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I am pleased to introduce Peninsula Health’s Research Report 2013 – part of our suite of annual reports.

This report, in a change from previous years, focuses on reporting outcomes of research completed or resulting in publication in the last year. Many of the recent research publications may be accessed through our Digital Repository, the establishment of which was highlighted in my introduction to the Research Report 2012. Although it is completed projects that are featured this year, a full list of research projects considered for approval in the last year may be found on page 15.

In the last year Peninsula Health has been approached by investigators from other health services/research institutes as collaborating partners for their projects. Our staff have enthusiastically embraced the opportunities provided in Dental Services, Physiotherapy and Women’s Health. Some of the projects provide Peninsula Health consumers with cutting edge care thought to be beneficial but still waiting empirical confirmation. A number of these collaborative projects have been outlined in this report.

I would also like to take the opportunity to highlight the achievement of Dr Ashley Webb. His research, previously presented in the Research Report 2011, has resulted in the Australian and New Zealand College of Anaesthetists strengthening their guidelines on smokers and elective surgery. Further details are provided on page 9.

During 2012 the National Health & Medical Research Council (NHMRC) approved Peninsula Health as an NHMRC Administering Institution under the NHMRC Administering Institution Policy 2011. This means that Peninsula Health is considered suitable to administer Commonwealth Government funding provided by the NHMRC.

In July 2012 a new Chair, Professor Henry Ekert AM, was appointed to the Human Research Ethics Committee. Professor Ekert has brought a wealth of knowledge and experience in both clinical and research ethics having been the University of Melbourne’s inaugural Professor of Paediatric Haematology and Oncology.

In a development that illustrates Peninsula Health’s commitment to expanding and embedding research across the Health Service, a position was created for an Associate Professor of Nursing – a joint Monash University-Peninsula Health appointment. The primary objective of this position is to increase the quality and quantity of nursing research across Peninsula Health and to encourage collaborative research between nurses at both organisations. Recruitment to this position is in process.

Peninsula Health is also a site for many commercially sponsored and collaborative clinical trials. In the last year, 18 commercially sponsored or collaborative group clinical drug trials were approved to commence at Peninsula Health. In the coming year, Peninsula Health patients with haematological malignancies will be given the opportunity to participate in drug trials initiated by the Alfred Hospital, and Alfred Hospital patients living on the Mornington Peninsula will be eligible for trial follow-up visits at Frankston Hospital. This collaboration has been planned for some time and will come to fruition in the second half of 2013.

The Research Report 2013 celebrates the achievements of researchers across Peninsula Health and highlights their contribution to our community both through their own research and their involvement in research partnerships. We can be proud of their dedication.
During 2012/13 research output has been maintained at similar levels to the previous year. This level of activity must be considered in the context of a declining number of new clinical trials in Australia by an average of 13% annually over the past three years, although this country boasts some of the world’s best clinical researchers and state of the art infrastructure.

In March 2011 the Federal Government gave the green light to a strategy to reverse this alarming decline, and work to implement this plan is underway.

Last year, Celebrating Research attracted a high standard of entries in all prize categories. Professor Richard Fox AM, Chair of the Consultative Council for Human Research Ethics and Director of Research at St Vincent’s Hospital, Melbourne, presented the Jeremy Anderson Oration at the Research Dinner, which is a highlight of our annual Celebrating Research activities. Professor Fox’s oration, The Challenge: The Ageing Community and Costs of Health Technology, highlighted the fact that 25 to 30 per cent of healthcare spending is on the last year of life and half of that in the last month of life. The challenge for health care professionals is to balance technology with ethically sound clinical judgement. We were also pleased to welcome at a Grand Round Professor Stephen Holdsworth, Chair of the Division of Medicine, Director of Clinical and Diagnostic Immunology and Director of Research Strategy at Southern Health. Professor Holdsworth’s presentation was entitled Update on ANCA Associated Vasculitis.

Initial discussions have occurred to build on and enhance collaboration with Monash University Peninsula Campus. This will assist Peninsula Health researchers to source academic collaborators and create mutually beneficial opportunities for partnering with Monash University in clinical research.

I look forward to commencement of a new subcommittee of the Human Research Ethics Committee (HREC) – the Scientific Advisory Subcommittee – which is a further formalisation of our existing review processes. It is anticipated that this subcommittee will also assist in mentoring Peninsula Health researchers.

In early 2013, Peninsula Health’s New Technology and Clinical Practice Committee recommended that the Health Service support the introduction of Hemolung RAS (Respiratory Assist System) as a pilot intervention for six patients in our Intensive Care Unit, with appropriate restrictions to maximise patient safety. The Human Research Ethics Committee approved all intensive care consultants as authorised prescribers of Hemolung RAS as required by the Therapeutics Goods Administration. Patient outcomes will be evaluated through regular reporting to the Human Research Ethics Committee and we hope to report on this in next year’s Research Report.

The expertise of Peninsula Health’s HREC and its associated Methods Review Panel ensures that research at Peninsula Health contributes to the advancement of clinical knowledge and to improved outcomes for our patients. I would like to thank each member of HREC and the Methods Review Panel for their ongoing support of our research program, and the encouragement they give to new researchers.

I would also like to thank the staff of the Research Program, Peninsula Health researchers and collaborating institutions whose work is featured in this report.

Professor John Botha
Director of Research
Shoulder pain is a common musculoskeletal problem in Australia, and a frequent reason for seeking care because it impacts on many everyday activities.

Van der Windt et al (1996) noted that 41 per cent of people presenting with uncomplicated shoulder pain had persistent symptoms after one year despite conventional treatment. This highlights the importance of finding new treatments to prevent progression to chronic pain.

Transcutaneous pulsed radiofrequency (TC PRF) treatment has been performed at Frankston Hospital by Dr Murray Taverner, Head of Chronic Pain Management, since 2006. TC PRF is a non-invasive, repeatable and painless outpatient treatment.

