Welcome to the 2018 Peninsula Health Research Report

In this year’s Report, we are sharing stories from diverse areas of the health service, showcasing how our research is making a real difference to patients across Frankston and the Mornington Peninsula.

The health service is providing increased resources and focus to research, and that is delivering significant results. As you will read in this Report, it has been another successful year for our research program, led by Professor of Medicine, Velandai Srikanth.

Professor Srikanth and Dr Nadine Andrew received significant grants from the National Health and Medical Research Council (NHMRC), to continue their research into chronic disease and stroke, both of which are key focus areas in our research strategy. Professor Jamie Layland was also recognised for his work in cardiovascular disease, with an NHMRC grant to fund research as part of an international trial investigating improving outcomes for heart attack patients. Dr Cylie Williams was awarded the Dean’s Prize for Early Career Researcher in the Faculty of Medicine, Nursing and Health Sciences, at Monash University.

This year the Human Research Ethics Committee (HREC) farewelled Ms Jan deClifford, a member for 25 years. As a senior pharmacist, Jan had been the link between the HREC and the Drugs and Therapeutics Committee, and provided specialist advice on drug trials. We were also saddened by the passing of Ms Sharon White, Operations Director and a valued HREC member.

This Report highlights the efforts of those who work in Surgery, Nursing, General Medicine, Allied Health, Oncology, and in our Women’s Health Unit at Frankston Hospital. All of our clinical teams, across acute, sub-acute and community services, are dedicated to improving patient outcomes through great care, and increasing involvement with research.

I’m sure you will enjoy reading this year’s Research Report.

Regards,

Dr Tim Williams
Executive Director, Medical Services and Clinical Governance
Executive Sponsor for Research

Acknowledgements

Peninsula Health acknowledges the contribution made by all staff involved in research. The Research Report 2018 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 and Thoracic Medicine that have the potential to improve the care we offer our patients.
A message from the Professor of Medicine

I am very pleased to present to you the 2018 Peninsula Health Research Report. In this report you will see a snapshot of the types of research that we conduct to inform us on how best to provide excellent health care to our community. As you will see, these examples of research span different fields and disciplines, examine important health issues from birth to old age, and also approach health issues from different angles such as prevention, treatment, recovery and safety.

These articles reflect the steady growth in research that is happening at Peninsula Health, and the support provided by the health service and its partner organisation, Monash University. This growth is reflected in the increase in the number of clinical academic staff, research-specific staff, postgraduate students, and funding acquired to support such research. In particular, researchers at Peninsula Health were successful in obtaining substantial competitive grant funding (~9 million dollars) from the National Health and Medical Research Council and other sources for a range of collaborative studies. These studies address our strategic research priorities of chronic disease and health related to ageing, such as stroke, heart attacks, diabetes, and dementia. This is an excellent achievement within the first two years of investment towards the Peninsula Health Research Strategic Plan. Over the coming years we hope to build on this success and begin to develop areas of health research that are at a point of strategic readiness to translate their findings into practice.

Our partnership with Monash University is now well established and flourishing. Clear steps are underway towards finalising the plans for the forthcoming Research and Education building, a combined investment from both Peninsula Health and Monash University which will significantly enhance our ability to deliver excellent graduate education and conduct high quality research. We now have collaborative research beginning to occur in the field of Addiction Medicine together with colleagues in the newly formed Monash Addiction Research Centre (MARC) on the Peninsula Campus of Monash University. We also look forward to the development of the Rehabilitation, Ageing and Independent Living Institute (RAIL) on the same campus, which will be an important collaborative organisation for research into aged care and rehabilitation.

Peninsula Health has some of the most advanced systems of electronic (digital) health record management in Australia. We are working towards maximising the benefit to our patients and community by making efficient use of such routinely collected health information. Our Monash University partnership also gives us access to some of the best research platforms in the world that can enable such digital health research. These include the Monash e-research, bioinformatics and the Health Data Platforms. We believe that such digital health research platforms will provide Peninsula Health researchers with the tools that they require to answer the important health-related questions that are relevant to our community on the Peninsula. We anticipate significant progress in this exciting area over the coming months.

My warmest congratulations to all our patients, staff and collaborators for making all this research possible. I hope you enjoy reading this report.

