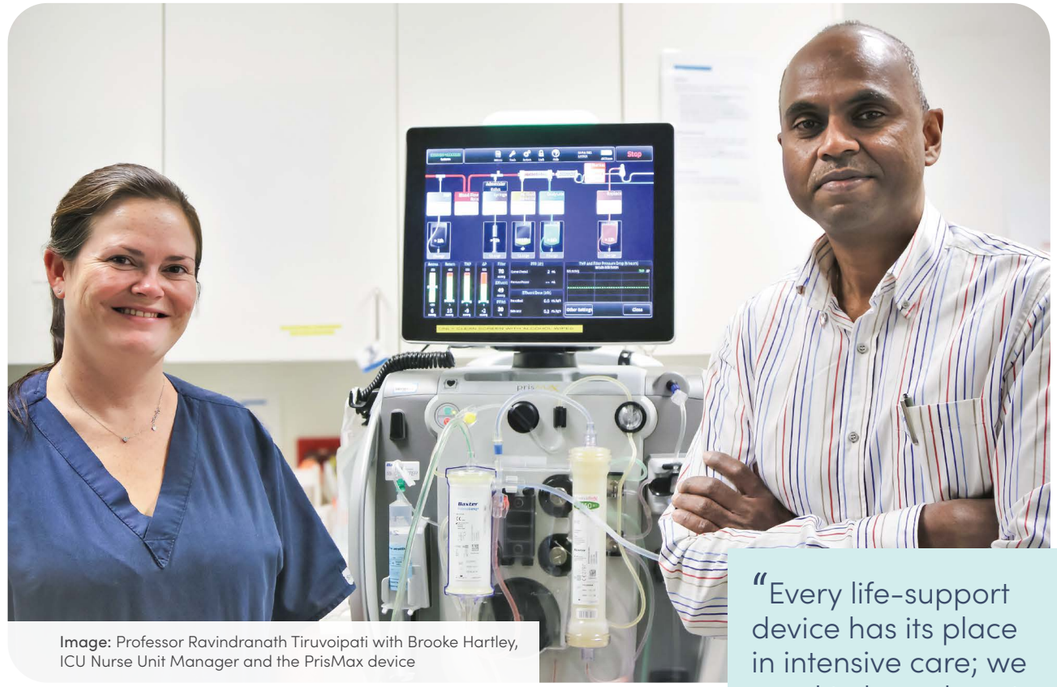


Image: Professor Ravindranath Tiruvoipati with Brooke Hartley, ICU Nurse Unit Manager and the PrisMax device

The PrisMax device automatically records an extraordinary amount of information, including multiple data points every minute throughout treatment. This creates a rich dataset, but one that is highly complex.

Peninsula University Hospital has partnered with one of the few experts globally capable of interpreting this specialised data and translating it into meaningful clinical insights.

The potential benefits of this research are substantial. Improving circuit performance could help patients receive more consistent therapy, reduce interruptions in care, decrease staff workload, and deliver significant savings to the healthcare system. While a standard kidney support circuit costs several hundred dollars, specialised lung or combined lung–kidney circuits can cost up to $3000 each.

Even modest extensions in circuit life could therefore deliver significant value to the healthcare system.

For ICU nurses, who play a central role in setting up, managing and monitoring the equipment, more reliable circuits would also mean fewer interruptions and less time troubleshooting alarms or replacing failed systems. This would allow staff to focus more on direct patient care.

Most importantly, the research has the potential to improve outcomes for seriously unwell patients. Professor Tiruvoipati recalls several cases that demonstrate the life-changing impact of the technology.

One patient with severe chronic obstructive pulmonary disease was struggling to breathe despite intensive treatment. Patients in this situation often require prolonged ventilation and may need a tracheostomy to assist in weaning from the ventilator. After commencing therapy with the $ECCO_2R$ device, her condition improved rapidly.

She was removed from the ventilator within 72 hours, weaned from the device shortly afterwards and discharged from intensive care far sooner than expected.

> "Every life-support device has its place in intensive care; we need to know how to best use them so we can provide the best care to help patients."

In another case, a patient with life-threatening pneumonia was considered not suitable for transfer to an ECMO (extracorporeal membrane oxygenation) centre, leaving no conventional treatment options.

After being placed on the $ECCO_2R$ device at Peninsula University Hospital, the patient made a complete recovery over several weeks. These stories highlight why the research is so important.

The study is now expanding across additional hospitals in Australia, Singapore and Hong Kong. This collaboration will help build what may become the most comprehensive dataset of its kind anywhere in the world, which will be an invaluable resource for clinicians seeking to improve life-support therapies.

Research Revisited

Five-year follow-up of biological treatment for severe asthma

Severe asthma can have a major impact on daily life, and some patients need specialist treatments when standard medicines are not enough.

Professor David Langton, former Director of the Department of Thoracic and Sleep Medicine at Bayside Health Peninsula, led the project *Five-year follow-up of biological treatment for severe asthma* to understand whether the benefits of biological treatments for severe asthma were maintained over five years in a real-world clinic setting.

Biological therapies, including mepolizumab and benralizumab, have changed the way severe eosinophilic asthma can be treated.

WHAT WAS THE ISSUE?