“We offered patients this treatment if other conservative treatments such as steroid injections had failed, and surgery was not indicated,” said Murray.

Dr Taverner and Associate Professor Terry Loughnan, with HMO Dr Chien-Wuen I Soon, reviewed TC PRF treatments between 2006 and 2010. Of 15 shoulders treated in 13 patients, two-thirds were significantly less painful for more than three months, with an average of 395 days. Reports of pain relief were accompanied by improved function and sleep.

Following this review, 51 patients participated in a randomised double-blinded, placebo controlled study of TC PRF treatment. The 25 participants who received active treatment showed statistically significant and clinically relevant reductions in pain at night and pain with activity at four weeks, and at 12 weeks from baseline. Functional improvement was also observed.

These studies suggest that TC PRF treatment has a role in treating painful shoulders that do not respond to conventional management.

INPATIENT REHABILITATION
Improving end-of-life care for older people

End-of-life care in a rehabilitation centre that focuses on improving function can be challenging for patients, families and clinicians.

Peninsula Health’s Mornington Centre provides inpatient rehabilitation, mainly to older people. The oldest, frailest and most complex patients are admitted to the Geriatric Evaluation and Management (GEM) unit. Many have multiple comorbidities such as cardiovascular disease, stroke, respiratory problems, orthopaedic and neurological conditions. While rehabilitation centres on optimising function and discharge planning, staff may need to implement end-of-life care if a patient’s condition deteriorates.

Melissa Bloomer, a Lecturer in Monash University’s School of Nursing and Midwifery and Patient Services Manager at the Mornington Centre, investigated end-of-life care at the Centre using a retrospective chart audit of inpatients who had died over a two year period, and interviews with nurses and allied health staff. The research team also included Robin Digby, the Mornington Centre’s Clinical Liaison Officer, and the Palliative Care Research Team at Monash University.

“We identified advance care planning (ACP) as a key issue for end-of-life care,” said Melissa. “ACP enables us to respect a patient’s preferences when they need end-of-life care. It can help reduce stress and anxiety in surviving relatives because communication about care decisions takes place between the patient, their family and their clinicians.

“Another issue related to allocating a key contact person for each patient. Key contacts can come from diverse clinical backgrounds, and the key contact person may not be clear about how to recognise an impending death and how to refer to specialist palliative care.”

Melissa’s study will assist Peninsula Health to develop staff education, including training in palliative care for older people and the systems for accessing specialist palliative care and pastoral services.
IMPROVING CLINICAL CARE
Using smartphones to record and share images

Smartphones combine a digital camera with quick distribution via messaging, email and social networking. Their evolution to multi-purpose devices has the potential to improve clinical care. It also raises issues of confidentiality, privacy and policy control.

A study by Dr Michael Kirk, Surgical Registrar and plastic surgeon Mr David Hunter-Smith has raised awareness of ethical and legal dilemmas that may arise when taking smartphone images in a clinical setting.

“Clinical photography has long been a valuable aid in improving patient outcomes, particularly for plastic surgery patients,” said Michael. “Recent advances in smartphone technology have made it easier for surgical staff to use photography in clinical practice. But to date there is little evidence to support the need for dedicated systems and policies on the use of smartphones in hospitals.

“Using a de-identified online questionnaire, we surveyed all clinicians and medical students at Frankston Hospital on their use of smartphones for recording and communicating medical images.”

The survey elicited 134 responses, which represents nearly one third of the survey population and is in line with a similar survey conducted by the Australian Society of Plastic Surgeons. Consultants represented the highest proportion of respondents (35.1%).

“The key gaps we identified concerned storing and sharing of images within a surgical setting and with colleagues elsewhere”, said Michael.

The findings of this study will enable development of an evidence-based policy on the use of smartphones across Peninsula Health.

A secure image capture system and smartphone app is in development following a tender process, and will be implemented towards the end of 2013.

Dr Michael Kirk (left) and Mr David Hunter-Smith.
Evidence shows that interventions based on exercise and lifestyle factors have the capacity to improve the fatigue, depression, anxiety and reduced physical function often experienced by cancer patients after treatment\(^1\) – and to improve quality of life.

Previously, patients on the Mornington Peninsula who have undergone cancer treatment have had limited access to targeted rehabilitation. However, a pilot study on a cancer rehabilitation education and exercise program has reported such success that the program is now being offered on an ongoing basis.

“Our aim was to measure changes in health-related quality of life, physical function, anxiety and depression”, said physiotherapist Sophie Heywood.

Study participants had all finished active treatment for cancer within the previous two years, and were given access as required to a multidisciplinary team from physiotherapy, exercise physiology, psychology, nursing, nutrition, and occupational therapy. Focusing on self-management, they were offered an individual assessment of their goals, with referral to community health clinicians as necessary. Participants also attended two group exercise and education sessions per week for seven weeks. Their identified goals included improving physical capacity (83%), increasing social connections (50%), improving wellbeing (33%), specific psychological goals (33%) and managing pain (17%).

Participant response to sessions on exercise, pacing and fatigue management; managing emotions and stress; and nutrition and healthy eating was overwhelmingly positive – 80% reported that the program helped them manage fatigue more effectively, and 60% reported improvements in diet and managing stress.

Peninsula Health has now launched the Cancer Rehabilitation Program at two of our Community Health Centres.

Alternating Motion Rate (AMR) and Sequential Motion Rate (SMR) tests are used by speech pathologists to measure articulatory diadochokinesis, or the speed at which a person can accurately repeat a series of sounds.

Evaluation of a person’s AMR and SMR can be a valuable indicator for prescribing effective treatment or therapy.