Regards
Velandai Srikanth
Professor of Medicine
Implementing the Safewards model in acute medical care: A world first

The Safewards model and interventions were developed in the NHS in the United Kingdom by Professor Len Bowers with the goal of improved safety, reduced conflict events and reduced reliance on restrictive interventions in acute psychiatry settings. The aim was to make acute mental health wards calmer, where people could safely recover, work and visit. Peninsula Health’s Executive Director of Nursing and Midwifery, Fiona Reed, saw the opportunity to translate the program’s success to other clinical settings – and initiated a world-first pilot of the Safewards model in an acute medical inpatient ward at Frankston Hospital.

Ten interventions were implemented over ten months in Ward 5GS. Each of the 10 interventions has a detailed strategy sitting behind it, but importantly these interventions are visible and straightforward for the staff who are implementing the changes and the patients who are being cared for.

“We have a ‘Get to Know You’ board,” says Kim Heriot, Nurse Unit Manager. “We encourage all our staff to be as open and honest as they can be in divulging some information about their lives so that staff and patients can get to know each other.”

“We looked at the environment, in terms of creating a welcoming and calmer environment for patients and families,” continues Virginia Plummer, Associate Professor Nursing Research. “And we looked at the tools we use in communication for handover for staff, and the language we employ: Importantly we looked at how we could evaluate the Safewards training.”

“A mixed method research design was employed because of the potential for significant changes in the ward. All clinical and non-clinical staff participated in training,” explains Virginia. “Participation in evaluation of the model was voluntary through pre and post training, anonymous surveys and focus groups. Patients and their families were invited to comment on their experiences through a diary.”

The results were encouraging. Most staff rated the model as very good to excellent and felt that Safewards had changed their approach to work and that of their colleagues. Staff also reported feeling safer and more positive about being in the ward. Patients and families wrote with appreciation about new ways of de-stressing and relaxing. Overall the ward was described as cleaner, calmer, safer, and more positive and the work was more rewarding.

“In the acute medical care wards we are caring for patients with very similar conditions to those in mental health – with high rates of clinical aggression, resulting in conflict between staff, patients and sometimes family members.”

“Safewards is about identifying points of care that may trigger a conflict response, or an issue around communication, and then targeted interventions to prevent that conflict from escalating,” explains Virginia. “We identified a number of interventions based on the Safewards model which would be appropriate in the acute medical health care setting, and prepared for staff training and implementation.”

With the success of the program on 5GS, Peninsula Health will now roll out the Safewards model in both Emergency Departments at Frankston and Rosebud Hospitals in an 18-month trial, with the ultimate aim to expand Safewards across the entire health service.

The Safewards program is driven at Peninsula Health by Executive Director of Nursing and Midwifery, Fiona Reed, Associate Professor Virginia Plummer, Nurse Unit Manager of Ward 5GS at Frankston Hospital, Kim Heriot and Project Manager Kate Bendall.

The project was funded by the Department of Health and Human Services.

Patient and family members’ anonymous diary entries on Ward 5GS during the Safewards pilot study:

“I’m guessing one of the main values here is dignity. I saw everyone use this every day in every situation. Thank you for living your values.”

“Fantastic! A place to escape from the surrounding madness of noise. Thanks to all the nursing staff for your patience, understanding and caring.”

“Lovely space, so calming and peaceful to gather your thoughts at difficult times.”

“That thank you, thank you! Finally someone gets it. A nice comfortable place for people to sit and relax and de-stress.”

The 10 Safewards interventions:
- Know each other + Discharge messages
- Reassurance + Talk down + Bad news mitigation
- Positive words + Soft words + Smart and Tidy
- Clear and mutual expectations + Calm down methods
Investigating the prevention of vaginal birth trauma

Peninsula Health is one of six health services in Victoria taking part in research to inform best practice guidelines for preventing and managing a severe form of vaginal birth trauma.

"An obstetric anal sphincter injury (OASIS) is a complication of a vaginal birth, whether it’s a normal birth or an instrumental birth," explains Dr Jolyon Ford, Clinical Director of Women’s Health at Peninsula Health.

"Whilst most women recover well, a small proportion will have long-standing problems with weakness of the anal sphincter, which can result in incontinence, and have a significant impact on their quality of life."