Some people with severe asthma need regular injection medicines to help control their asthma. These medicines can work well in the first year, but less is known about how people are going after several years of treatment.

WHAT DID OUR RESEARCH DO?

The research team looked at health information from patients treated for severe asthma at Bayside Health Peninsula's Severe Asthma Clinic. Patients had started these injection medicines between 2017 and 2019 and were followed up five years later.

WHAT DID WE LEARN?

Most patients followed up at five years were still using their injection medicines. Patients who continued treatment had better asthma control, fewer flare-ups and better lung function than when they started treatment.

WHAT DOES THIS MEAN FOR PATIENTS AND THE COMMUNITY?

For people with severe asthma, these injection medicines may continue to help over several years. Regular follow-up is important so doctors can check how patients are going and whether treatment is still helping.



Image: Professor David Langton OAM

These medicines target interleukin-5 (IL-5), which is involved in the inflammation seen in this type of asthma. While previous studies have shown benefits after 12 months, there has been limited real-world information about the patients' asthma after several years of treatment.

Professor Langton and the research team examined five-year outcomes for patients treated through Bayside Health Peninsula's Severe Asthma Clinic. The study included 112 patients who commenced mepolizumab or benralizumab between January 2017 and December 2019. At five years, all 104 surviving patients were followed up and re-evaluated.

At five years, 94 per cent of patients (n = 98) remained on biological therapy. Those who continued treatment showed sustained improvements in asthma control, lung function and exacerbation rates. Asthma control questionnaire scores improved from baseline to 12 months and continued to improve at five years. Similarly, exacerbation rates declined from baseline to 12 months and decreased further at five years. Importantly, these improvements occurred alongside a reduction in corticosteroid use. Inhaled corticosteroid use decreased from baseline to five years, and fewer patients required maintenance oral corticosteroids for asthma over time.

The project also highlighted the value of long-term follow-up. By five years, six patients had discontinued biological therapy, and these individuals experienced poorer asthma control and more frequent exacerbations compared with those who continued treatment. After being contacted for follow-up, three of these patients agreed to restart biological therapy.

This work adds important real-world evidence on the longer-term use of biological treatments for severe asthma. In this cohort, the benefits of treatment were not only sustained but continued to improve beyond the first year.

Research Revisited

Using the Ten Test to assess hand trauma

Hand injuries can affect sensation, movement and everyday function. Before surgery, it can be difficult to tell whether a nerve is not injured, partly injured or completely cut.

Professor David Hunter-Smith, former Reconstructive Plastic Surgeon at Bayside Health Peninsula and Professor of Surgery at Monash University, led the project *Correlation of the Ten Test with intraoperative findings in acute hand trauma,* to examine whether a simple bedside test could help assess finger nerve injury before surgery.

WHAT WAS THE ISSUE?

Hand injuries can sometimes damage nerves. Before surgery, it can be hard to determine the severity of the nerve injury.

WHAT DID OUR RESEARCH DO?

The research team looked at medical records from patients treated for hand trauma. The study compared Ten Test scores, which measure changes in feeling, with what surgeons found during surgery.

WHAT DID WE LEARN?

Lower Ten Test scores were linked with more serious nerve injuries found during surgery. This means the Ten Test matched well with the surgical findings.

WHAT DOES THIS MEAN FOR PATIENTS AND THE COMMUNITY?

The Ten Test may help doctors assess hand injuries before surgery. It may also support decisions about surgical planning for hand trauma.

The Ten Test is a simple sensory assessment used in hand trauma. A patient compares light touch on the injured hand with touch on an area of normal sensation, usually the other hand. Sensation is then scored from 0 to 10, where lower scores indicate greater sensory loss and 10 indicates normal sensation.

Professor Hunter-Smith and the research team investigated whether Ten Test scores correlated with intraoperative findings in acute hand trauma.

The project focused on patients treated at Bayside Health Peninsula for hand trauma between January 2022 and January 2024. The project used information already recorded in patients' medical records, with no changes to standard care.

The study aimed to assess the reliability, sensitivity and specificity of the Ten Test in distinguishing between no, partial or complete nerve laceration. The research team compared Ten Test results documented as part of standard examination with the severity of nerve injury recorded in surgical notes. The final dataset included 200 records.

The project found a strong inverse correlation between Ten Test scores and nerve injury severity, with lower scores associated with more severe nerve injury. The final report recorded a Pearson correlation of $r = -0.887$, $p < 0.001$. The Ten Test reliably predicted intraoperative nerve status, supporting its clinical utility for triaging hand trauma and guiding operative planning.

The findings have been presented at the 3rd Combined Meeting of the American Society for Surgery of the Hand and Australasian Hand Surgery Society in Maui, Hawaii and in a Plastic and Aesthetic Research webinar on advancing peripheral nerve repair.



