



Peninsula
Health



Research --- REPORT

2019

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Acknowledgements

Peninsula Health acknowledges the contribution made by all staff involved in research. The Research Report 2019 showcases some of these projects, and recognises the many ongoing projects and commercially sponsored, collaborative group and investigator-initiated trials in areas such as Allied Health, Anaesthesia, Cardiology, Cancer Services, Community Health, Emergency Medicine, Intensive Care, Mental Health, Nursing, Surgery and Thoracic Medicine that have the potential to improve the care we offer our patients.

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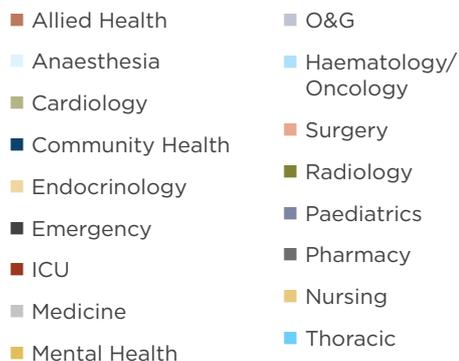
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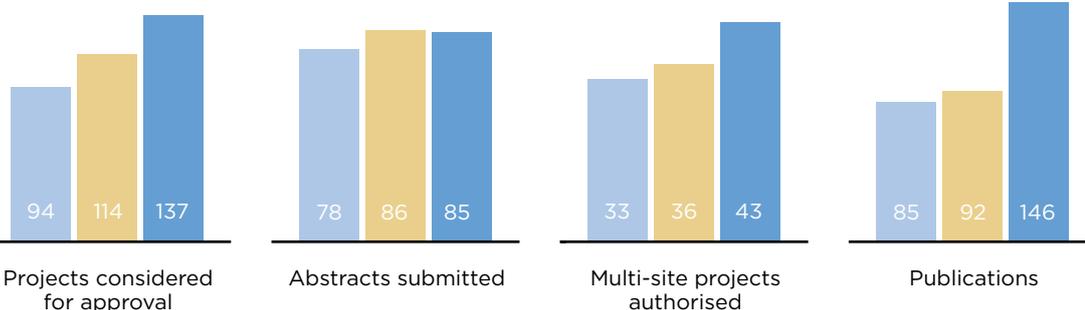
RESEARCH ACTIVITY BY DEPARTMENT



PHD STUDENTS 2019



NEW PROJECTS



TOTAL 16



A message from the Professor of Medicine

It is my pleasure to present the 2019 Research Report, which will give you a sense of the rapid progress we have made since formally commencing the Peninsula Health Research Strategy in late 2016. We continue to grow in the numbers of research staff, students, grants acquired and peer-reviewed scientific publications generated.

2 This report also highlights some unique research initiatives that are either underway or forming, that align with our major research priorities of ageing health and chronic disease. You will also see that we are now on the verge of formally launching a major research centre, the National Centre for Healthy Ageing, which is a combined initiative of Peninsula Health and Monash University, to be established with a major funding commitment from the Commonwealth.

This centre will position us to conduct research aimed towards designing and evaluating innovative models of healthcare that will enable older people to remain

healthy and living productively in their preferred environment. It will use the power of large scale data and adopt novel digital health strategies.

The commitment of support from the Federal Government is not only an indication of the strength of our resident expertise in research but also the importance placed on healthcare for the residents of the Mornington Peninsula, which houses a large proportion of older Australians. What we achieve over the next five years in the Centre will not only impact our own region, but is expected to be highly relevant, nationally, and indeed, internationally.

My thanks and sincere congratulations to all those who have contributed to our research this year. I hope you enjoy reading this year's Research Report.

Regards
Velandai Srikanth
Professor of Medicine

Image Top: Velandai Srikanth, Professor of Medicine.

Image Left: Rebecca Thompson, 1 West Nurse Unit Manager, Professor Richard Newton, Mental Health Clinical Director and Professor Velandai Srikanth.

“This report also highlights some unique research initiatives that are either underway or forming, that align with our major research priorities of ageing health and chronic disease.”



Prompting clinicians to think sepsis, act fast

More than 5,000 Australians die from sepsis – organ dysfunction due to an infection – every year.

Peninsula Health is the first health service in Victoria to embed a Sepsis Pathway – which prompts clinicians if a patient’s observations put them in the sepsis criteria – into the Electronic Health Record (EHR).

“You are more likely to die from sepsis than a heart attack or stroke – it is a huge problem within health,” explains Project Lead and Emergency Department Associate Nurse Unit Manager, Michelle Vuat.

“For a patient to have the best chance at surviving sepsis, it needs to be recognised and treatment started within the first ‘golden hour’.”

Peninsula Health is one of eleven health services to introduce the Sepsis Pathway developed by Royal Melbourne Hospital and Safer Care Victoria in 2018. Michelle and fellow Project Lead Michael Borrett set about implementing the pathway, but were presented with a challenge – unlike all of the other health services involved in the project, Peninsula Health has rolled out its EHR across all sites.

“We did a pilot at Rosebud Hospital Emergency Department (ED) using paper in preparation for how we were going to embed this pathway into the EHR,” explains Michael.

“They really embraced the project and had some great results – 67% of their patients had their antibiotics administered within the first hour from recognition.”

After the success of the program at Rosebud ED, Michelle and Michael

began working with EHR technology provider Cerner and the digital health team at Peninsula Health, led by Karla Pargetter.

The Sepsis Pathway has six key actions to be taken in the 60 minutes following sepsis recognition: oxygen administration; taking of two sets of blood cultures; testing of venous blood lactate levels; administration of rapid fluid resuscitation and appropriate antibiotic treatment; and continued monitoring.

It took months of detailed data analysis to build this pathway into the Electronic Health Record.

“We took the criteria that could generate a sepsis alert for someone, for example, certain temperatures, blood criteria, and we applied those parameters to every patient who went through Peninsula Health in 2018-2019 to see what it would generate,” says Michelle.

“There were two sets of data and we compared which one we thought would work better.”

On 26 March 2019, the Sepsis Pathway went live.

“If you enter a patient’s observations and they meet the criteria for possible sepsis, the EHR alerts and prompts clinicians to follow the Sepsis Pathway,” says Michael.

“Since the launch we are tracking at 85 alerts a day across the entire organisation. Of those 85 alerts there is a conversion rate to a pathway of almost 5%.”

There are other reasons why a patient’s observations can trigger

an alert, but it prompts clinicians to always consider sepsis.

“The early indication is, the Intensive Care Unit admission rate for sepsis is dropping,” adds Michael.

“The caveat is that there is less than three months of data so it needs more time but we will continue to monitor and report on the effect of the pathway.”

The electronic pathway has been well received by Peninsula Health staff.



“You are more likely to die from sepsis than a heart attack or stroke – it is a huge problem within health.”

“Clinicians in our Emergency Departments find it really helpful. We had feedback from other health services that it wasn’t being used because it was taking clinicians too long to document the six key actions, but we have done it in a way that is very user friendly and has become part of their workflows,” says Michelle.

“This entire research and improvement project has been about patient outcomes and what we can do to be best practice for our patients.”

Peninsula Health launched its Electronic Health Record in June 2018, removing paper-based records from across the health service.

Embedding the Sepsis Pathway in the Electronic Health Record was a multidisciplinary team effort.

It involved the Emergency Department Clinical Director Dr Shyaman Menon as Clinical Lead; Dr Tim Williams as Executive Sponsor; Dr Emma Bishop, Infectious Diseases; Alice Lam, Pharmacy; Karla Pargetter, Digital Health; Nick McInnes, Data, Reporting and Improvement; Cerner and Safer Care Victoria.