The research is part of the Victorian Obstetric Anal Sphincter Injury Quality of Care Improvement Project, which is being co-ordinated through Monash Partners Academic Health Sciences Centre, in which Peninsula Health is an active partner.

Lead researcher Dr Oliver Daly and research co-ordinator Nicole Fairweather are working with clinicians and patients from each participating health service.

At Peninsula Health the team includes Dr Ford; Acting Operations Director, Women’s, Children’s and Adolescent Health, Sharyn Hayles; Women’s Health Unit Nurse Manager, Zoe McKewen; Safer Care Consultant, Jennifer Sidwell; and Associate Midwifery Unit Manager and Perinatal Data coordinator, Roshanee Perera.

"The research looks at the safety and quality infrastructure of the hospital and all of our governance processes," says Jolyon.

"Clinical staff are filling in questionnaires about the culture of the Women’s Health Unit, and how they manage the birth itself."

"We are looking at a cohort of women who come through the antenatal clinic and surveying them about anal sphincter injury and if they feel well supported. Women who have an anal sphincter injury are being interviewed as well."

The detailed review is also looking at why different health services have varying rates of the injury occurring.

"There is a huge range of injury rates from one service to another, so we are asking if there a difference in the patient demographic, is it the protocols or is it the training? There is a variety of different aspects," says Jolyon. "At Peninsula Health our rate is well below the state average, so we feel we have a lot to contribute to the study."

Dr Ford says it is important for Peninsula Health to collaborate with other health services when it comes to best practice and to share knowledge.

"We stand to learn from the outcomes of the study, which may result in some improvements in our own practice to further reduce the rate," says Jolyon.

"It’s in everybody’s best interest to firstly minimise it and secondly to treat it as effectively as possible if it does occur."
Changing the face of surgery

The research team at Peninsula Health has made advances, which include using 3D printing and augmented reality to help surgeons better understand the anatomy of blood vessels in reconstructive flaps before and during surgery.

The Plastic Surgery team at Peninsula Health is breaking new ground in reconstructive and trauma surgery, after more than a decade of dedicated and innovative research to improve the patient and surgeon experience.

“Due to some of the significant successes we have enjoyed, we can now plan operations before we undertake them, so that it’s safer surgery, it’s quicker surgery and it’s less stress for the surgeon intra-operatively,” says Professor Warren Rozen, Plastic and Reconstructive Surgeon at Peninsula Health.

The team is now working on bringing augmented reality into the operating room.

“The use of augmented reality is absolutely hot off the press,” says Warren. “Dr Ratchna Ram is starting a PhD with us and she is going to be taking this technology we’ve developed into the augmented and virtual reality sphere.”

“We’re going to be able to use augmented reality to look at the scan data projected onto the patient,” he adds. “This will be 3D-guided surgery.”

The introduction of 3D printing has enabled Professor Rozen, Associate Professor David Hunter-Smith and the research team to learn even more about the blood vessels.

“In plastic surgery, we plan our reconstructive flaps on the blood supply to tissues. We need to know what the anatomy of the blood vessels is for each individual person, so we can base our reconstructive flaps on that anatomy.”

“In the past, the main operation for breast reconstruction required surgeons to take skin, fat and muscles from the abdominal wall to give it a blood supply,” he adds.

“Now that we know what the blood supply is, we can trace smaller vessels and not take the muscle,” continues Warren. “So we can now improve the donor site of where we get the tissue from to make a breast, meaning that we can reconstruct the breast to leave women with their rectus abdominis muscles.”

Professor Rozen developed imaging technologies to look at these blood vessels as part of his PhD 10 years ago. Since then, the research team at Peninsula Health has made further advances, which include using 3D printing and augmented reality to help surgeons better understand the anatomy of blood vessels in reconstructive flaps before and during surgery.

“For my research, I used CT angiography, manipulated computer software and the scanning protocol so that we were able to see increasingly small blood vessels,” explains Warren.

“This was a technology that didn’t really exist, and it wasn’t used clinically in this setting before. By the end of my PhD, it was introduced internationally and became the mainstay of investigations before surgery.”

“These breakthroughs by our current students are all branches of the one project, and we are developing this technology that is making a significant difference to surgeons and patients.”