Image: Professor David Hunter-Smith

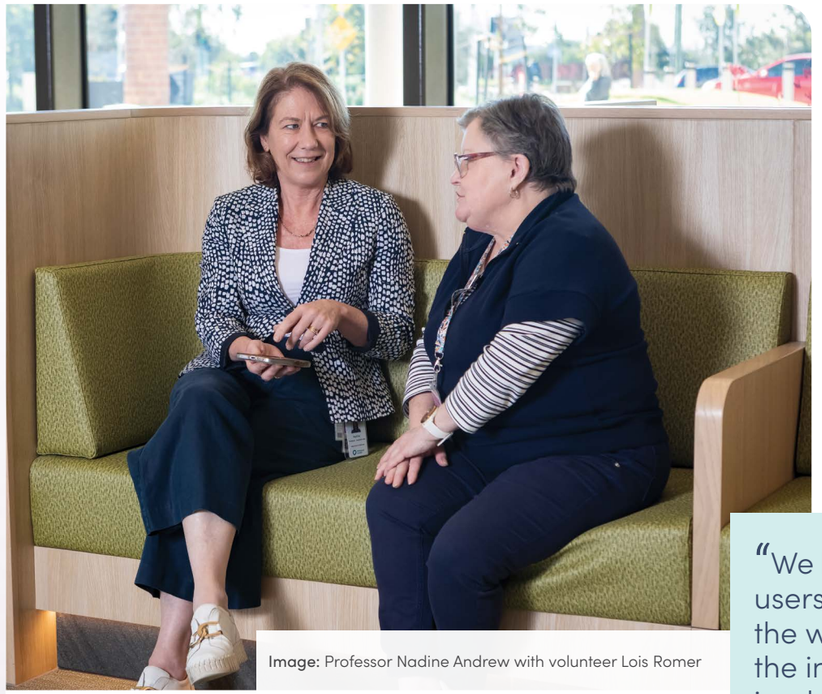


Image: Professor Nadine Andrew with volunteer Lois Romer

Reports showed that the aged-care staff accessed the digital health summaries most frequently, followed by residents' families.

During the feasibility trial period, the team observed a significant reduction in the rate of resident transfers to the emergency department with this drop increasing slightly as the trial progressed. There was also a decrease in hospital admissions.

Professor Andrew credits the robust co-design and implementation process, led by Dr Katrina Long and undertaken before the commencement of the trial, with playing a large part in its success.

> "We heavily involved end users in the product design, the way we communicated the information and its implementation into existing workflows."

83% of participants felt they trusted the information provided in the digital health summary

Optimising health information exchange during aged-care transfers

As Professor Nadine Andrew concludes her *Aged-care transfer project,* she and the team are reflecting on challenges they overcame in the digital health space and the "little bits of gold" that have been discovered throughout the journey.

"What we wanted was a single view where everyone could see the same information about the resident," she says, describing the [aged-care] digital health summary. "We needed it to be streamlined so that it was easy for people, especially during emergency transfers, to access information that was considered critical by all users."

The digital health summary was integrated into the aged-care providers' existing electronic health record systems. A feasibility trial was then undertaken with Bayside Health Peninsula, selected residential aged-care providers (Regis and Arcare), Ambulance Victoria and general practitioners.

The research team is now deciding whether to pursue a larger statewide trial or to implement some of the smaller, most successful elements of the study.

"We were really excited that we actually achieved this project, because it was an ambitious undertaking from a technical, workflow and feasibility perspective," says Professor Andrew.

"We ended up with a fully operational system that allowed some level of sharing of data across four different sectors in a really secure way."

"Our team were pleased that we were also able to show that it made a difference," Professor Andrew says.

GOAL 4

Sustainability through strong systems and infrastructure

We will grow our research maturity and sustainability through financial certainty, centralised systems and integrated use of health data.

Giving patients a voice: Transforming care through Patient-Reported Outcome Measures

What matters most to patients when they leave hospital? While clinicians can measure blood pressure, mobility and test results, only patients can truly describe how they feel, how they are functioning and whether their quality of life has improved.



Image: Ms Lucy Marsh

A National Centre for Healthy Ageing (NCHA) initiative is changing the way that information is captured, becoming the first program of its kind to routinely collect and standardise patient-reported outcome measures (PROMs) across an entire health service.

"PROMs capture a patient's report of their health and how they view their health," explains Allied Health Research Lead at Bayside Health Peninsula, Dr David Snowdon.

One of the drivers for the project was the NCHA Healthy Ageing Data Platform, which brings together large volumes of electronic health record data to support research and improve care.

"Most outcomes we routinely collect are clinician-reported or clinician-assessed," explains Dr Snowdon. "If we can get patient-reported outcome measures, that's a good way of involving consumers in the data-set. It's always good to have the consumer voice to understand their journey, their care and their health."

The project emerged from a goal to create a consistent approach to collecting PROMs. Previous research found significant variation in how the measures were being used across services and specialities.

To address this, the research team worked closely with clinicians and consumers to co-design a standardised system that could be used across hospital and community settings. Importantly, consumers shaped not only how the surveys would be collected, but also what questions would be asked.

The team selected the EQ-5D, an internationally recognised quality-of-life measure, and then invited more than 200 consumers to provide feedback on whether it captured the aspects of health most important to them.

"The consumers told us that fatigue and cognitive function were missing, so we added those items to the EQ-5D," explains Dr Snowdon.

"The good thing about the measure we're using is that it's assessing the aspects of health that consumers told us are important."

The resulting survey measures seven key domains of health, including mobility, daily activities, pain, anxiety and depression, fatigue and cognition.

Managed by Ms Lucy Marsh, PROMs Manager at Bayside Health Peninsula, the NCHA team then tested the co-designed collection system in a feasibility study involving older adults discharged from acute and subacute hospital wards.