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Changing attitudes to mental health in the ICU

For a number of reasons, people admitted to an Intensive Care Unit (ICU) are more likely to have a co-existing mental health condition than those in the broader population. As a team of researchers at Peninsula Health discovered, ICU nurses feel unprepared to care for patients with a mental illness.

“65% of our staff have a postgraduate qualification, but that’s in intensive care, not mental health,” says Reuben Weare, a nurse educator in the ICU at Frankston Hospital. “Given mental illness is common among critically ill patients, we need to look at a specific approach for staff in the ICU.”

In 2018, Reuben joined Associate Professor Virginia Plummer,

experienced researcher and mental health nurse Michael Olasoji and research coordinator Cameron Green to investigate the knowledge, skills and attitudes of nurses caring for patients with a mental illness in ICU. It was a partnership that immediately bore fruit.

With a background in mental health nursing, Reuben had found that his limited knowledge was often being called upon in his daily role in ICU.

“That reliance on people from outside the unit is not always the answer,” says Reuben. “So we decided to do something about it; we conducted a study to see what issues were being faced by the ICU staff in order to enable a plan to assist.”

The 76-question survey conducted in 2018 identified some difficult issues faced by people admitted to ICU including those of addiction, and self-harm; and by staff, particularly the risk of injury.

More than 35% of nurses were engaged with the issue and completed the survey.

“There is a real need for such education,” says Reuben. “100% of respondents said they would benefit from some specific education, even staff with previous mental health experience.”

Further education may also help improve staff perceptions and attitudes towards mental illness.



“We have espoused multidisciplinary models in mental health for so long, but every now and then an opportunity such as this arises for education about such models.”

“We want to have more mental health expertise in the ICU and increased consumer input to address the issues shown in the data,” says Reuben. “By engaging staff and consumer groups, international studies show there can be great success.”

“It’s been an example of clinicians and researchers working together on a clinical problem,” adds Virginia. “We are on the way to better outcomes for patients and staff.”

ICU Nurses feel unprepared to care for patients with mental illness: A survey of nurses’ attitudes, knowledge and skills - published in the journal of Intensive and Critical Care Nursing, March 2019. Reuben Weare, Cameron Green, Michael Olasoji and Associate Professor Virginia Plummer.



Image Left: Reuben Weare and Associate Professor Virginia Plummer.

Image Right: Reuben Weare and Nurse Rachelle Poulter.

- + ICU nurses feel they need further training and education to care for patients with mental illness
- + Negative stereotypes and stigma were reported by some participants
- + Daily pressures of ICU care were perceived barriers to delivering optimal person centred care

Investigating differences in dementia risk between men and women

Women have an increased risk of developing dementia compared to men, though little is known about the reason why.

Geriatrician Dr Stephanie Than is undertaking a PhD investigating gender differences in dementia risk at middle and older life.

“We understand that the females are associated with an increased risk of dementia worldwide, however the mechanisms for this increased risk are currently unclear,” explains Stephanie.

“Increasing age is the strongest risk factor for dementia. It is probable that events in mid-life play a critical

role, because changes in the brain likely occur decades prior to the development of the cognitive symptoms associated with dementia in later life. There are a number of potential biological mechanisms, including menopause which occurs at mid-life and is unique to women.”

For the first part of her research, Stephanie is conducting an analysis of the UK Biobank data, a population-based study of people aged 40-69 at time of recruitment. She will study data from around 5,000 people at different phases of mid-life.

“I will be comparing brain volumes between men and women, and brain volumes between pre and

post menopausal women,” says Stephanie.

“Using statistical techniques, I intend to analyse whether the differences seen between these groups in brain volumes are amplified by increasing age – even during mid-life.”

Preliminary findings from this analysis show this may be the case.

“I am finding that there are differences in brain volumes between sexes, and this difference is greater with each year of advancing age during mid-life,” adds Stephanie.

“To investigate what may be driving this difference, I examined brain



volumes in women only, and found that the effect of age on brain volumes is greatest in post menopausal women.”

“I plan to undertake further work to understand the biological mechanisms driving these differences.”

Understanding how such factors at mid-life contribute to dementia risk in later life provides a window of opportunity for preventative or risk minimisation strategies.

“Unfortunately, current treatments for dementia are inadequate and don’t modify the disease itself, they only treat the symptoms,” explains Stephanie.

“I think that further understanding the mechanisms driving these relationships will potentially help us develop new ways to prevent or delay neurodegeneration and reduce the risk of dementia.”

For the next stage of her research, Stephanie plans to conduct a similar analysis of a twin study.



Image: Dr Stephanie Than.

- + Dementia describes a collection of symptoms that are caused by disorders affecting the brain. Dementia affects thinking, behaviour and the ability to perform everyday tasks. Brain function is affected enough to interfere with the person’s normal social or working life
- + In 2019, there are an estimated 447,115 Australians living with dementia. Without a medical breakthrough, the number of people with dementia is expected to increase to 589,807 by 2028 and 1,076,129 by 2058
- + Dementia is the leading cause of death for Australian women and the third leading cause of death for Australian men

Source: Dementia Australia



MePACS clients receive health support

A multidisciplinary team of researchers led by Professor of Medicine, Velandai Srikanth, are investigating ways to help older Australians continue to live independently at home for longer.

Peninsula Health's MePACS personal alarm service supports more than 40,000 clients in Australia. Clients press a button for help if they fall or become unwell and telephone operators will respond and identify what help is required.

"People who have a MePACS personal alarm are often older people living alone who are more vulnerable, more frail and more at risk of requiring hospitalisation," says Srikanth.

"Over the last two years we have been thinking about how we can



Using technology to deliver home based therapy

Associate Professor Michele Callisaya is investigating the use of technology to help older people at home and improve their healthcare.

"I am interested in a number of ways technology can be used in improving healthcare. This includes whether technology can be used to deliver exercise at home," explains Michele.

A senior research fellow and physiotherapist, Michele has worked in rehabilitation and aged care for more than 20 years. She began her research in the assisted technology space three years ago.

"The first project looked to see if a simple seat sensor and game on a tablet connected remotely to a therapist could improve motivation to exercise for people after stroke," says Michele.

"The patients adhered 100% to their exercises over four weeks and found that being monitored by a physiotherapist remotely, increased motivation."

Michele has also started investigating if technology can be used to monitor early decline in function and risk of falls at home.

"For this project we will be working with a group in Portland, USA, who have developed a system to measure different aspects of health including mobility and sleep that's unobtrusive and doesn't require a person to wear or change a device," explains Michele.

"We hope that by monitoring and improving health before adverse outcomes such as mobility decline and falls occur, we will assist older people living in the area to maintain independence and quality of life."

Image: Associate Professor Michele Callisaya.

enhance the MePACS system or take advantage of it, to enable older Australians to live independently for longer.”

The next stage of the research is to study how the MePACS service can be enhanced to meet people’s needs.

“Our plan is to start to work alongside the existing MePACS team to better understand which older clients may require some additional assistance for health-related matters,” explains Srikanth.

“At first, we intend to engage clients, particularly those who are using the alarm more frequently, or those who come in and out of hospital, to find out what their individual needs might be.”

“Then we can see how those needs might be served by what we can provide as a health service but also try to tap into other community systems that might be out there so we can support clients in a much stronger way.”

This research has the potential to benefit MePACS clients and help them to stay well and get the care they need, thus reducing the risk of illness requiring hospitalisation.

Image: Genevieve Martin, Response Operator at MePACS Call Centre.



Better care for senior Australians having surgery

Every year the number of older people undergoing surgery increases.

As part of her PhD, Research Fellow and Geriatrician Dr Margot Lodge is conducting research to find ways to improve care of older people undergoing, and contemplating surgery.

“The aim is to determine and implement care processes that are person centred which can be tailored to the individual goals and circumstances of older people considering surgery,” explains Margot.