With no quality normative articulatory diadochokinesis data available for adults aged 65 years and older, the task for Rosebud Community Rehabilitation speech pathologist John Pierce was to obtain a representative dataset of diadochokinetic rates from healthy older adults and to examine the effects of age and gender on those rates.

“We recruited 76 healthy adults from a number of community organisation sources,” said John. The sample included 45 females and 31 males between the ages of 65 and 86 years. Each participant repeated syllables aloud as quickly as possible, including ‘pa’, ‘ta’, ‘ka’ (AMR) and ‘pataka’ (SMR) in a randomised order. Performances were recorded with a handheld microphone and the rate of syllables produced for each task was measured using acoustic analysis software. Effects for age and gender were examined using generalised linear models, which look for statistically significant variables.

“We found that age was not significant for any task,” said John. “However, males had significantly higher AMR than females. There was no gender difference for SMR.

“The success of this study in establishing normative diadochokinetic data for older adults will provide useful evidence for applying to both research and clinical settings. Speech pathologists can now compare rates from patients to these results to assist in diagnosis. We now know that decreased rates are not part of the normal ageing process, and so are worthy of further investigation.”
ABORIGINAL HEALTH
Chest pain assessment and follow-up

Coronary artery disease is a major health issue for many Aboriginal and Torres Strait Islander (ATSI) people. Peninsula Health has been exploring the experience of patients identifying as ATSI who present at the Emergency Department with chest pain.

Three Emergency Departments (Frankston, Northern and Mildura) with a high case load of ATSI people presenting with unspecified chest pain were selected to take part in this innovative Department of Health project, led by the Emergency Care Improvement and Innovation Clinical Network. The project aimed to understand the characteristics, follow-up arrangements, and barriers and enablers to follow-up, with a view to improving processes to best meet the needs of ATSI patients.

To identify the issues at Peninsula Health, Nurse Educator Tracey Bradley and Cultural Ambassador Shane Wright were appointed as the local project officers. They used a multi-modal approach which included an audit of medical records, interviews with ATSI patients, clinician interviews, mapping the patient journey, and an assessment of cultural awareness in the Emergency Department.

“One of our key findings was that when many Aboriginal and Torres Strait Islander patients leave the Emergency Department after presenting with chest pain, they fail to comply with testing and follow-up recommendations,” said Tracey.

Plans to amend the chest pain streaming pathway to include ATSI people as a high risk group are underway. The Emergency Department is also exploring development of a ‘one stop shop’ to provide ATSI patients with treatment, cardiology review and a sestamibi scan before their management plan is agreed or discharge organised.

Project findings and recommendations for improvement will be disseminated by the Department of Health, supported by a list of approaches and resources.
Stop before the Op

The success of the Stop before the Op initiative piloted by Peninsula Health anaesthetist Dr Ashley Webb and reported in the Research Report 2011 has prompted the Australian and New Zealand College of Anaesthetists to strengthen their guidelines on smokers and elective surgery. It will now be recommended that anaesthetists ask elective surgery patients if they smoke, and give smokers referrals to help them quit.

Stop before the Op encourages smokers waiting for elective surgery at Peninsula Health to quit smoking before their surgery to reduce the risk of infection, complications such as pneumonia and heart attacks, and longer hospital stays.

All patients on our elective surgery waiting list are now sent a brochure outlining the benefits that quitting smoking can have on recovery post surgery, as well as a Quitline referral form and reply paid envelope so they can start their smoke-free life as soon as possible. Smokers are also encouraged to arrange a face-to-face meeting with a Quit Educator through the Quit Smoking support services offered by Peninsula Health’s Community Health Centres.

Around 6,000 elective surgery waiting list patients will receive the Stop before the Op resources each year.

Data from the Stop before the Op pilot study was published online in the ANZ Journal of Surgery\(^1\) ahead of print.

Transthoracic ultrasound

A study led by emergency physician Dr Darsim Haji (Research Report 2009) has demonstrated the impact of point of care transthoracic echocardiography (TTE) in four cohorts of Emergency Department patients (n=283) presenting with common, potentially life-threatening symptoms or conditions including chest pain, shortness of breath, low blood pressure and fractured neck of femur.

As treatment for these conditions is usually time-critical, bedside TTE can help identify cardiac pathologies that will influence individual treatments. Non-cardiologists are now using TTE more frequently as a diagnostic, screening or monitoring tool to facilitate real-time decision making.

The highest impact of TTE was found in 78 emergency patients with non-traumatic hypotension, with treatment changing in 50%. In 37.6% of patients presenting with shortness of breath, TTE helped change the primary diagnosis. In comparison, percentage changes in diagnosis for patients presenting with chest pain or fractured neck of femur were lower.

In a separate study Darsim also assessed the interpretative skills of 100 clinicians who had completed a structured educational program conducted by The University of Melbourne. A high level of agreement was observed in ventricular volume assessment (left 95%, right 96%), systolic function (left 99%, right 96%), left atrial pressure (96%) and haemodynamic state assessment (97%).

PROFILE

Dr Vachara Niumsawatt

Master of Surgery candidate and Plastic Surgery Registrar Dr Vachara Niumsawatt has a long-standing connection with Peninsula Health.

“I have always been interested in research as a career path”, said Vachara. I had worked as an intern and HMO at Peninsula Health and was aware that there was potential for a research project.”

Vachara’s research involves developing a new, more accurate classification system for lymphatic patterns in skin cancers that have been surgically removed from the head and neck area.

“We know that patients with certain types of cancers of the breast (poorly differentiated tumours) that spread to lymph nodes in the armpit have a reduced chance of survival compared to those without lymph node spread. Lymph node spread is important for deciding which treatment is required”, said Vachara.

“Similarly, in common skin cancers (squamous cell carcinoma) we know that patients with poorly differentiated tumours are at greater risk of developing secondaries in the lymph nodes. But occasionally there are moderately differentiated or ‘less nasty’ tumours which produce secondaries. Existing research suggests there is a complex interaction between cancer cells and the lymph node vessels, but the current classification system for accurately identifying types of cutaneous squamous carcinoma of the head and neck is not particularly well-defined.”