The service has collected approximately

6,000

PROMs

The study demonstrated strong engagement, with completion rates of 84 per cent at discharge and more than 70 per cent at follow-up. The study also found that phone calls and SMS were the most effective and acceptable ways for older adults to complete PROMs, while volunteer-led collection within hospital wards was not feasible.

Following a successful pilot, the system was operationalised and has continued to expand across Bayside Health Peninsula. Today, PROMs are routinely collected across 17 wards, including services at Peninsula University Hospital, Rosebud Hospital and Golf Links Road Rehabilitation Centre.

"We're collecting PROMs across acute, subacute and Geriatric Evaluation and Management wards," explains Ms Marsh.

"About half of those are completed via automated SMS, while the remainder are collected through phone calls."

The program has also taken an innovative approach to workforce resourcing. PROMs collection over the phone is supported by return-to-work healthcare staff and Monash University psychology students, creating benefits for both patients and the workforce.

By combining PROMs with electronic health record data, researchers can identify trends, evaluate healthcare interventions and better understand factors that contribute to quality of life.

The program is already uncovering new opportunities to improve care.

"Through follow-up phone calls, staff have identified that around 20 per cent of patients report health concerns that require referral back into the health service," explains Ms Marsh.

"This could be a valuable way of potentially reducing unnecessary presentations to the emergency department, and is going to be a really important thing for the health service to look at."

Looking ahead, the team plans to integrate PROMs into clinical systems, strengthening research, service planning and quality improvement activities. For Dr Snowdon, the project represents something larger than a new survey system.

"Value-based healthcare is about delivering outcomes that patients see value in," he explains. "The only way to understand that is by asking patients about their health."

"It's always good to have the consumer voice to understand their journey, their care and their health."

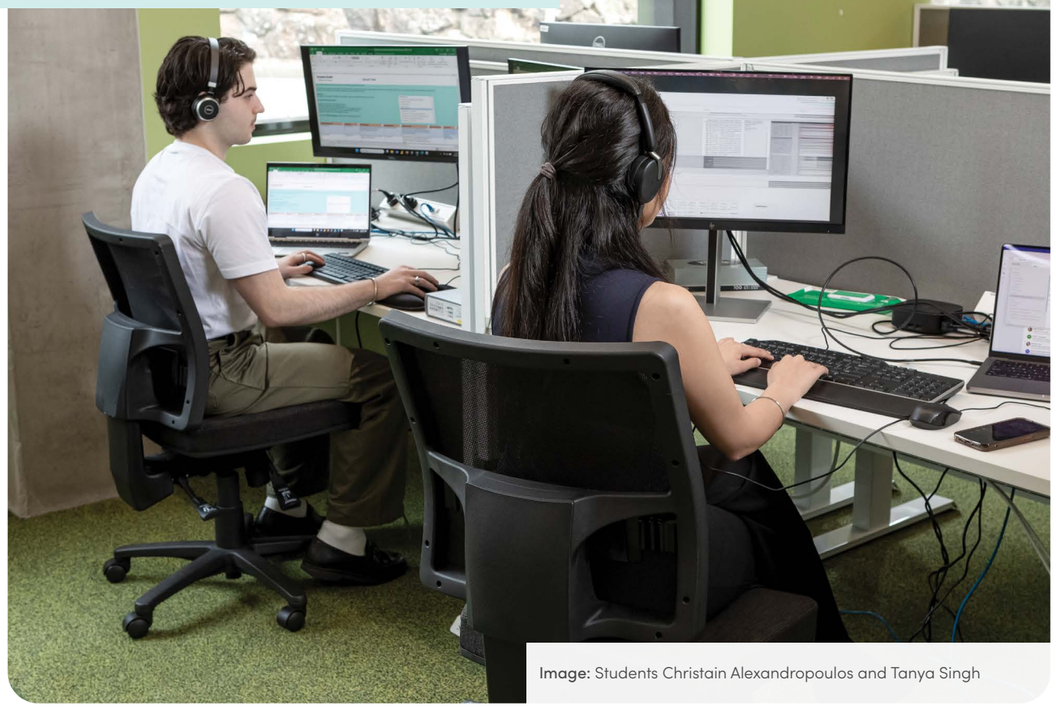


Image: Students Christain Alexandropoulos and Tanya Singh

Research Revisited

Supporting palliative care through telehealth

As demand for palliative care grows, health services are exploring ways to provide care that is flexible and accessible.

Dr Glenn Mathieson, Head of Unit Community Health and palliative care specialist at Bayside Health Peninsula, led the *Telehealth Supportive Palliative Care Clinic project* to understand whether video consultations could enhance supportive and palliative care.

The *Telehealth Supportive Palliative Care Clinic* (TSPCC) was established in March 2023 as a 12-month pilot, with project management and administrative support from Southern Melbourne Integrated Cancer Service.

The clinic used a hybrid model, offering both in-person and telehealth consultations for patients with a new or known diagnosis of malignant cancer who required supportive or palliative care.

WHAT WAS THE ISSUE?

People receiving palliative care may find it hard to travel to hospital appointments. Telehealth may give patients another way to speak with their care team from home.

WHAT DID OUR RESEARCH DO?