“It will also aim to provide a framework for a coordinated and comprehensive care pathway that is multidisciplinary and considers all facets of an older person’s life – not just the specific medical condition that is leading them to contemplate surgery.”

The first step of her research is analysing the current processes and models of care at Peninsula Health to see where the opportunities lie to improve patient outcomes.

“I have been fortunate to meet with a number of the Peninsula Health staff involved in perioperative care and will continue to work closely with an even broader spread of the staff, patients and families, who work and move through this area.”

Image: Dr Margot Lodge and patient Witold Pfeil.

Finding new models of care to meet the needs of our ageing population

Innovative solutions to address complex health conditions related to ageing, benefiting older Australians across the country, are being developed at Peninsula Health.

Planning is underway for the new National Centre for Healthy Ageing, a research centre led by Peninsula Health and Monash University, focusing on ageing and rehabilitation, mental health and addiction.

“These are high priority areas, both nationally and also here within our region,” explains Professor of Medicine, Velandai Srikanth.

There is a connection between the three areas of focus for the research centre.

“The National Centre for Healthy Ageing will be looking at complex health conditions relating to ageing. Mental health conditions and addiction problems are also important issues in the health of older people,” says Srikanth. “For example, opioid dependence is a fairly big problem in people who are older and who use it for pain control, and also mental health conditions are really prevalent in older people.”

“Through the Centre we will have the ability to develop models of care that are new, that would achieve better health outcomes for people with these problems.”

The Federal Government has committed funding for the Centre and the development of a data platform needed to facilitate this research.

“What the data platform will aim to do is harness the strength of routinely collected health information in a way that researchers or clinicians who are planning models of care, might be able to access to monitor their outcomes on an ongoing basis,” says Srikanth. “We will also be using the best data security systems to ensure that an individual’s privacy and confidentiality are maintained.”

“These new models of care can then be rapidly evaluated so we can





translate the findings into people's care and delivery of health services."

The core element of the data platform will be finished in two to three years. From there it will continue to evolve and have new elements added on an ongoing basis to support future research.

The data platform will be housed in the new Academic and Research Centre, a joint venture between Monash University and Peninsula Health, which will be built at Frankston Hospital. Construction is expected to commence in 2020 and be completed by 2021.

"It is great to be able to work in partnership with Monash University

- you bring the rigour of academic design and evaluation into every day healthcare delivery, hence translation of research into practice," says Srikanth.

Another element of the National Centre for Healthy Ageing is the future development of novel simulation facilities.

"These will be created to test environmental modifications or support systems for people who are recovering from health conditions or those undergoing rehabilitation," explains Srikanth.

"For example, it might be a simulation of a home that is supported by technology to help

enable people to do what they need to do to live well at home."

The new Academic and Research Centre and the additional \$32 million investment in the National Centre for Healthy Ageing will greatly expand the research capability at Peninsula Health.

"It is a major injection of funds to give us the ability to go out and do some really important work for our community," says Srikanth.

***Image Left:** Professor Velandai Srikanth with Monash University researchers Dr Nadine Andrew and Associate Professor Richard Beare, on 1 West, the Aged Acute Inpatient Unit at Frankston Hospital.*

"The National Centre for Healthy Ageing will be looking at complex health conditions relating to ageing."

Using ketamine to reduce a common and painful post-surgery complication

Chronic post-surgical pain – pain that develops and persists for three or more months after an operation – is now known to be one of the most common and debilitating postoperative complications.

Peninsula Health is taking part in a large multi-centre, randomised trial to investigate the effect intravenous ketamine given before and after surgical incision for up to 72 hours has on reducing chronic post-surgical pain in patients having non-cardiac thoracic surgery, major abdominal surgery and hip and knee arthroplasty or spinal surgery.

“Chronic post-surgical pain is a very important complication of major surgery which is under-recognised. Depending on the type of surgery, there is quite an alarming incidence, said to be around 10-15% with mastectomy surgery but around 60% with thoracic surgery,” explains Anaesthetist Dr Ashley Webb, who is leading the trial at Peninsula Health.

“The effects are debilitating and there are huge economic costs – this is pain that will last years into the future.”

Ashley and research coordinator Lisa Coward started recruiting patients in April 2018 for the National Health and Medical Research Council funded ROCKET (Reduction of Chronic Post-surgical Pain with Ketamine) Trial, which runs for four years.

“Eighty-seven Peninsula Health patients have taken part in the trial so far,” explains Lisa.

“Of the 17 sites participating in the trial, we are the highest recruiting hospital to date.”

This trial is the biggest investigation ever into the effect of using ketamine to prevent chronic post-surgical pain.

“Ketamine is a drug that has been around for a long time and is certainly known to be useful for treating acute pain, but there was a strong signal from the pilot study that fewer patients who had ketamine infusions went on to develop chronic pain,” says Ashley.

“Hence it was scaled up into this very large multi-centre study.”

As well as following up patients to find out if they were experiencing chronic post-surgical pain at three and twelve months after surgery, the study is investigating the impact such pain has on a patient.

“We ask a lot of questions about quality of recovery and quality of life after surgery because they are really important end points from a patient perspective,” says Ashley.

“The other aspect we are looking at is healthcare utilisation costs. Study participants give permission for the Medicare database to be used to look at how many GP visits, specialist visits and pain medication

prescriptions they have in the 12 months after surgery.”

“It also looks at ‘over the counter medications’ as well as ‘days absent from work,’ covering the entire economic cost of chronic pain,” adds Lisa.

The outcome of the research has the potential to help the many thousands of people who have



Image: Lisa Coward and Dr Ashley Webb with research participant Marcus Mooney (centre).

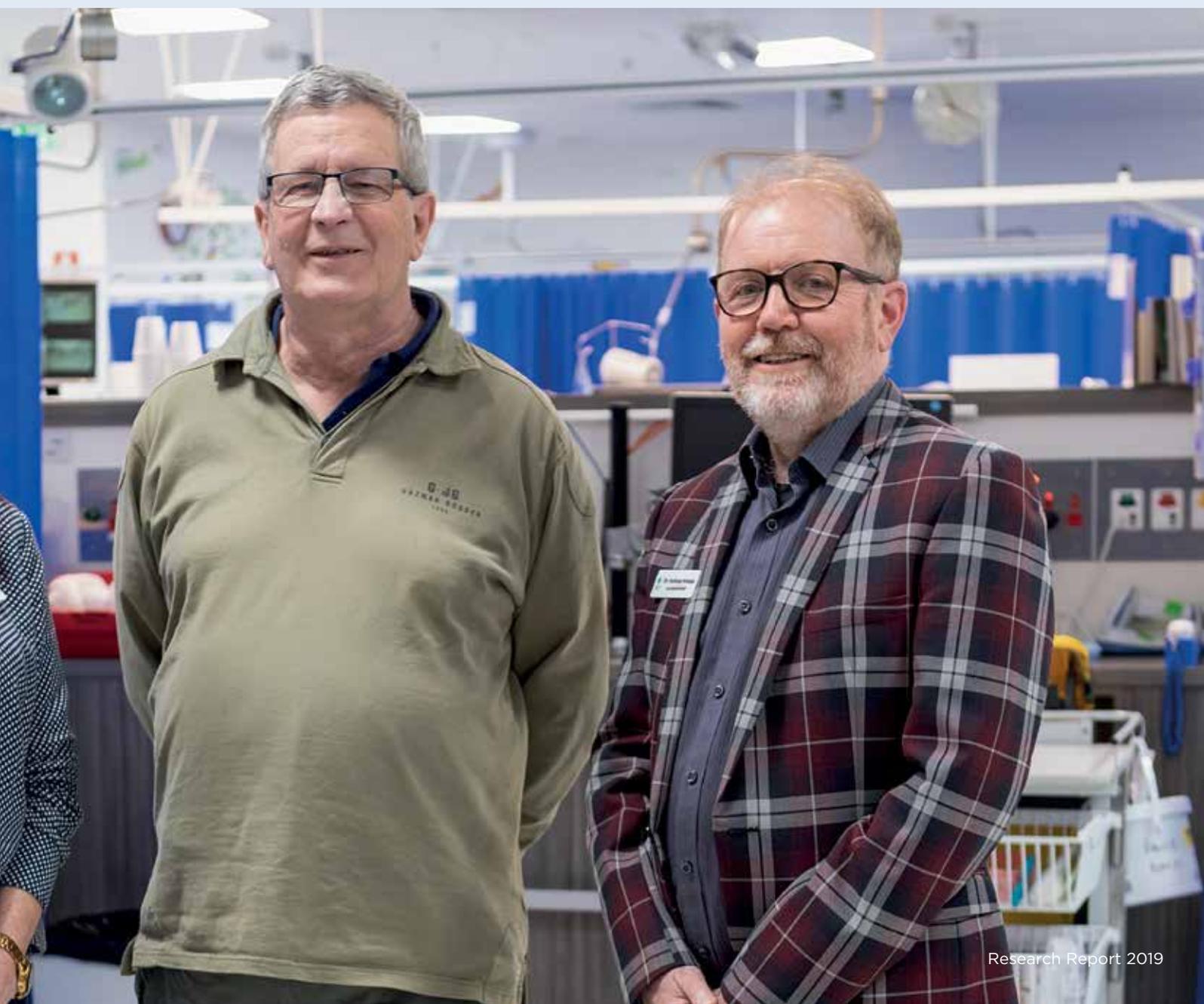
“The effects of chronic post-surgical pain are debilitating and there are huge economic costs – this is pain that will last years into the future.”