By performing special staining of samples of skin cancer stored in our Pathology Department, Vachara is assessing lymph node vessel growth, density and patterns. It is hoped this will lead to improved treatment for skin cancer patients – with the potential to be applied to other cancers.

Vachara’s research and thesis is being supervised by Mr David Hunter-Smith, a plastic surgeon with Peninsula Health and Professor Julian Smith, Head of Monash University’s Department of Surgery.
Peninsula Health’s antenatal clinic is participating in a multi-state, multi-site, randomised controlled trial being conducted by Murdoch Children’s Research Institute in collaboration with the Australian Research Alliance for Children and Youth and the University of New South Wales. The early intervention trial aims to measure the benefit on parenting and the home environment when sustained nurse home visiting and access to other relevant services are offered to Australian mothers who might benefit from additional support, from the antenatal period to child age 2 years. The trial is running over a five year period from January 2013 to December 2017.

**Hip and knee osteoarthritis in younger people**

Patients aged between 20 and 55 years of age have been recruited from Frankston Hospital’s Orthopaedic Outpatient Clinic and Osteoarthritis Hip and Knee Service Clinic to take part in a collaborative project with the Royal Melbourne Hospital. The project aims to explore wellbeing, work limitations and preferences for self-management education among people in this age bracket who have osteoarthritis of the hip and/or knee. Over 1.6 million Australians are affected by osteoarthritis and it accounts for more than $1 billion annually in direct health expenditure. In Australia, younger people represent 25% of people with osteoarthritis.

**Transdisciplinary care in the Emergency Department**

Peninsula Health’s innovative Response, Assessment Discharge (RAD) model of emergency care involves RAD team members completing interdisciplinary competencies to increase their scope of practice in order to expedite patient flow through the Emergency Department. A research team from Monash University’s School of Nursing and Midwifery and Peninsula Health’s Hospital Admission Risk Program (HaRP) is auditing 200 patient histories and evaluating patient and staff satisfaction to assess the effectiveness of RAD at the Frankston Hospital Emergency Department.

**Teledentistry**

Community Dental Services at Peninsula Health’s Rosebud site are participating in a study led by the Oral Health Cooperative Research Centre, and the Melbourne Dental School, The University of Melbourne in association with the Royal Children’s Hospital to address the impact of a serious dental workforce shortage on care for children and adolescents living in underserved regional and remote areas – a high risk population with major oral health care needs. Using an intraoral camera, a trained teledental operator transmits video images to an oral health consultant who performs a ‘virtual dental examination’, records findings, and develops a treatment plan as required.
PENINSULA HEALTH
Research activity 2012/13

- Publications: 30
- External presentations: 39
- Projects considered for approval: 89
- Projects reviewed through Victoria’s streamlined ethical review system approved to commence at Peninsula Health: 16
- Staff enrolled in PhDs: 10
- Abstracts submitted for Celebrating Research 2012: 89
On behalf of the Board of Directors I am pleased to present the annual report as Chair of the Peninsula Health Human Research Ethics Committee (HREC) during 2012/13.

The Committee complies with the requirements of the National Health and Medical Research Council and was certified as such at the end of 2012. During the last year one new Board Director, Dr Laurie Warfe, staff member Ms Mariangela Prib and two new community members, Ms Carmel Fraser Stewart and Mr Richard Ivice, were appointed to fill vacancies on the Committee. It was with regret that the Committee farewelled Mr Simon Ruth, Community Health’s Director of Complex Care, and a member of HREC since 2005. Simon has been an outstanding contributor, often providing an alternate point of view.

In 2012/13 HREC reviewed 25 applications, a further 20 were reviewed by the Low Risk Research Subcommittee, and 28 quality projects were reviewed by the Executive Sponsor Research. Sixteen clinical trials were reviewed under Victoria’s streamlined ethical review system and were subsequently approved to commence at Peninsula Health through the Research Governance Framework.

In April 2012, a report commissioned by the Department of Health and prepared by Houston Thomson was released. A review of our HREC processes against recommendations of the report was conducted and it was agreed that a Scientific Advisory Subcommittee would be established to replace the existing Methods Review Panel. Expressions of Interest for membership of the Subcommittee have been sought and the selection process is in progress at the time of this report. I look forward to the advice that the Scientific Advisory Subcommittee will provide to both HREC and our researchers.

Another major achievement of HREC in 2012/13 was the introduction of electronic meeting papers to align with the process in place for Board of Directors meeting papers. iPads were purchased for the use of community and staff members to enable this new process to occur. In the first month, over 3,000 sheets of paper were saved. I would like to thank all those involved in the introduction of this innovation.

Terms of reference for the Low Risk Research Subcommittee were also revised to include in its brief submissions from researchers external to Peninsula Health.

On a number of occasions this year HREC agreed to accept the ethical review of a Consultative Council-accredited reviewing Human Research Ethics Committee for projects not eligible for review under the streamlined ethical review system, thereby complying with guidelines for The National Statement on Ethical Conduct in Human Research – “each institution has the further responsibility to adopt a review process that eliminates any unnecessary duplication of ethical review”.

I would like to thank all contributors to the HREC review process, the Drugs and Therapeutics Committee, the Methods Review Panel and the Low Risk Research Subcommittee. On behalf of the Board, I would also like to acknowledge the staff of the Research Program, who support the Human Research Ethics Committee and Peninsula Health’s researchers, and the significant contribution made to HREC by both community representatives and staff members.

Professor Henry Ekert AM
Chair Human Research Ethics Committee
Members of research committees 2012/13

Human Research Ethics Committee

The Human Research Ethics Committee considers and advises the Board of Directors on all ethical matters arising from research activity. It monitors ongoing research through the review of regular reports at a frequency corresponding to the risk to participants.