The project tested a telehealth supportive and palliative care clinic at Bayside Health Peninsula. Patients could have appointments by video or phone, and were asked about their experience.

WHAT DID WE LEARN?

Eight patients took part and attended 23 appointments. Most patients said telehealth was convenient, helped them talk with their specialist, and met their care needs.

WHAT DOES THIS MEAN FOR PATIENTS AND THE COMMUNITY?

Telehealth may be a helpful option for some people receiving palliative care. It can give patients another choice for how they access appointments, while still allowing in-person care when needed.

These consultations focused on areas such as symptom management, goals of care discussions, advance care planning, and medical treatment decision-maker discussions. Patients were introduced to the telehealth option during an initial in-person appointment, and those who wished to take part could attend future appointments by video call or, where needed, telephone.

Twenty-five patients were invited to participate. Eight patients enrolled in the study and attended 23 *TSPCC* appointments. Participants had a mean age of 66 years, all lived in private homes, and most were receiving palliative intent treatment. Most patients attended the clinic more than once.

The evaluation found that telehealth was feasible and convenient for participants. In survey responses, most participants strongly agreed or agreed that they could communicate their symptoms with their specialist via telehealth, felt comfortable discussing sensitive or emotional topics, and felt their concerns and needs were addressed during the visit. Most also considered telehealth more convenient than in-person visits and said they would recommend telehealth visits to others receiving supportive and palliative care.

The pilot showed that telehealth can provide an additional option for supportive and palliative care consultations, while recognising that some patients preferred in-person appointments or experienced technology barriers. As Bayside Health Peninsula's palliative care service grows, the project provides a local model for embedding telehealth as part of supportive and palliative care.



Image: Dr Glenn Mathieson

Research Revisited

Understanding activity levels for older hospital patients

Older adults in hospital are at risk of hospital-related harms, including functional decline, falls, delirium, malnutrition and pressure injuries.

Dr Laura Jolliffe, Allied Health Research Lead at Bayside Health Peninsula, led a project: *Pre-implementation qualitative exploration for preventing hospital-related harms to better understand current ward practices and meaningful activity among older inpatients* at The Mornington Centre.

WHAT WAS THE ISSUE?

Older people in hospital can spend a lot of time in bed or alone in their room. This can affect their strength, thinking, mood and recovery.

WHAT DID OUR RESEARCH DO?

The research team observed older patients in Geriatric Evaluation and Management wards at The Mornington Centre. They looked at how much time patients spent doing physical, thinking-based and social activities.

WHAT DID WE LEARN?

Patients spent only a small part of the day doing meaningful activities. Patients were more likely to take part in these activities when they spent time outside their room.

WHAT DOES THIS MEAN FOR PATIENTS AND THE COMMUNITY?

Hospital spaces and ward routines can affect how active and engaged older patients are. The findings can help inform future work to support older patients to move, connect and take part in meaningful activities during their hospital stay.



Image: Dr Laura Jolliffe

Hospital-related harms in older adults are a significant challenge for health services. Programs such as Eat, Walk, Engage aim to reduce these harms by supporting nutrition and hydration, mobility, and meaningful cognitive and social engagement. Before considering implementation in a subacute setting, the research team sought to understand current practices and activity levels in Geriatric Evaluation and Management wards at The Mornington Centre.

The study used structured behaviour mapping and observational ward audits to examine how older inpatients spent their time in Geriatric Evaluation and Management wards. Researchers observed patients' physical, cognitive and social activity, including whether they spent time inside or outside their rooms. This helped build a clearer picture of current ward practices before future work to prevent hospital-related harms.

In total, 60,030 minutes were observed among 70 inpatients. The project found that inpatients in Geriatric Evaluation and Management wards spent 16 per cent of observed time in physically meaningful activity, six per cent in cognitively meaningful activity and 18 per cent in socially meaningful activity. Weekend days were associated with higher odds of cognitive engagement but lower odds of social engagement. Time spent outside patients' rooms was positively associated with all three types of meaningful activity.

These findings showed that older inpatients in this setting had lower engagement in meaningful activity compared with rehabilitation contexts. They also highlighted the importance of accessible communal areas, given the association between time spent outside patients' rooms and participation in meaningful activity.

This work has been published in *Age and Ageing*, highlighting the need for future interventions that support older inpatients to take part in meaningful physical, cognitive, and social activity during their hospital stay.

Research governance

RESEARCH OPERATIONS COMMITTEE

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Professor Nadine Andrew
Associate Professor Cathleen Aspinall
Dr Lisa Barrow
Dr Gabriel Blecher
Ms Lee-Anne Clavarino
Mr Scott Cripps
Ms Monica Finnigan
Professor Terry Haines
Associate Professor Mahesh Iddawela
Dr Laura Jolliffe
Mr Nicholas Jones
Dr Nisha Khot
Professor David Langton
Professor Jamie Layland
Associate Professor Shyaman Menon
Professor Richard Newton
Dr Elisabeth Nye
Associate Professor Fiona Reed
Professor Warren Rozen
Dr Kerryn Rubin
Professor Ravindranath Tiruvoipati
Associate Professor Ashley Webb
Ms Libby Wilson

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Dr Stefanie Oliver
Professor Warren Rozen
Professor Ravindranath Tiruvoipati
Dr Michael Wang