surgery and are at risk of developing chronic post-surgical pain, both in Australia and beyond.

“There is going to be a big benefit for both the individual and the health system as a whole if this study shows that using a relatively cheap drug like ketamine reduces chronic pain and the need for health interventions,” remarks Ashley.

- + **The ROCKet Trial is a five-year, 4,884 patient, multi-centre, double-blind, placebo controlled, phase 3/4 randomised controlled trial of the effect of up to 72 hours of perioperative ketamine on the risk of development of chronic post-surgical pain, led by Principal Investigator A/Prof Philip Peyton, University of Melbourne.**
- + **Investigating what can be done to stop patients developing chronic pain after surgery was voted one of the top ten research priorities for Anaesthesia and Perioperative Care by UK health practitioners in 2015.**

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Changing the approach to early intervention in paediatric dentistry

Much of the focus of public healthcare in recent years has shifted onto preventative treatment, but while that has taken hold in much of the industry, it is not yet the case for one highly specialised area.

“There’s always been an understanding that prevention is not at the forefront of public dental services,” says Tan Nguyen, dental practitioner at Peninsula Health.

“So for children, the burden of oral diseases is quite significant, and many may actually have to go to hospital, and endure a lifetime of subsequent treatments, so that is concerning.”

Tan decided to investigate a simple intervention to try to change behaviour in some key areas in dental practitioners’ work with paediatric patients. Partnering with Deakin University, the Peninsula Health-based team considered introducing a short educational program in an attempt to change treatment behaviours.

“We looked at how can we support practitioners in thinking about prevention more broadly, and if a relatively simple professional development course can do that across a number of agencies.”

Dental practitioners allocated to the intervention group were recruited from two dental service sites, Hastings and Rosebud, while those allocated to the standard care group were selected from Frankston and Carrum Downs. For the intervention group, dental practitioners received a one-day

education program on best practice in prevention while those allocated to the control group did not receive the course.

The one-day program aimed to change dental practitioners’ initial approach to the treatment of children aged between 0-12 years old, when operating in the public system. The results were significant.

“There’s certainly profound potential impacts on how we can sell simple interventions to change behaviour as more prevention focused,” says Tan. “The intervention greatly increased activity in prevention for one group, providing less invasive treatment, but for the control group there was very little change.”

“Our results found that the clinical productivity in each group was significantly different, which is contrary to the popular belief that preventive dental services are not financially attractive. The mean remuneration to the health service was \$250 per individual in comparison to the standard care, which produced \$212 per person,” explains Tan.

“Many people think that prevention isn’t productive for health services, but we have demonstrated that increasing prevention activity creates a more productive environment for the health service.”

The objectives developed as part of the research are the first of their kind in Australia to provide robust quantitative evidence that the focus of prevention in public dental

services require serious attention. It positions Victoria as the leading national jurisdiction to advance the scientific knowledge on public dental health and oral health economic evaluation techniques.

“Most people are familiar with the phrase ‘we’ll drill and bill’, but we want to be preventing more disease rather than just treating the symptoms,” says Tan. “We addressed a convention that prevention focused care was not



Image: Tan Nguyen and Dental Therapist Shalini Muttiah with patient Olivia at Rosebud Community Dental.

Integrating evidence-based dentistry within a public dental program for children by Tan Minh Nguyen won the Project Category Award at the 2019 5th World Dental Hygienist Awards.

productive for public dental services and our work demonstrated that's not the case."

"The single most important barrier to delivering person-focused dental care from a preventive approach within public dental services is the lack of transparency on any published quantitative data on dental service delivery," explains Tan. "This research changes that narrative, noting more work is required to achieve ideal levels of preventive dental services."

- + Children at Peninsula Health are now receiving increasing levels of best practice clinical care, which is less invasive and addresses the root cause of oral diseases and dental treatment.
- + The increasing levels of prevention activity are more likely to keep children healthy, therefore avoiding more complex dental treatment in the future.
- + As children remain healthy, it costs less to maintain their health, thereby enabling increased capacity for the health service to treat more patients.



Improving outcomes for people with a hip fracture

Hip fractures are a major public health issue that have serious consequences for those affected and result in direct costs of \$695 million per year.

“Only 65% of people who have a hip fracture are able to return to living at home and of those people who return home, only 40% return to their pre-fracture level of walking,” explains Kate Noeske, senior physiotherapist.

“One possible explanation for this is that people who have fractured their hip are very inactive and complete a low level of walking at home, even after having rehabilitation. It is thought that a major cause of this low level walking activity may be psychological factors such as a lack of confidence and fear of falling.”

La Trobe University, Eastern Health and Peninsula Health are

collaborating on the National Health and Medical Research Council funded MIHip Project, which is investigating Motivational Interviewing (MI) to improve outcomes after hip fractures.

“The MIHip Project is looking at whether a simple psychological intervention, called Motivational Interviewing, is effective at increasing how much people walk at home after they have had a hip fracture,” explains Kate, who is the Project Officer at Peninsula Health for MIHip.

“Motivational Interviewing aims to improve confidence with walking and walking activity.”

A pilot study of 30 people with a hip fracture found that motivational interviewing resulted in people walking 15 minutes more per day.

“This is important because walking as little as 15 minutes per day can result in improved health and a three year increase in life expectancy,” says Kate. “Therefore, if we can get people walking after a hip fracture it will have significant benefit.”

Many Peninsula Health staff are involved in the project, with some allied health staff from the Community Rehabilitation Program undergoing training to be Motivational Interviewers. Physiotherapy staff are helping with the research and data collection, and administration and Access staff assist with recruitment of patients.

The trial runs for two years from August 2019, after which results will be analysed and published.

Image: Kate Noeske.





Mapping the podiatry profession

In Australia the majority of podiatrists work in metropolitan areas, which is causing a skills shortage in rural and remote locations.