Professor Henry Ekert AM
Board Director (Chair)

Dr Laurie Warfe
Board Director (Deputy Chair)

Dr David Rankin
Executive Sponsor

Professor John Botha
Director of Research

Ms Jan deClifford
Senior Pharmacist

Ms Carmel Fraser Stewart
Laywoman

Ms Julie Grant
Healthcare Professional

Dr Debra Griffiths
Researcher

Ms Maureen Habner
Healthcare Professional

Dr Dilinie Herbert
Ethicist

Ms Alice Irving
Laywoman

Mr Richard Ivice
Layman

Associate Professor Terry Loughnan
Researcher

Ms Mariangela Prib
Chaplain

Mr Simon Ruth
Healthcare Professional

Associate Professor Dhiren Singh
Researcher

Mr Adrian Stone
Lawyer

Associate Professor Ravi Tiruvoipati
Researcher

Dr Ashley Webb
Researcher

Low Risk Research Subcommittee

Ms Maureen Habner (Chair)
Director/Chief Nurse Continuing Education and Development

Mr Nigel Broughton
Head of Orthopaedic Surgical Research

Ms Lee-Anne Clavarino
Manager Research Program

Dr Mainak Majumdar
Intensivist (Donate Life)

Mr Chris Smith
Senior Physiotherapist

Ms Sharon White
Operations Director Emergency and Intensive Care Unit, Chief Nurse Frankston Hospital

Methods Review Panel

Mr Nigel Broughton
Head of Orthopaedic Surgical Research

Associate Professor Ernie Butler
Head of Neurology

Dr Sam Leong
Consultant Anaesthetist

Dr Deidre Morgan
Senior Occupational Therapist

Research Directors Group

Dr David Rankin (Chair)
Executive Director Medical Services

Executive Sponsor Research

Professor John Botha
Director of Research

Ms Lee-Anne Clavarino
Manager Research Program

Mr Nigel Broughton
Head of Orthopaedic Surgical Research

Ms Maureen Habner
Director/Chief Nurse Continuing Education and Development

Ms Alicia James
Head of Podiatry

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

Associate Professor Terry Loughnan
Director of Anaesthetic Research and Training

Associate Professor Pam Rosengarten
Associate Professor of Emergency Medicine and Director of Education and Research

Dr Niranjan Shekar
Research and Evaluation Coordinator

Community Health

Associate Professor Dhiren Singh
Director Aged Mental Health

Associate Professor Ravi Tiruvoipati
Director of Intensive Care Research

Associate Professor Amar Trivedi
Clinical Director Women’s Health

Ms Fiona Turnbull
Senior Dietitian
Projects considered by the Human Research Ethics Committee

Principal Investigator: Associate Professor Stephen Macfarlane
A randomized, double-blind, placebo controlled, phase 3 study of the efficacy and safety of pirfenidone in patients with idiopathic pulmonary fibrosis.
Principal Investigator: Associate Professor David Langton
The lived experience of risk for people with early stage dementia (Alzheimer’s type): A longitudinal phenomenological study.
Principal Investigator: Sally Osborne
A randomised controlled trial comparing PAV+ ventilation and pressure support ventilation in patients eligible for spontaneous ventilation.
Principal Investigator: Professor John Botha

Can heart rate variability analysis reduce analgesic requirements after laparoscopic cholecystectomy?
A pilot study.
Principal Investigator: Dr Joshua Szental

Comparison of submucosal depth and detection of sub-squamous intestinal metaplasia in Barrett’s oesophagus in biopsy samples obtained with standard versus jumbo biopsy forceps.
Principal Investigator: Dr Kum Chung Fok

Does lateral extension of the acromion contribute to symptoms in patients [external to Peninsula Health] with rotator cuff tears?
Principal Investigator: Dr Terry Stephens

A phase 3b open-label, historically-controlled study to assess the safety and efficacy of two concurrent injections of AA4500 in adult subjects with multiple Dupuytren’s contractures with palpable cords.
Principal Investigator: Mr David Hunter-Smith

Does the use of COX-2 inhibitors (Celebrex) improve the outcome of post tonsillectomy patients?
A randomised, prospective study.
Principal Investigator: Mr Diamanti Diamantaras

Acute aphasia management and the factors that influence it.
Principal Investigator: Abby Foster

Cancer Trials Australia molecular profiling - Pre-screening consent process.
Principal Investigator: Dr Romayne Holmes

Seeing beyond the corridors: Traversing the healthcare pathways for Aboriginal and Torres Strait Islanders at Peninsula Health.
Principal Investigator: Craig Wotherspoon

Field test of teledentistry for paediatric patients.
Principal Investigator: Associate Professor Rodrigo Marino

Assessing the cost effectiveness of implementing a minimal intervention dentistry approach for adolescent public patients at high risk of dental caries.
Principal Investigator: Professor Hanny Calache

Myeloma and Related Diseases Registry.
Principal Investigator: Dr Patricia Walker

Sexuality and stroke: How2 implement clinical guideline 8.5 within Peninsula Health. A practice change program for sub-acute services.
Principal Investigators: Katie Dye and Vatthana Sounthakith

Evaluation of transdisciplinary care in ED.
Principal Investigator: Associate Professor Allison Williams

The experience of family caregivers of people with dementia: From hospital to residential aged care.
Principal Investigator: Robin Digby

Hipp and knee osteoarthritis in young people: Wellbeing, work limitations and preferences for self-management education.
Principal Investigator: Dr Ilana Ackerman

Pilot study: Survey of pregnant women to establish eligibility criteria and recruitment procedures for the right@home randomised controlled trial.
Principal Investigator: Associate Professor Sharon Goldfeld