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Professor Nadine Andrew
Associate Professor Ernie Butler
Dr Taya Collyer
Dr Laura Jolliffe
Dr Chris Karyiannis
Dr Sam Leong
Dr David Snowdon
Professor Cylie Williams

Celebrating Research 2025

Prize winners

PRESENTATION SESSION 1

+ **Best Presentation by an Experienced Researcher**
  Dr Joanne Lundy & Mrs Belinda Embden – Medical Oncology
  Establishing a molecular oncology care pathway at Peninsula Health

+ **Best Presentation by an Early Researcher**
  Ms Gillian Oates & Ms Leng Cam – Pharmacy
  Florence messaging in motion: Preventing new opioid dependence post-surgery

+ **Special Commendation Presentation**
  Dr Suzannah Henshaw – Gastroenterology
  Workflow automation in gastrointestinal endoscopy: Accuracy of keywords to automate identification of adenomas and sessile serrated lesions within histopathology reports

+ **Special Commendation Presentation**
  Dr Sara Urquhart – Anaesthesia
  Truth and lies about smoking cessation before surgery

PRESENTATION SESSION 2

+ **Best Presentation by an Early Researcher**
  Dr Paul Rival – Acute General Surgery
  Frailty in the fast lane: Standardising preoperative frailty assessment for emergency laparotomy

+ **Special Commendation**
  Mr James Bonnamy – Nursing and Midwifery
  "They don't know my body": Health consumer recognition and escalation of acute deterioration

+ **Special Commendation**
  Dr Khue (Minh) Nguyen – Medical Oncology
  Real-world experience with comprehensive genomic profiling (CGP): A single centre regional review

POSTER COMPETITION

+ **1st Prize**
  Miss Lara Dayekh – Pharmacy
  Audit of acute non-specific lower back pain management in the emergency department at a metropolitan hospital

+ **2nd Prize**
  Mrs Vorandi Kahandage – Pharmacy
  Evaluation of solid oral dosage form administration in patients with dysphagia: A proportion-based study

+ Ms Amy Ong – Pharmacy
  Discontinued but not disrupted: Coordinated insulin transition in acute care

Keynote speakers

Professor Alison Kitson

Founder and Chair of the International Learning Collaborative

Future proofing person-centred care

Professor Tracey Bucknall

Foundational Professor of Nursing and Director of Nursing Research, Alfred Health, Co-Director of Deakin University's Centre for Quality and Patient Safety Research

Beyond good intentions: From evidence to integration

Approved projects

PROJECTS APPROVED BY THE HUMAN RESEARCH ETHICS COMMITTEE

- A multi-perspective evaluation of the Frankston Hospital Inpatient Mental Health Redevelopment – consumer and carer's (interviews)
- An institutional ethnographic study of health consumer escalation of acute deterioration systems
- Augmenting the debrief of emergency resuscitation in-situ simulation utilising artificial intelligence (AI)
- Bridging the gap: How clinical trial staff and consumers define partnership in clinical trials
- Circuit haemodynamics and filter life during extracorporeal carbon dioxide removal and continuous renal replacement therapy
- Experiences of medical students and junior doctors with research opportunities in metropolitan and rural Victoria
- Exploring allied health clinicians' experience of burnout working in hospital settings: A qualitative study
- Interactions between healthcare providers, aged-care home residents, and their family caregivers during medication management activities in an acute hospital setting: A qualitative observation study
- Investigating consent processes in anaesthesia research: A comparison of pre-admission clinic (PAC) vs day of surgery (DOS)
- Investigating the optimal time to complete toe systolic blood pressure following lower limb re-vascular surgery
- Needle calibre, pH and pain in palmar injection of local anaesthetic
- Opioid usage following day-case laparoscopic cholecystectomy
- Peninsula Health Smart Ward – Data use and access
- Peninsula Health Smart Ward – Optimal use and implementation of personalised touchscreen tablets
- Prospective study of antimicrobial RESIstance in chronic lung DiseasE (PRESIDE)
- The nature of mealtimes in hospital for patients with stroke, dysphagia and communication disability: Phenomenological research
- Understanding stroke rehabilitation pathways and transitions: A qualitative patient journey mapping study
- Virtual reality application for adult dental treatment: A feasibility study