Podiatrist Anna Couch is leading a research project Podiatrists in Australia: Investigating Graduate Employment (PAIGE), to find out why podiatrists are choosing to work in metropolitan areas and guide workforce planning for the podiatry profession in the future.

“PAIGE started on the background of there being a shortage of podiatrists in rural and remote locations when compared to metropolitan locations. These are the locations where diabetic foot disease complications such as

amputation are at their highest, yet these are the areas where there are limited podiatry services,” explains Anna.

“We wanted to work out why podiatrists choose to work where they do, why some podiatrists leave the profession early and also look into decision making around looking for jobs, what attracts people to certain positions, and why they stay there.”

Working with the Australian Podiatry Association, Anna has released a questionnaire for podiatrists Australia-wide.

“Twenty-nine per cent of Victorian podiatrists participated in the first survey,” says Anna.

“We have just released the third wave of the study and will continue to analyse the data to help guide workforce initiatives.”

Anna is also conducting focus groups with stakeholders in the profession, looking at what initiatives employers might be able to implement to attract podiatrists to regional and remote areas.

“Ultimately we are trying to break down the misdistribution of podiatrists across Australia so that it is a little bit more even, and care is fair.”

Image: Anna Couch.

Best practice clinical supervision of allied health staff

Allied health professionals across Australia are required to practise clinical supervision to comply with quality and safety standards. However, little is known about how to facilitate clinical supervision that supports the professional performance of allied health professionals.

“This research study aimed to explore allied health professionals’ perceptions about their experiences with clinical supervision and the aspects of supervision that facilitate its effectiveness,” explains co-investigator Michelle Sargent, who is also the Head of Speech Pathology at Peninsula Health.

“We conducted individual interviews with a broad range of allied health professionals of varying levels of experience and clinical speciality.”

Interview findings were analysed by the research team, which includes Dr David Snowdon, A/Prof Cylie Williams and Allied Health Director Kirsten Caspers, and several themes emerged.

“Specifically, allied health professionals reported that clinical supervision was most effective when their professional development was a focus, the supervisor possessed the skills to facilitate a constructive supervisory relationship and the organisation provided an

environment that facilitated this relationship,” says Michelle.

These themes will be applied to further initiatives aiming to improve the overall effectiveness of clinical supervision for allied health professionals at Peninsula Health.

“The results will also be used to enhance the allied health clinical supervision framework and will further contribute to the associated body of research being conducted across health services in Australia.”

***Image:** Michelle Sargent supervises Grade 1 Speech Pathologist Hannah Sanderson with patient Kathleen Hudson.*





Rehabilitation impact on quality of life

The improvement in the health-related quality of life of patients before and after their admission to the Community Rehabilitation Program (CRP), is now being measured using a new tool.

“The EuROQoL tool is a measure of health-related quality of life, which is regarded as one of the gold standard generic patient-related outcome measures across many areas of health, including rehabilitation,” explains Kate Brooks, a CRP physiotherapist involved in the research.

“Previous pilot studies in 2012 and 2016 showed a positive intervention outcome for our patient group. We saw a great opportunity to develop this work into a full research

project, with the support of the Research Department.”

On 1 January 2019 the formal project commenced, with all CRP clients being asked to complete a EuROQoL questionnaire on admission and discharge from the service.

As well as being used to measure change in overall quality of life, the CRP research team is analysing the change for specific populations of patients based on their reason for admission, and association between service factors: intensity of therapy, time on program, number of services received and wait time.

“Importantly for our patients this will identify areas of our CRP service where we can look at allocating

future resources, based on which factors are associated with patient improvements,” says Kate.

“An example may be to increase group therapy to reduce wait time, or to recommend earlier discharge from our service for some clients who reach good outcomes in a timely manner.”

“To our knowledge this type of multidisciplinary patient-related outcome measure study has not been conducted previously in public health across Australia, so we are excited to see the results and present our findings.” Kate says.

Image: Kate Brooks discussing the survey with a patient.

Pioneering surgeon and researcher retires

Research has been a lifelong interest for Mr Nigel Broughton, who retired in July 2019 after a 30 year association with Peninsula Health as an orthopaedic surgeon and pioneering member of the research team.

“I did research training and projects at Oxford, Cambridge and Bristol Universities alongside my clinical training and came out to Australia in 1987 for a research fellowship at The Royal Children’s Hospital,” explains Nigel.

“A colleague I had trained with at Bristol encouraged me to come and do some work at Frankston, so I came back to Australia in 1989 and joined Peninsula Health.”

As the Head of Orthopaedic Research, Nigel has worked to foster

a strong research culture, with many opportunities for trainees to get involved.

“Over the last 10 years my own research projects have really been to encourage juniors within the Orthopaedic Department to get involved and take an interest in research,” says Nigel.

“It’s been more of a mentorship role, but we have had papers published in some prestigious international orthopaedic journals and I have spoken at various national and international meetings.”

“It has been very fulfilling to feel that the work we have been doing at Frankston Hospital is being recognised around the world and acted on. It is all very well

doing research but it has to lead somewhere.”

A major highlight for Nigel is the research he has led on the long term follow-up of hip and knee replacements.

“Over the past 10-15 years we have doubled the number of hip and knee replacements we are doing – last year in Australia we did over 100,000,” explains Nigel.

“Traditionally these patients would come in to clinic every few years to see the surgeon, have an x-ray and usually be told everything is fine.”

The orthopaedic team came up with a more efficient method of follow-up, which didn’t involve the patient physically coming back





to the clinic. Patients would instead be sent a questionnaire and arrangements would be made for them to have an x-ray locally. The treating surgeon would then determine whether the patient needed to come to the clinic.

“By doing this we reduced our need for outpatient appointments by about 90%,” says Nigel.

“The ‘virtual clinic’ was a safe alternative which patients liked and reduced the burden and wastage of healthcare resources. This research, which has shown that you can follow up remotely, has had a major effect on orthopaedic care, not just in Australia but throughout the world.”

This work led to Nigel being asked to write the Australian Orthopaedic Association’s National Guidelines on follow-up for hip and knee replacements.

“It has been really pleasing to write the guidelines, go to meetings and

have people say, ‘It is really good the work you have done because it has changed my practice.’ It all came from the research we had been doing at Frankston Hospital.”

As well as leading orthopaedic research, Nigel has played a key role in developing and expanding the research program throughout Peninsula Health.

“In 2015 I was appointed to be the Deputy Director of Research at Peninsula Health, with John Botha as Director, to write a strategic plan for development of research within the health service.”

“I have sat on various committees which implemented the recommendations in the plan, including the appointment of our Professor of Medicine.”

Over the last four years the research program has continued to grow, with more health

professionals from across the organisation becoming involved.

“One of the other things I have done is encourage links between different disciplines and with other research institutions,” says Nigel.

“It has been great to have like-minded researchers in other disciplines at Peninsula Health to collaborate with and also build strong links with other organisations, such as Monash University and Monash Partners.”

Nigel plans to devote his retirement to doing more of the things he enjoys – spending time with his wife, children and grandchildren, travelling and attending more sport and culture events in Melbourne.

Image Left: Mr Nigel Broughton at Frankston Hospital.

“It has been very fulfilling to feel that the work we have been doing at Frankston Hospital is being recognised around the world and acted on. It is all very well doing research but it has to lead somewhere.”

Research governance

Research Advisory Committee

The Research Advisory Committee was established to provide a forum for discussion between the key stakeholders in the research framework at Peninsula Health to provide advice on research activity and development, research governance and enhancing organisational research profile. Due to significant advances made in the research program over the last few years, this committee completed its role in March 2019.