**Reconstructive flaps:**

+ One of the most common uses of reconstructive flaps is in breast reconstruction

+ Flaps are also used in cancer reconstruction surgery and to fix traumatic defects
Going home early no hindrance to a speedy recovery

"Often the thinking is that people will be more active at home compared to when they are in hospital."

There is an increasingly widespread belief that patients recovering from stroke can adequately continue their rehabilitation at home if they are discharged from hospital sooner.

"The assumption is that people are more active at home compared to in hospital. We are investigating whether this assumption is true," says Peninsula Health physiotherapist and Stroke Detours Program clinician, Jenica Parker.

Using a group of 16 participants with a median age of 69, Jenica is investigating whether there is any evidence to support the theory that a home environment is equally as effective as an inpatient rehabilitation environment in stroke recovery.

Peninsula Health’s Stroke Detours Program is a home-based high intensity early supported discharge program for people who have suffered a stroke. The program focuses on changing a patient’s rehabilitation environment from an inpatient setting to their own home, while still being visited by a clinician to aid their progress. These patients leave the hospital at least a week earlier than has traditionally been the case.

"Often the thinking is that people will be more active at home compared to when they are in hospital because of increasing incidental activity or day-to-day activities," says Jenica.

"There is a lot of research to say that stroke survivors are not very active in a hospital environment compared to healthier people."

Each participant wore the activity tracker for a month, which gave Jenica access to a large amount of data.

"We found that the participants who went into the Stroke Detours Program on discharge were more physically active in hospital and they continued to be more physically active at home."

"We also found that going home doesn’t reduce physical activity," adds Jenica.

"People continue to be physically active at home, so there is no negative"

"There is a lot of research to say that stroke survivors are not very active in a hospital environment compared to healthier people."

"We also did a health-related ‘quality of life’ measure, a patient-perceived measure, and that showed a significant increase once the patients were at home compared to in hospital."

"This is key," says Jenica. "It’s really the bottom line, patient satisfaction, in terms of person-centred care. Going home early is not detrimental to someone’s recovery, you can continue to recover and be physically active at home, whether you live with someone, or alone."

With research evidence and data now on the side of innovation in swapping the hospital environment for home, the approach to stroke rehabilitation is beginning to change.
Explaining the missing dementia link

“We know that both dementia and type 2 diabetes are associated with inflammation”

Having type 2 diabetes roughly doubles the chance of a person developing dementia, but the exact reason behind this fact is still unknown.

“We know that both dementia and type 2 diabetes are associated with inflammation,” explains Geriatrician and Senior Research Fellow, Dr Chris Moran.

“It’s been well established that diabetes is associated with inflammation in many parts of the body, but in general the brain has not been examined as much.”

Dr Moran is currently leading a new research project at Peninsula Health, to examine whether type 2 diabetes is associated with neuro-inflammation and to explore whether that neuro-inflammation is associated with cognitive function.

“What we want to look at in humans, is whether diabetes is associated with inflammation in the brain, and is that linked with someone’s cognition?” he says.

“By looking at people earlier in life, we can see whether this process is happening in the brain much earlier, possibly decades before they go on to develop cognitive impairment or dementia.”

“Hopefully if we know that, and we know diabetes is associated with neuro-inflammation, that gives us a target to aim for – so we can work out what to do to reduce the risk of people with type 2 diabetes developing dementia, or ideally remove that risk completely.”

Dr Moran and the team are recruiting a unique participant group for the study from the Diabetes Outpatient Clinics at Frankston Hospital.

“We’re looking for people who have type 2 diabetes, but we’re looking to also recruit their partners because we want to try and control for things like lifestyle, diet and level of education,” says Chris.

“We are hoping to find participants who are similar in as many ways as possible and are only different in one thing – having diabetes.”

“The fewer differences there are between the participants, the more likely we are to isolate the signal of diabetes.”

Participants will complete basic questionnaires, a cognitive test, blood tests of inflammation and have brain scans to measure inflammation.

The study aims to recruit 30 couples to take part in the research over the next two years.

The Professorial Academic Unit is based in the Department of Medicine, Frankston Hospital. Its staff also hold conjoint appointments within the Peninsula Clinical School, Monash University.