Immunohistochemical analysis of lymphatic drainage in primary cutaneous squamous cell carcinoma of the head and neck.
Principal Investigator: Dr Vachara Niumsawatt

Note: all project titles have been listed as submitted by the Sponsor or Principal Investigator.
Role of pretreatment with phenylephrine infusion in women undergoing spinal caesarean section.
Principal Investigator: Associate Professor Terry Loughnan

right@home: A randomised controlled trial of sustained, nurse home visiting measuring the benefit on parenting and the home environment when offered to vulnerable mothers from the antenatal period to child age 2 years.
Principal Investigator: Associate Professor Sharon Goldfeld

Intranasal fentanyl analgesia for adult emergency patients.
Principal Investigator: Associate Professor Pam Rosengarten

Hydrocolloid dressing versus foam dressing for treatment of pressure ulcers in intensive care: A pilot randomized controlled trial.
Principal Investigator: Peter John Abots

Projects reviewed under the streamlined ethical review system

A phase 3, randomized, open label trial of lenalidomide/dexamethasone with or without elotuzumab in relapsed or refractory multiple myeloma.
Principal Investigator: Associate Professor John Catalano

An open-label extension trial of the long term safety of oral BIBF 1120 in patients with idiopathic pulmonary fibrosis (IPF).
Principal Investigator: Dr Juan Mulder

A phase 1/2 study evaluating intermittent and continuous OSI 906 and weekly paclitaxel in patients with recurrent epithelial ovarian cancer (and other solid tumors).
Principal Investigator: Dr Yoland Antill

A multi-centre, randomised, phase 3 study of sequential pralatrexate versus observation in participants with previously undiagnosed peripheral T-cell lymphoma who have achieved an objective response following initial treatment with CHOP-based chemotherapy.
Principal Investigator: Associate Professor John Catalano

A randomised phase III trial to assess response adapted therapy using FDG-PET imaging in patients with newly diagnosed, advanced Hodgkin lymphoma.
Principal Investigator: Associate Professor John Catalano

A randomised phase II double-blind placebo-controlled study of regorafenib in refractory advanced oesophago-gastric cancer (AOGC).
Principal Investigator: Dr Nicole Potasz

An open-label extension study to evaluate the long-term safety and efficacy of reslizumab (3.0 mg/kg) as treatment for patients with eosinophilic asthma who completed a prior Cephalon-sponsored study in eosinophilic asthma.
Principal Investigator: Associate Professor David Langton

The effect of a standardised ginseng extract in patients with moderate chronic obstructive pulmonary disease: A randomised, double-blind placebo controlled trial.
Principal Investigator: Associate Professor David Langton

Note: all project titles have been listed as submitted by the Sponsor or Principal Investigator.
A phase 2, multicenter, double-blind, parallel-group, randomized, placebo-controlled, forced-dose titration, dose-ranging efficacy and safety study of SPD489 in combination with an antidepressant in the treatment of adults with major depressive disorder. Principal Investigator: Associate Professor Sean Jespersen

A phase 3, open-label, multicenter, 12-month extension safety and tolerability study of SPD489 in combination with an antidepressant in the treatment of adults with MDD with residual symptoms or inadequate response following treatment with an antidepressant. Principal Investigator: Associate Professor Sean Jespersen

STOP-AUST: The spot sign and tranexamic acid on preventing ICH growth – Australasia trial. Principal Investigator: Dr Jayantha Rupasinghe

A multi-centre randomised double blinded phase III trial of the effect of standard issue red blood cell blood units on mortality compared to freshest available red blood cell units. Principal Investigator: Associate Professor Ian Carney

Projects considered by the Low Risk Research Subcommittee

PRO-OSTEO Extend I.
Principal Investigator: Iouri Banakh

Registered nurses’ attitudes towards care of the dying patient. Principal Investigator: Professor Wendy Cross

Does lateral extension of the acromion contribute to symptoms in patients with rotator cuff tears? Principal Investigator: Dr Terry Stephens

Implementing supportive care screening into routine clinical practice for cancer patients: Barriers and enablers. Principal Investigator: Dr Jill Beattie

Adaptive aids quality improvement project. Principal Investigator: Caitlin Casson

Oxaliplatin related neuropathy – Peninsula Health’s experience in stage 3 colorectal cancer. Principal Investigator: Dr Katherine Geddes

Cancer rehabilitation pilot project. Principal Investigator: Sophie Heywood

Improving oral hygiene in a metropolitan hospital. Principal Investigator: Anna Ryan

Introducing a care coordination nurse to a community based welfare centre to reduce hospital admissions of vulnerable persons. Principal Investigator: Belinda Berry

The utility and accuracy of anthropometric skin-fold measurements and subjective global assessment in estimating the lean body mass and nutritional status of patients with chronic kidney disease needing long-term hemodialysis: A comparison to DEXA scan. Principal Investigators: Dr Kim Wong and Dr Khai Gene Leong

Food intake and meal satisfaction of inpatients in a general medical ward and subacute setting. Principal Investigator: Karen Edis

Personal Recovery Outcome Measurement Tool evaluation. Principal Investigator: Professor Helen Keleher

Enhancing aged care decisions: Professional experiences in a transition care program. Principal Investigator: Kerry Brydon

The client with a new surgically formed stoma satisfaction with the delivery of stoma education. Comparison of two methods - Traditional method versus educational video and traditional method. Principal Investigator: Leonie Burrell

Stories of the homeless people in Frankston and Mornington Peninsula. Principal Investigator: Brendan O’Hanlon

Note: all project titles have been listed as submitted by the Sponsor or Principal Investigator.
Gastrointestinal Multidisciplinary Team meetings: Does the proposed treatment plan differ to the meeting recommended plan? Principal Investigators: Dr Philip Toonson and Mr Peter Evans

Quality and audit projects considered by Executive Sponsor Research

The relationship between function and symptoms for people receiving community palliative care: Why is it important?