Dr Alison Dwyer (Chair)
Professor Kenneth Thomson
Professor John Botha
Mr Nigel Broughton
Ms Lee-Anne Clavarino
Professor Terry Haines
Associate Professor Virginia Plummer
Professor Velandai Srikanth
Dr Tim Williams
Associate Professor Cylie Williams
Ms Elizabeth Wilson

Research Operations Committee

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

Scientific Advisory Subcommittee

Professor John Botha (Chair)
Dr Nadine Andrew
Mr Nigel Broughton
Associate Professor Ernie Butler
Associate Professor Miodrag Dodic
Dr Chris Moran
Dr Sam Leong
Associate Professor Virginia Plummer
Dr Wei Wang
Associate Professor Cylie Williams

Human Research Ethics Committee (HREC)

The role of the HREC is to:

- + Ensure that the design and conduct of any human research that it reviews within the scope of its responsibilities conforms with the National Statement on Ethical Conduct in Human Research (NHMRC, ARC, UA, 2007 updated 2018) (National Statement) and other relevant national codes of human research ethics and also with the ethical standards to which Peninsula Health is committed.
- + Ensure that participants in any human research that the HREC reviews and approves are accorded the respect and protection that is due to them.

Associate Professor Virginia Plummer (Co-Chair)

Associate Professor Cylie Williams (Co-Chair)

Dr Tim Williams (Executive Sponsor)

Professor John Botha

Mr Nigel Broughton

Dr Michael Chae

Mr Sean Chinnathumby

Dr Rosamond Dwyer

Ms Joanna Green

Dr Dilinie Herbert

Ms Alice Irving

Mr Richard Ivce

Ms Alison Lunt

Dr Ian Munro

Dr Meghan O'Brien

Mr Seng-Yew Ong

Mr Peter Raphael

Professor Warren Rozen

Professor Ravi Tiruvoipati

Dr Vicky Tobin

Mr Michael Wang

Ms Alexis Ward

Dr Ashley Webb

Associate Professor Zee Wan Wong

Projects approved by Executive Sponsor

A clinical and economic evaluation of the personal alarm and emergency response service Mount Eliza Personal Assistance Call Service (MePACS)

Addressing survivorship needs of an elderly population - A pilot study of care coordination

Airway assessment and management documentation audit

An audit of the appropriateness of Community Acquired Pneumonia management in adult patients in an Australian metropolitan hospital

Analysis of oxycodone prescribing on patient discharge at a Victorian tertiary hospital

Ascertaining feedback on perceptions of the role of the Grade 3 Allied Health Assistant within The Mornington Centre subacute rapid discharge SPeED team

Assessment of prescribing potentially inappropriate medications using Beers Criteria at a metropolitan hospital

AZ Lung Cancer Mapping Audit

Barriers in participation in cardiac rehabilitation after an acute myocardial infarction at Peninsula Health

Cardiac rehabilitation participation rates after an inpatient admission for acute coronary syndrome at Peninsula Health

Clinical and radiological follow-up of primary hip and knee arthroplasties: has our practice changed?

Clinical and radiological outcomes following periprosthetic total hip replacement fractures: 3 year follow-up

Clinical audit of infective endocarditis at Peninsula Health from 2013 to 2017

Clinical audit of management of haemorrhagic radiation cystitis secondary to radiation for prostate cancer at Frankston Hospital - a 12-month review

Colposcopy audit

Comprehensive audit of baseline investigations and subsequent management of patients with breast cancer in the Mornington Peninsula area in last 5 years

Determining Chronic Regional Pain Syndrome incidence in the foot and ankle: a retrospective file audit

Developing ambulatory hysteroscopy services for women in Peninsula Health

Diagnostic usefulness of investigation protocols in febrile infants above, and below 3 months old

Discharge Summary Improvement Project

Does high flow oxygen help reduce transfers in children with bronchiolitis presenting to Frankston Hospital

Door-in-door-out times at primary stroke centres in patients with acute stroke due to large vessel occlusion transferred to comprehensive stroke centres for endovascular clot retrieval - a Victorian state-wide study

Early detection of infants at risk of cerebral palsy in the Special Care Nursery at Peninsula Health

Educational experience of registrars and residents in Peninsula Health paediatric outpatient clinics

Encephalitis audit Peninsula Health

Endoscopic retrograde cholangiopancreatography access in public hospitals for choledocholithiasis

Evaluating the use of serum levels of novel oral anticoagulants in guiding treatment

Evaluation of frequency and outcomes of overriding allergy and alerts in the electronic prescribing system

Evaluation of the pharmacological management of STEMI patients at a metropolitan hospital

External doppler ultrasonography probe microorganism and epithelial study

Facilitating early identification of emergency buzzers

Factors influencing referrals to physiotherapy on an Acute Care of the Elderly (ACE) Unit at Frankston Hospital

Hip ultrasound in the diagnosis of developmental dysplasia of the hip

Identification of risk factors for clinic non-attendance in the Peninsula Health paediatric cohort

Identifying peripherally inserted central catheter occlusion rate

Improvement in quality of life in people receiving community rehabilitation



- In post-operative patients commenced on a slow-release opioid, is there a plan for discontinuation?
- Management of atrial fibrillation with rapid ventricular response at Code MET
- Management of convulsive and presumed non-convulsive status epilepticus in the Frankston Hospital Emergency Department
- Management practices of hypercapnia in critically ill patients with sepsis
- Maternal and foetal outcomes in patients with gestational and pre-gestational diabetes receiving antenatal steroids
- Medical Emergency Team (MET) calls in adult inpatient psychiatric units
- Mental health treatment exposure audit
- Myocarditis in the Mornington Peninsula: a 20-year single-centre regional experience
- Necrotizing fasciitis
- Obesity in CT coronary angiogram studies: challenges and radiation dose considerations
- Obesity in radiology studies for chest pain: prevalence, impact on image quality and radiation dosimetry
- Obesity in the Echocardiography Laboratory: prevalence and impact on results
- Orbital and maxillofacial fracture burden in conjunction with substance intoxication: an epidemiological study at Peninsula Health

- Perinatal maternal and neonatal outcomes in women with type 1 diabetes on insulin pumps vs mixed daily insulin at Frankston Hospital
- Peri-operative diabetes medication management with emphasis on Sodium-Glucose Transporter 2 (SGLT2i) inhibitors: adherence to guidelines and complications: single centre prospective study
- Perioperative SGLT2 inhibitors in hyperglycaemia
- Pharyngoesophageal foreign bodies
- Preventing opioid-related harm
- Proton Pump Inhibitor use in the ICU
- Pulmonary hypertension quality assurance project
- Retrospective radiological analysis of histologically proven gallbladder cancer at Peninsula Health
- Sepsis scaling collaboration
- SGLT2 inhibitors in surgical patients: a single-centre retrospective cohort study
- Statewide quality audit of cancer multidisciplinary meetings
- Surgical management of mycobacterium ulcerans: the Peninsula Health experience
- The effect of haemodialysis treatment time on quality of life in patients on maintenance haemodialysis
- Timing of cholecystectomy in gallstone pancreatitis
- Use of contrast-induced ECG changes to detect coronary microvascular dysfunction
- Vitamin D and hyperemesis gravidarum

Projects approved by the Human Research Ethics Committee

A training program to improve the effectiveness of clinical supervision of physiotherapists

Australian ETAD survey

Balance in patients with diagnosed or undiagnosed Ledderhose disease

BP in dialysis study

Caring for patients with a mental illness in the Intensive Care Unit: a survey of nurses' attitudes, knowledge, and skills

Challenges faced by nurses

Consumer views of aged care in-home support services: a pilot study

Continence care in acute medical ward

Developing face validity of the AusTOMs for use in podiatry

Evaluation of a longitudinal focused cardiac ultrasound training program

Extended access of momelotinib for subjects with Primary Myelofibrosis (PMF) or Post-Polycythemia Vera or Post-Essential Thrombocythemia Myelofibrosis (Post-PV/ET MF)

Face-to-face vs written hand therapy information post Carpal Tunnel surgery

GP expectations of faecal occult blood testing

Hand surgeons approach to the management of Dupuytren's disease

Health Links Project

Improving the cost effectiveness of sodium chloride intravenous flushes: a single-centre prospective study

Patient Power: do notepads encourage patients to ask questions?