Important research for the Frankston Mornington Peninsula community:

+ The Frankston Mornington Peninsula has a large proportion of people aged over 65 who are at an increased risk of developing dementia later in life

+ The area also has a large number of people who are overweight, obese, or have type 2 diabetes
Evidence based learning improves outcomes in hip fracture

“The Registry provides accurate feedback to local clinicians, which in turn directs local efforts to improve patient care and outcomes”

Peninsula Health serves an ageing population with a considerable number of patients presenting to our hospitals after a hip fracture. The health service sees approximately 300 patients with hip fractures each year, which generally occur in elderly, frail and vulnerable people, with the majority of those being women.

Mr Nigel Broughton is Head of Orthopaedic Research at Peninsula Health.

“A hip fracture can be a life-changing event for many people, and often the care provided does not deliver successful outcomes,” explains Nigel. “Indeed, some people do not survive and a significant number do not go back to independent living.”

The successful management of such patients requires significant input by many disciplines within Peninsula Health.

The introduction of the Australia & New Zealand Hip Fracture Registry in 2012 provided a great opportunity for the health service to get involved in some research to help drive improvements in the care provided for patients with a hip fracture to ensure better outcomes.

“Right from the start, I could see that this project would enable us to have a direct effect on care and improve outcomes,” says Nigel. “The registry provides accurate feedback to local clinicians, which in turn directs local efforts to improve patient care and outcomes.”

“Collaboration in such research is very important, both within our health service and with other institutions,” adds Nigel.

“This registry is a project which requires input from our surgeons, geriatricians and nursing staff, but the management of these patients requires work from many different teams within the hospital.”

There are a large number of disciplines which look after patients with hip fractures, as they navigate the acute and sub-acute hospital system as well as the subsequent rehabilitation areas. This extends from an emergency department presentation, to anaesthetists, nursing teams, theatre and ward teams, physiotherapists, dieticians, occupational therapists and even beyond, when patients go back into the community under the care of general practitioners and community-based services.

“As we are benchmarked against other hospitals, this is a great way to identify what we do well and where we can improve,” explains Nigel. “Peninsula Health performs well compared to other contributing institutions.”

One of the major improvements to develop from the registry’s data is the attention now placed on secondary prevention interventions. When appropriate, patients are now started on treatment for osteoporosis, so they are less likely to come back with other fractures of the wrist, vertebrae or the other hip.

Despite the success of the registry, there are still significant barriers to the use of best available evidence, such as engagement with clinicians and disseminating the message in an efficient, timely and accurate manner.

“Translating research findings into a change in practice which can lead to better outcomes is a huge topic and this is a great way to do it,” says Nigel. “We have engaged multiple stakeholders in collecting the data, we distribute our results to a large number of disciplines and both these promote the problem, encourage improvement and give some real facts for clinicians to study and look at how changes in practice can lead to better outcomes.”

The registry involves all hospitals in Australia and New Zealand that manage patients with hip fractures

56 hospitals contributed data to the registry in 2017, up from 32 the previous year, including the first two private hospitals

There are now over 20,000 datasets in the registry

The ANZHFR is a bi-national audit of hip fracture care and secondary fracture prevention in Australia and New Zealand

It uses patient-level and facility-level data to enable improvements to hip fracture care across both countries
Leading the way in research in allied health

“We with research you can add to the body of literature and affect change at a much greater level”

The SPeED program at The Mornington Centre:

+ Is the first of its kind in Australia
+ Offers a greater intensity and responsiveness of allied health interventions such as physiotherapy and occupational therapy
+ Works with the individual and family to make the discharge process and the transition from inpatient to outpatient services as smooth as possible
+ Delivers a significant reduction in the number of days older adult patients need to stay in hospital
+ Has achieved and maintained shorter lengths of stay than historically matched inpatients
+ Helps patients get home quicker and achieve better functional improvement
+ Means patients are less likely to be re-admitted to hospital in the short term

Peninsula Health has broadened its research portfolio in rehabilitation, with the appointment of David Snowdon to a newly established position of Allied Health Research Lead in Sub-Acute.

David started his new role in 2018 and is already working hard to deliver significant results for the local community. David’s role is not only to initiate his own investigative work, but also to foster and encourage research projects across the sub-acute areas at Frankston, Mornington, Hastings and Rosebud.