PROJECTS APPROVED BY THE DIRECTOR OF RESEARCH

- An educational intervention to improve anti-hypertensive prescribing rates for secondary prevention in people with stroke attending inpatient rehabilitation at Peninsula Health
- A retrospective audit evaluating bleeding outcomes of anticoagulant use in patients with chronic kidney disease
- A traditional hospital food service model or room service? A comparison of nutrition intake, plate waste and patient satisfaction in patients admitted to general medicine wards
- Anatomical variations in chronic rhinosinusitis: A cross-sectional CT analysis in an Australian population
- Association between admission weight and hospital outcomes in general medical inpatients at Frankston Hospital in Victoria: A retrospective observational study
- Audit of mass of alcohol hand hygiene products used in the operating theatres at the Surgicentre: A proof of concept study
- Audit of Midodrine use in hypotensive haemodialysis patients
- Audit of pacemaker (cardiac implantable electronic devices) infection rates, risk factors and management
- Audit of renal biopsies – 2026
- Audit of the timing of pre-operative paracetamol administration relative to induction of anaesthesia in elective surgery in adult patients at Frankston Hospital
- Automated safety-netting in gastrointestinal endoscopy: Retrospective evaluation of a pathology notification system (2024–2025)
- Clinical outcomes following haemodialysis initiation across age groups: Insights from a 36-month retrospective study
- Commencement of physiotherapy for infants with developmental dysplasia of the hip (DDH): Does timing matter?
- Compartmental gastric emptying – a retrospective analysis of single photon emission computed tomography (SPECT) studies
- Consumer perspectives of care in an inpatient psychiatric unit: A qualitative study
- Developing and validating the Electronic Frailty Index (eFI) for older people admitted to Peninsula Health Hospitals in Victoria
- Evaluating the quality and consistency of junior medical staff handover in the general medicine department at Peninsula Health
- Chasing the rainbow: Assessing the impact of rainbow tick accreditation on interaction with youth consumers of a mental health service
- Evaluating the impact of a digitally supported nurse-led clinic on timeliness of colonoscopy for NBCSP FOBT-positive patients
- Evaluation of the impact of multi-disciplinary team meetings on clinician time and perceived effectiveness in subacute rehabilitation services at Peninsula Health
- EVIDENCE@HOME: Establishing valid inference with data and emulated trial method in non-admitted care environments
- Exploring the indications, adherence and clinical and nutritional outcomes for patients with inflammatory bowel disease commenced on exclusive enteral nutrition
- External validation of the CHERISH risk score in cancer survivors
- Evaluation of the Frankston Hospital inpatient mental health redevelopment – staff perspectives
- Implementing the ligature point audit tool (LPAT) using the integrated promoting action on research implementation in health services (iPARIHS) framework
- Incidence of dupuytren's disease following carpal tunnel release (CTR) or trigger finger release (TFR): A retrospective clinical audit (2015–2025)
- Management of acute hypertension in the older person: An observational study of a tertiary centre in Australia
- Measurement performance of the EQ-5D-5L in hospitalised older adults: Routine PROMs evidence
- Neuromuscular monitoring and reversal practices in surgical patients admitted to ICU following extubation: A retrospective clinical audit
- Outcomes of open fasciectomy for patients with dupuytren's disease: A retrospective audit (2022–2025)
- Implementing a safety bundle for operative vaginal births across maternity sites
- PaedDDH – Paediatrician-led hip dysplasia surveillance
- Pain management in cognitively impaired patients 72 hours post-surgery: A retrospective matched cohort study
- Evaluation of the impact of the OAHKS extension clinic on clinical metrics and patient experience
- Preoperative cognitive screening in elderly patients undergoing elective general anaesthesia
- Prescribing habits for bacterial pneumonia
- Prioritising allied health education: A modified delphi study of learning needs across professions
- Prototyping discharge summaries generation using open source LLMs
- Risk-prediction model for prolonged length of stay in delirium using routinely collected data: Model development and external validation
- Safer, sooner, smarter: The role of pharmacist–doctor collaboration in emergency medication charting
- Safety of SABR (stereotactic ablative radiotherapy) without histological confirmation in stage 1 and 2 non-small cell lung cancer (NSCLC): A retrospective audit
- Surveying the learning needs of allied health professionals across a public health setting
- The effect of adductor canal blocks on postoperative recovery in patients undergoing elective total knee replacement
- The incidence and trends of post-operative hypotension in patients undergoing elective total knee replacement
- Theatre utilisation at Peninsula Health: Baseline, disruption and recovery
- Workflow automation in gastrointestinal endoscopy: Determining accuracy of recognition of the term 'pancreatic stents' in endoscopic retrograde cholangiopancreatography reports
- Workflow automation in gastrointestinal endoscopy: Determining colonoscopy quality metrics from histopathology and endoscopy reports
- Wound complications and surgical site infection following dupuytren's disease treatment: A retrospective cohort audit (2022–2025)