Quantifying frailty in ICU patients

Reasoning of risk

Recovery-orientated care

Reducing sedentary behaviour of hospital inpatients

Reduction in obstetric anal sphincter injuries

Safety of delivering bronchial thermoplasty in two treatment sessions

Shifting the model of community health provided dental services from care based to preventative based

SNA to measure connections in IHP settings

Stop for the op, stop for life

The effect of fluid challenge and vasoactive agents on renal resistive index in patients with sepsis and septic shock in ICU

Ultrarapid iron polymaltose infusion for iron deficiency anaemia: a single-centre study

Walking in the community following inpatient rehabilitation

Through the Patient Power project, patients receive a custom designed notebook to record questions when they think of them. The healthcare team checks and responds to the questions recorded throughout their stay in hospital.



Multi-site projects authorised at Peninsula Health

A double-blind, placebo-controlled, multi-centre, clinical trial to investigate the efficacy and safety of 12 months of therapy with inhaled colistimethate sodium in the treatment of subjects with non-cystic fibrosis bronchiectasis chronically infected with pseudomonas aeruginosa

A phase 2, open-label, response rate study of talazoparib in men with DNA repair defects and metastatic castration-resistant prostate cancer who previously received taxane-based chemotherapy and progressed on at least 1 novel hormonal agent (enzalutamide and/or abiraterone acetate/prednisone)

A phase 2b, randomised, multi-center, double-blind, dose-ranging study to assess the efficacy, safety, and pharmacokinetics of intravenous TAK-954 in critically ill patients with enteral feeding intolerance

A phase 3 study of erdafitinib compared with vinflunine or docetaxel or pembrolizumab in subjects with advanced urothelial cancer and selected FGFR gene aberrations

A phase 3 trial of perioperative pembrolizumab + neoadjuvant chemotherapy vs. perioperative placebo + neoadjuvant chemotherapy for CIS-eligible MIBC

A phase II randomised trial comparing immune priming by low dose oral cyclophosphamide plus olaparib versus priming by olaparib alone, prior to combination therapy with olaparib plus durvalumab, versus single agent olaparib alone, in asymptomatic platinum-sensitive recurrent ovarian, fallopian tube or primary peritoneal cancers with homologous recombination repair defects

A phase IIb, open label, sequential cohort study comparing KappaMab alone to KappaMab in combination with lenalidomide and low dose dexamethasone (MRd) in Relapsed Refractory Multiple Myeloma

A phase III randomised, double-blind trial to evaluate the effect of 12 weeks' treatment of once daily EMPagliflozin 10mg compared with placebo on ExeRcise ability and heart failure symptoms, in patients with chronic HeArt FaiLure with reduced Ejection Fraction (HFrEF) (EMPERIAL - reduced)

A phase III randomised, double-blind trial to evaluate the effect of 12 weeks' treatment of once daily EMPagliflozin 10mg compared with placebo on ExeRcise ability and heart failure symptoms, in patients with chronic HeArt FaiLure with preserved Ejection Fraction (HFpEF) (EMPERIAL - preserved)

A randomised, double-blind, phase III study of pembrolizumab versus placebo in combination with neoadjuvant chemotherapy and adjuvant endocrine therapy for the treatment of high-risk early-stage estrogen receptor-positive, human epidermal growth factor

A randomised, double-blind, placebo-controlled study to evaluate the efficacy and safety of BG00011 in patients with idiopathic pulmonary fibrosis

A randomised, double-blind, placebo-controlled, parallel-group, Proof-of-Concept (PoC) study to assess the efficacy, safety and tolerability of SAR440340, in patients with moderate-to-severe chronic obstructive pulmonary disease (COPD)

Advanced practice nurses: determining roles and scope of practice in Victorian metropolitan public health services

An exploration of ventilator-associated events prevention measures in intensive care units

ARISE FLUIDS observational study

Austin Health and Northern Health clinical staff views on voluntary assisted dying

Australian Needle and Syringe Program Survey

Australian Orthopaedic Association National Joint Replacement Registry Patient Reported Outcome Measures Pilot Project

Australian Stroke Clinical Registry (National)

Circulating tumour DNA analysis informing adjuvant chemotherapy in stage III colon cancer: a multicentre phase II/III randomised controlled study

Circulating tumour DNA analysis informing adjuvant chemotherapy in early stage pancreatic cancer: a multicentre randomised study



- CRISTAL: a cluster randomised, crossover, non-inferiority trial of aspirin compared to low molecular weight heparin for venous thromboembolism prophylaxis and safety in hip or knee arthroplasty
- Endoscopic ultrasonography-guided drainage of pancreatic fluid collections using a novel lumen-apposing metal stent: the Australian, New Zealand and Asian experience
- Establishing the prevalence of healthcare associated infections in Australian hospitals
- Evaluation of treatment outcomes in May-Thurner Syndrome
- First do no harm: reducing unnecessary prescribing of acid suppression therapy in infant reflux. A multi-site, mixed methods study
- Headache in Emergency Departments (The HEAD study)
- How oesophageal cancer is diagnosed and treated in Victoria: understanding practice and treatment decisions
- Intensive care unit pain, agitation and delirium standardised assessment and monitoring practice project
- Modulation of the tumour microenvironment using either vascular disrupting agents or STAT3 Inhibition in order to synergise with PD1 inhibition in microsatellite stable refractory colorectal cancer
- Motivational interviewing to increase walking in community-dwelling older adults after hip fracture: a randomised controlled trial

- Nutrition prescription in Australian and New Zealand intensive care units: a point prevalence audit
- Prevalence and management of metabolic acidosis with sodium bicarbonate in the ICU
- PRimary health and Aged Care Translation and Interpreting Services (PRACTIS)
- Protocol for a pilot study examining the disinvestment of mobilisation alarms for hospitalised adults at risk of falling: a trial feasibility study
- Recovery-focused Community support to Avoid readmissions and improve Participation after Stroke (ReCAPS)
- Safewards ED
- TARGET protein feasibility study a prospective, blinded, parallel group, randomised controlled trial to assess the feasibility of conducting a phase III trial of protein targets in critically ill adults
- The feasibility of implementing an innovative shared care model to treat cancer-related depression in the community
- The investigation of fat necrosis in the deep inferior epigastric perforator (DIEP) flap used for breast reconstruction
- The use of intra-muscular ketamine by paramedics in the management of the severely agitated patient
- Varenicline and nicotine replacement therapy for smokers admitted to hospitals
- Victorian Integrated Care Model - Part 1 - Data Linkage

Image: Dr Margot Lodge in Port Phillip Ward, Frankston Hospital.

Celebrating Research 2018 prize winners

Presentations

PATIENT SAFETY & PERSON CENTRED CARE

Professor Ravi Tiruvoipati

Association of hypercapnia and hypercapnia acidosis with clinical outcomes in mechanically ventilated patients with cerebral injury.

Experienced Researcher Category

Dr Stephanie Than

Examination of risk scores to better predict hospital-related harms.

1st Prize Early Researcher Category

Ms Rebecca Barnden

Field testing of a recently developed standardised goal setting package for person centred discharge care planning in stroke.

2nd Prize Early Researcher Category

INNOVATIVE TECHNOLOGY & THERAPIES

Mr Iouri Banakh & Ms Martha Turek

Ultrarapid iron polymaltose infusion for iron deficiency anaemia (UltraRIIPH): A pilot safety study.