Alcohol and other drug (AOD) screening and assessment.

Needs assessment for older adult alcohol services.

Ordering an abbreviated full blood examination (FBE) is more cost effective and has comparable predictive values to the complete FBE test.

Accuracy and reliability of digital templating in primary total hip and knee arthroplasty.

Needs assessment for alcohol-related emergency attendance of 12-18 year olds.

An audit of stoma care worksheets versus primary care nurses’ documentation of care delivered to clients with a new surgically formed stoma.

Effectiveness of acceptance and commitment therapy groups for people with chronic health conditions.

The impact of an electronic prescribing system on the rate of medication errors that reach the patient in an acute metropolitan hospital.

Outcomes of patients admitted to intensive care after cardiac arrest.

The posterior interosseous keystone perforator island flap: A technique for minimising radial flap donor morbidity.

Utility of plain chest x-ray in patients presenting to the emergency department with chest pain suspected of acute coronary syndrome without clinical features of other disease processes.

A two year audit of burns presentations to Peninsula Health.

Utility of routine coagulation screening in patients presenting to the emergency department with chest pain suspected of acute coronary syndrome.

A retrospective observational study assessing variation in practice regarding the management of paediatric patients with head injury 2001-2010.

Clinical and pathological patterns in appendectomies.

A retrospective audit of the dietetic care and follow up of patients presenting to Peninsula Health with a fractured neck of femur.

Reviewing stimulus dose titration in unilateral and bilateral electroconvulsive therapy.


Lower abdominal flaps: Quantification, characterization and application in deep inferior epigastric perforator ( DIEP).


Management of acute traumatic pneumothorax within a non-trauma designated suburban hospital setting: Outcomes, safety and efficacy.

Union rates and time to union of proximal humeral fractures: Does severity make a difference?

Psychotropic prescribing habits in sub-acute rehabilitation prior to referral to aged person’s mental health consultation liaison service.

Ultrasound assessment of regional movement of the diaphragm and its relationship with subphrenic organ displacement in the intensive care unit.

Audit of the management of patients with heart failure in a metropolitan hospital.

Accuracy of peripheral neurological assessment by junior medical staff: An evaluation of adequacy of anatomy teaching in medical school to allow for safe clinical practice.

Does a Response, Assessment Discharge (RAD) assessment and the subsequent allied health referral improve the length of stay of patients who are admitted to hospital as opposed to those admitted after hours by the general medical teams without a RAD assessment?
Publications and presentations

Publications


**Oral presentations**


Lam S. Implementing and developing the Cerner Millennium® clinical system. Integration and communication between systems. 2nd Electronic Medication Management Conference, Melbourne, March 2013.


Ng S. Breast reconstruction post mastectomy: A survey to determine factors that affect patients’ decisions of whether to undergo breast reconstruction. Royal Australasian College of Surgeons Victorian Annual Scientific and Fellowship Meeting (AVSFM) 2012, Melbourne, October 2012.

Ng S. Breast reconstruction post mastectomy: A survey to determine factors that affect patients’ decisions of whether to undergo breast reconstruction. Plastic Surgery Congress Registrars’ Conference 2013, Melbourne, April 2013.


Taverner MG, Loughnan TE. Double blind randomised control trial of active and inactive transcutaneous pulsed radiofrequency treatment for shoulder pain. 2013 Australian Pain Society 33rd Annual Scientific Meeting, Canberra, March 2013.

Thacker V. Antibiotic sensitivity patterns among organisms found in positive urine culture samples at Frankston Hospital. Australasian College for Emergency Medicine Winter Symposium, Broome, June 2013.


Yardley P. Team work increases support and recovery for mothers. The Mental Health Services Conference Incorporated (TheMHS) of Australia and New Zealand 22nd Annual Conference, TheMHS 2012 Recovering Citizenship, Cairns, August 2012.
RESEARCH FINDINGS
Publications and presentations


Taverner MG, Monagle JP, Stone J. What is the data we collect from our psychometric screening tests telling us? 2013 Australian Pain Society 33rd Annual Scientific Meeting, Canberra, March 2013.

Yardley P. Team work increases support and recovery for mothers. The Mental Health Services Conference Incorporated (TheMHS) of Australia and New Zealand 22nd Annual Conference, TheMHS 2012 Recovering Citizenship, Cairns, August 2012.

Financial support, research grants or prizes

Digby R, Bloomer M, Williams A, Crawford K. The experience of family caregivers of people with dementia: From hospital to residential aged care. Windermere Foundation 2013 Mary Patten Special Grant, $8,866.

Digby R. The care of people with dementia in a sub-acute inpatient facility: A discourse analysis of stakeholders’ views. Nurses Memorial Centre / Australian Legion of Ex-Servicemen and Women Scholarship, $5,000.

Peninsula Health, Peninsula General Practice Network, Frankston and Mornington Peninsula Municipalities: Maternal and Child Health Services, Frankston – Perinatal Mental Health Partnership Group. The Mental Health Services Conference 2012 Achievement Awards, $2,000.
Celebrating Research is a two week event that celebrates and showcases research at Peninsula Health. Events include research prizes for allied health, nursing, junior medical staff and students; a poster competition; and the Research Dinner and Jeremy Anderson Oration.