MULTISITE PROJECTS AUTHORISED

- A multicentre, multi-part, phase 1/2 study of EIK1005 as monotherapy and in combination with pembrolizumab in participants with advanced solid tumors, including checkpoint inhibitor-naïve participants with microsatellite instability-high (MSI-H) or mismatch repair-deficient (dMMR) tumors
- A phase III, randomised, double-blind, placebo-controlled study to assess the efficacy, safety and tolerability of BI 1291583 2.5 mg administered once daily for up to 76 weeks in patients with bronchiectasis (The AIRTIVITY® Study)
- A phase III, randomized, multi-site, open-label trial of BNT323/DB-1303 versus investigator's choice of chemotherapy in previously treated patients with HER2-expressing recurrent endometrial cancer
- A phase 3, randomised, open-label, multicentre study to evaluate the efficacy and safety of sacituzumab tirumotecan maintenance treatment with or without bevacizumab versus standard of care after second-line platinum-based doublet chemotherapy in participants with platinum-sensitive recurrent ovarian cancer (TroFuse-022/ ENGOT-OV84/GOG-3103)
- A phase 3, randomised, open-label study comparing efficacy and safety of sacituzumab tirumotecan (sac-TMT, MK-2870) as monotherapy and in combination with pembrolizumab (MK-3475) versus treatment of physician's choice in participants with previously untreated locally recurrent unresectable or metastatic triple-negative breast cancer expressing PD-L1 at CPS less than 10 (TroFuse-011)
- A randomised, double-blind, active-control, multicentre phase 3 trial of casdatifan and cabozantinib versus placebo and cabozantinib in patients with advanced clear cell renal cell carcinoma (PEAK-1)
- A randomised, double-blind, placebo-controlled, parallel-group, multicentre, phase III study to evaluate the efficacy and safety of tezepelumab in adult participants with moderate to very severe chronic obstructive pulmonary disease (JOURNEY)
- A randomised, open-label, phase 3 study of MK-2870 in combination with pembrolizumab compared to pembrolizumab monotherapy in the first-line treatment of participants with metastatic non-small cell lung cancer with PD-L1 TPS greater than or equal to 50% (TroFuse-007)
- An open-label, phase 1/1b study of ORIC-944 as a single agent or in combination with an androgen receptor pathway inhibitor in patients with metastatic prostate cancer
- APRISE Program – Australian Pancreatic High-RIsk ScrEening Program
- Audit of compassionate access usage of advanced therapies in IBD
- Australia and New Zealand Respiratory Audit Program (ANZRAP)
- Cabrini Monash Colorectal Neoplasia Database (CMCND)
- DRIVing PrEssure limited ventilation in hypoxemic respiratory failure: Randomised controlled trial (DRIVE RCT)
- Glucocorticoids in adults with Acute Respiratory Distress Syndrome: A randomised, parallel-group, allocation-concealed, open label, pragmatic, group sequential design, clinical and cost-effective trial (GuARDS)
- Investigating gut dysmotility induced by Clostridioides difficile infection
- M-MAT Tele: Maximising aphasia treatment and recovery across Australia through innovative group telerehabilitation
- Nature and greenspace experiences in Australian hospitals and their impact on wellbeing and job satisfaction in healthcare professionals
- Novel methods to enhance the use of routinely collected linked data for the evaluation of government policies related to healthy ageing
- 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
- Optimising healthcare r ostering for staff wellbeing: A comprehensive analysis
- Overcoming inequity of opportunity for optimal pain and symptom management for Australians affected by pancreatic cancer
- Preoperative anxiety scores and correlation with post-operative recovery: A pilot study
- Surveillance of healthcare-associated infections for effective local data (SHIELD)
- The Monash Partners Children's Acute Care Data Project: Optimising the use of electronic medical records data to improve hospital care for children
- Using community-based goals to increase physical activity and improve outcomes for older Australians in the Transition Care Program

Grants awarded

PRIMARY INVESTIGATOR GRANTS

Dr Laura Jolliffe
$120,000

EVIDENCE@HOME, *Monash Partners*

Professor Ravindranath Tiruvoipati
$38,483

Circuit Haemodynamic during ECCO2R and CRRT, *Vantive Healthcare Pty Ltd*

CO-INVESTIGATOR GRANTS

Professor Nadine Andrew, Dr David Snowdon and Ms Lucy Marsh
$43,186

Measurement performance of the EQ-5D-5L in hospitalised older adults: Routine PROMs evidence, *The EUROQOL Foundation*

Associate Professor Yoland Antill
$299,510

An adaptive platform trial for non-surgical treatment of endometrial cancer, *Medical Research Future Fund*

Associate Professor Cathleen Aspinall
$5,000

Exploring the clinical skills and capabilities of the in-charge nurse in Australian ICUs: A qualitative contextual enquiry, *Australian College of Critical Care Nurses*

Associate Professor Cathleen Aspinall Professor Jamie Layland
$60,000

Same-day discharge following elective percutaneous coronary intervention: A nurse-coordinated implementation study, *Monash Partners*

Dr Marianne Coleman
$75,000

Creating a dementia-friendly eyecare workforce in Southeast Asia, *Monash Incubator*

Dr Taya Collyer
$75,000

Taming the algorithmic deluge, *Monash Incubator*

Associate Professor Christina Ekegren and Professor Velandai Srikanth
$1,374,749

The Smart Ward: Using advanced localisation-based technologies to understand patient movement and predict adverse events, *NHMRC*

Dr David Snowdon
$10,000

Exploring stakeholder perspectives on virtual emergency care for people living with dementia: A qualitative study, *Australian Association of Gerontology*

Dr David Snowdon
$19,753

Stepping Up Support: Evaluating the feasibility of a stepped care model of family involvement for adults in geriatric evaluation and management, *Eastern Health Foundation*

ORGANISATION-WIDE CLINICAL TRIAL INCOME

$2,125,376

Publications

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Research activity

YEAR	ACTIVE TRIALS	PUBLICATIONS	NEW PROJECTS APPROVED		
			Single site	Multisite	Total
2022–2023	72	149	56	32	88
2023–2024	90	172	70	45	115
2024–2025	97	159	82	19	101
2025–2026	96	242	66	26	92

PHD STUDENTS 2026

Academic Unit & NCHA	ICU	Nursing	Speech Pathology	Subacute	Surgery
5	1	7	3	2	1

Bayside Health Peninsula acknowledges the contribution made by all staff involved in research. *Research Report 2026: From inquiry to impact* 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.

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