Experienced Researcher Category

Ms Jessica Paynter

Multicentre comparison of the contemporary management of Dupuytren's disease.

1st Prize Early Researcher Category

Dr Justin Cole

Validated method to objectively assess regional healthcare resource allocation and efficiency of access.

2nd Prize Early Researcher Category

AGED CARE & CHRONIC DISEASE MANAGEMENT

Dr Chris Karayiannis

Is blood pressure lowering for secondary stroke prevention in the very elderly associated with a higher risk of adverse events?

Experienced Researcher Category

Ms Anna Couch

Implementing a podiatry prescribing mentoring program in a public health service: A cost description study.

1st Prize Early Researcher Category

Ms Rebecca Pang

Care coordination to prevent hospital readmissions: Evaluation of HealthLinks Project at Peninsula Health.
2nd Prize Early Researcher Category

HEALTH SERVICES & POPULATION HEALTH

Dr Ashley Webb

Smokers on the elective surgery waitlist often say yes to free mailed nicotine replacement therapy (NRT), but preoperative quitting is significantly improved only when quit medication is actually used.

Experienced Researcher Category

Mrs Mays Solomon & Dr Rumes Sriamareswaran

Analysis of oxycodone prescribing on patient discharge at a Victorian tertiary hospital.

1st Prize Early Researcher Category

Mr Andy Macey

An exploration of preceptorship in the Australian intensive care unit: ICU preceptors' perceptions of benefits, rewards, supports and commitment to the preceptor role.

2nd Prize Early Researcher Category

MEDICAL STUDENT PRIZE

Ms Laura McDonald-Wedding

Systematic review of clinical tests to assess acromioclavicular joint pathology: How much do we really know?

1st Prize

Mr Zee Lim

The appropriateness of proton pump inhibitor (PPI) use in the ICU.

2nd Prize

Ms Syeda Karim

Door-to-balloon time and length of stay in STEMI patients undergoing primary percutaneous coronary intervention at Frankston Hospital.

3rd Prize



Posters

PATIENT SAFETY & PERSON CENTRED CARE

**Dr Tina Ko, A/Professor Debra Renouf,
Dr Stella Sarlos**

Retrospective audit of adherence to clinical guidelines aimed at detecting steroid induced hyperglycaemia in inpatients.

1st Prize

Ms Viviane Khalil & Ms Jan deClifford

Involving the patient - Medication safety risk reduction strategies in a metropolitan health service.

2nd Prize

AGED CARE & CHRONIC DISEASE MANAGEMENT

Dr Alvin Tay & Professor Velandai Srikanth

A systematic review of methods of measuring sleep in hospitalised older people.

1st Prize

Ms Julie Chimyong

Utilizing IPOS renal tool to identify common symptoms in patients undergoing haemodialysis to enhance patient care and health outcomes.

2nd Prize

Image: Dr Ashley Webb winner, Health Services & Population Health, Experienced Researcher Category.

INNOVATIVE TECHNOLOGY & THERAPIES

Ms Jessica Paynter, A/Professor David Hunter-Smith, Dr Bethany Reynolds, Professor Warren Rozen

Multicentre comparison of the contemporary management of Dupuytren's disease.

1st Prize

Dr Murray Taverner & Dr John Monagle

Does a commercial step counter provide useful feedback during a spinal cord stimulation trial?

2nd Prize

HEALTH SERVICES & POPULATION HEALTH

Dr Lydia Hill, Professor Jonathan Serpell, Dr Stuart Rorke

Thyroid cytopathology reporting in a tertiary hospital: The Frankston Hospital, Peninsula Health experience.

1st Prize

Dr Daniel Niewodowski, Dr Conor McDermott, Dr Gabrielle Kelly, Dr Luigi Zolio, Dr Maheswaran Masilamany, Dr Liz Nye

Uncomplicated pyelonephritis: Is renal imaging necessary?

2nd Prize

Grants

Peninsula Health and Monash University have been awarded \$32 million over 5 years for National Centre for Healthy Ageing.

(\$800,000 FY2018-19)

Srikanth V. (CIA) Andrew N.E. (CIB) Improving dementia data and methods. NHMRC Boosting Dementia Grant.

\$617,335.60

Andrew N. E. (CIF) Recovery-focused Community support to Avoid readmissions and improve Participation after Stroke (ReCAPS). NHMRC Project Grant.

\$1,769,409.40

Callisaya M. (CIA) A cognitive-mobility stress test to detect MCI and risk of conversion to dementia. Dementia Australia Research Foundation.

\$75,000

Also received the Dementia Advocates Award.

Callisaya M.L. (CIA) A cognitive mobility-stress test to predict dementia. UTAS College of Health and Medicine Research Enhancement Scheme.

\$9,185

Callisaya M.L. (CI) A randomised controlled trial evaluating community walking for knee osteoarthritis. UTAS Better Health Grant.

\$19,900

Gasevic D. Ekegren C. Bonham M. Bowles K-A. Callaway L. Dakic J. Daly S. Dunstan D. Gilmartin-Thomas J. Hills D. Ilic D. Kunstler B. Perraton L. Plummer V. Sawyer S. Volders E. Optimising physical activity and sedentary behaviour counselling in education for healthcare students. Monash Education Academy.

\$5,000

Joseph B. Plummer V. Cross W. Mental health nurses' perceptions of missed and rationed nursing care in acute mental health inpatient units. Federation University Australia, School of Nursing and Health Professions. Emerging Career Researchers Engagement and Impact Grants Seed Funding.

\$5,000

Marshall S.D. Effective cognitive aids for clinical emergencies. NHMRC Early Career Fellowship.

\$189,384

Marshall S.D. Burian B. Clebone A. Crisis management cognitive aid to improve team coordination: A multi-centre simulation study. Australian and New Zealand College of Anaesthetists.

\$61,891

Marshall S.D. Knott C. Harrison J.C. Kent F. Brock T. Mak V. Assessment of team-working skills of undergraduates in simulation. Monash University Learning and Teaching Research Grant.

\$18,411

Reed F. Thomson H. Thompson R. O'Neill T. Foley J. Sprong I. Plummer V. Prematunga R. Fletcher J. Daniels C. Gertz M. Hamilton B. Safewards Victoria in the Emergency Departments, Peninsula Health and Bendigo Health. Department of Health and Human Services.

\$180,000/\$360,000

Snowdon D.A. A training program to improve the effectiveness of clinical supervision of Victorian physiotherapists. Pat Cosh Grant.

\$13,486.21

Webb A.R. Stop for the op & stop for life. Heart Foundation.

\$73,780

Wong Z.W. Addressing survivorship needs of an elderly population with cancer: A pilot study of care coordination. Victorian Cancer Survivorship Program Grants Scheme.

\$99,847

Fifteen research projects led by Peninsula Health staff received grant funding this year, including a project led by A/Prof Zee Wan Wong investigating the needs of elderly people with cancer.



Research findings

Publications

Ackerman, I. N., Page, R. S., Fotis, K., Schoch, P., Broughton, N., Brennan-Olsen, S. L., . . . Cross, E. (2018). Exploring the personal burden of shoulder pain among younger people in Australia: protocol for a multicentre cohort study. *BMJ Open*, 8(7), e021859. doi:10.1136/bmjopen-2018-021859

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Banakh, I., Lam, A., & Nye, E. (2018) Polypharmacy in very elderly hospitalised patients: a single centre study. *J Pharm Sci Therap*; 3(1): 156-161. doi:10.18314/jpt.v4i1.1139

Banakh, I., Turek, M., Chin, J., & Churchill, T. (2019) Ultrarapid iron polymaltose infusion for iron deficiency anaemia: a pilot safety study. *Journal of Pharmacy Practice and Research* 49(3) doi:10.1002/jppr.1582

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