**Research Prize Winners**

**Allied Health**

**First:** Alicia James  
*There is limited evidence that any one treatment improves pain related to calcaneal apophysitis (Sever’s disease): A systematic review.*

**Second:** Caitlin Casson  
*Importance of self-feeding post stroke.*

**Interprofessional**

*The Perinatal Mental Health Partnership project.*

**Second:** de Man T, Thomson J  
*Frozen gloves for the prevention of docetaxel-associated nail toxicity - are they practical in a busy oncology day unit?*

**Nursing**

**First:** John Abbots  
*Which is the most effective dressing product for healing pressure ulcers, hydrocolloid or foam? A literature review.*

**Second:** Dr Verity Sutton  
*The effect of routine reversal of neuromuscular blockade on surgical conditions for thyroid surgery: A double blind randomised controlled trial.*

**Third:** Dr Sandeep Prabhu  
*Initial presentation to a non-tertiary hospital results in prolonged pre-operative hospital stay and increased risk of nosocomial infections in patients requiring in-patient transfer to a tertiary centre for cardio-thoracic surgery: A multi-centre analysis in metropolitan Melbourne.*

**Student**

**First (joint winners):**

**Elizabeth Cole**  
*Serum bicarbonate is a predictor of acute kidney injury in critical illness.*

**Saada Malouf**  
*Outcomes of patients admitted to intensive care after cardiac arrest.*

**Scientific Poster Prize Winners**

**Allied Health**

**First:** Sundararajan L.  
*Uptake of falls prevention interventions by clients referred to Peninsula Health Falls Prevention Service.*

**Second:** Banakh I.  
*PRO-OSTEO project audit 2012: Are we treating our patients?*

**Third:** Dr Sandeep Prabhu  
*Initial presentation to a non-tertiary hospital results in prolonged pre-operative hospital stay and increased risk of nosocomial infections in patients requiring in-patient transfer to a tertiary centre for cardio-thoracic surgery: A multi-centre analysis in metropolitan Melbourne.*

**Medicine**

**First:** Taverner M, Loughnan T.  
*Double blind randomised controlled trial of active and inactive transcutaneous pulsed radiofrequency treatment for shoulder pain.*

**Second:** Thacker V, Tay A, Goh L.  
*Antibiotic sensitivity patterns among organisms found in positive urine culture samples at Frankston Hospital.*

**Nursing**

**First:** Abbots J, Lewis D, Tiruvoipati R.  
*Which is the most effective dressing product for healing pressure ulcers, hydrocolloid or foam? A literature review.*

Text in bold = presenter or poster coordinator
Annual publications

Peninsula Health’s Research Report 2013 focuses on the achievements and contributions of staff involved in research.

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

- Quality of Care Report 2013 – highlights Peninsula Health’s progress and achievements in improving clinical care and our consumers’ experience

For further information about Peninsula Health or to download our annual publications, please visit our website, www.peninsulahealth.org.au.

For printed copies of our publications, please phone Public Relations on (03) 9788 1501.

Research Program staff

Lee-Anne Clavaro, Manager (right)
Stacey Hendriks, Office Coordinator

Acknowledgements

Peninsula Health acknowledges the contribution made by all staff involved in research. The Research Report 2013 showcases a small number of locally initiated and collaborative projects, but recognises the many ongoing clinical trials in departments such as Anaesthesia, Cardiology, Cancer Services, Emergency Medicine, Intensive Care, Mental Health and Thoracic Medicine that have the potential to markedly improve patient care.

This report was printed on Nords set, an environmentally responsible paper produced from Forest Stewardship Council Mixed Sources Chain of Custody certified pulp from well managed forests. Nords et is Elemental Chlorine Free and made Carbon Neutral, and is manufactured by Nordland Papier, a company certified with environmental management systems ISO 14001 and EMAS, the EU Eco-Management and Audit Scheme. Nords et has been awarded the EU ‘Flower’ eco-label certification.

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Fast facts 2012/13

**During the year a total of:**

<table>
<thead>
<tr>
<th>Count</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>80,143</td>
<td>people attended our emergency departments</td>
</tr>
<tr>
<td>64,024</td>
<td>patients were admitted to our hospitals</td>
</tr>
<tr>
<td>14,883</td>
<td>people were admitted to our hospitals for surgery</td>
</tr>
<tr>
<td>96,932</td>
<td>community mental health occasions of care were provided</td>
</tr>
<tr>
<td>120,007</td>
<td>hours of service were provided through Community Health</td>
</tr>
<tr>
<td>24,719</td>
<td>dental courses of care were provided</td>
</tr>
<tr>
<td>2,297</td>
<td>occasions of service were provided at our various diabetes clinics</td>
</tr>
<tr>
<td>1,915</td>
<td>drug &amp; alcohol episodes of care were provided</td>
</tr>
</tbody>
</table>

**Each month at Peninsula Health an average of:**

<table>
<thead>
<tr>
<th>Count</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>215</td>
<td>babies were born</td>
</tr>
<tr>
<td>525</td>
<td>children (0-16 years) were admitted to our hospitals for treatment</td>
</tr>
<tr>
<td>1,297</td>
<td>children (0-16 years) attended our emergency departments</td>
</tr>
<tr>
<td>6,679</td>
<td>people attended our emergency departments</td>
</tr>
<tr>
<td>2,262</td>
<td>people were admitted to hospital from our emergency departments</td>
</tr>
<tr>
<td>395</td>
<td>people were admitted to Frankston Hospital for emergency surgery</td>
</tr>
<tr>
<td>813</td>
<td>people were admitted to our hospitals for elective surgery</td>
</tr>
<tr>
<td>8,082</td>
<td>prescription items were dispensed</td>
</tr>
<tr>
<td>9,241</td>
<td>X-rays and medical imaging procedures were performed</td>
</tr>
<tr>
<td>134</td>
<td>inpatient rehabilitation treatments were provided</td>
</tr>
<tr>
<td>106</td>
<td>patients were admitted to our Hospital in the Home service</td>
</tr>
<tr>
<td>859</td>
<td>Hospital in the Home visits were carried out</td>
</tr>
<tr>
<td>110</td>
<td>cardiac cases were treated</td>
</tr>
<tr>
<td>359</td>
<td>cancer treatments were provided</td>
</tr>
</tbody>
</table>