Facilitating research across the health service

“My role is to help clinicians conduct research but also translate it into practice,” explains David. “So if clinicians want to change their practice in a certain area or if they have found some evidence they would like to explore further, I can help to facilitate that work.”

“The best research ideas come from the clinicians themselves, so that will be something I will help to establish, depending on where they think the gaps are and where improvements can be made.”

Initiatives like the SPeED (Supporting Patient-Centred Early Discharge) program at The Mornington Centre illustrate that Peninsula Health is keen to innovate in sub-acute care and is looking at ways to translate successful research into clinical practice for local people.

“The best research ideas come from the clinicians themselves”

“There are a lot of innovative clinicians here at Peninsula Health,” adds David. “That is what you need for research to be successful.”

As an experienced physiotherapist, David is enthusiastic about his dual role as a clinician and researcher.

“I practiced physiotherapy for seven years before I took the jump into research, but I still work in inpatient rehabilitation, at weekends.”

“One of the frustrations you have as a physio is, treating just one patient at a time, your immediate caseload, but with research you can add to the body of literature,” enthuses David. “That work can affect a large body of patients, not just here, but nationally and internationally as well.”

Creating knowledge

“It’s a different type of challenge from the clinical experience, as you are trying to create knowledge, which is really challenging but exciting as well, and I enjoy that type of intellectual stimulation.”

Peninsula Health’s population is growing, and forecasted to increase by 10% over the next decade, alongside the existing spread of demographics and socio-economic challenges.

“This is a great opportunity to be able to explore ways to address the growing population and how we look after older adults,” says David. “How do we close the gap to deliver healthcare with equity to all, including those from lower socio-economic backgrounds?”

“The population in this area is, on average, older than the rest of Victoria, so when you have a catchment of people who are older it gives you a chance to set the template for what the rest of Australia might achieve in the future.”

“That’s quite exciting. If we can find ways to improve the care we deliver and make it more efficient, then it should help to guide practice not just here, but also around the world and lead the way.”

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Aiding the elderly in recovering from cancer

“We are developing an individualised survivorship care program for each patient, with the aim of helping them regain pre-treatment levels of functionality in both physical and psychosocial terms,” explains Dr Wong.

The Oncology team at Peninsula Health is investigating new ways of helping elderly cancer survivors recover from treatment and restore their quality of life.

“At least one in three people on the Frankston and Mornington Peninsula will develop cancer by the age of 75,” says Dr Zee Wan Wong, Head of Oncology at Peninsula Health.

“The region is also home to one of the highest concentrations of people aged 70 and over in Australia, so this project is particularly important and relevant for our community.”

The 12-month Geriatric Oncology Survivorship program began in late May 2018 and includes patients from the Frankston Hospital Chemotherapy Day Unit, outpatient clinics and from practitioners around the region.

“We are developing an individualised survivorship care program for each patient, with the aim of helping them regain pre-treatment levels of functionality in both physical and psychosocial terms,” explains Dr Wong.

Our project manager and care coordinator, Sandra MacIver, takes patients through a comprehensive screening questionnaire, looking at their mobility, frailty, co-morbidities, quality of life and functional well being.”

Patients are seen by Dr Anjali Khushu, Head of Geriatric Medicine at Peninsula Health, to determine whether they need to be referred to a psychologist, physiotherapist or another allied health discipline.

“Patients who join the study are referred to the Peninsula Health Cancer Rehabilitation Program through our Community Health services,” explains Zee Wan. “This enables us to target patients who are most vulnerable and will likely derive the most benefit from the interventions.”

Dr Wong says while there is ongoing support for younger people recovering from cancer, for elderly cancer survivors, it is a relative area of unmet need.

“Older people generally have more co-morbidity that can affect their rates of recovery from cancer treatments compared to younger patients,” she explains. “They may be more socially isolated and may have issues with their mobility, carers and nutrition.”

At the end of the 12 months, Dr Wong and the team will assess what impact these interventions have had and transition patients back to their GPs for follow up care using the new data and information.

This project is funded by the Victorian Cancer Survivorship Program Phase II grant, the pilot program is being run collaboratively between Peninsula Health Oncology and Geriatric Units, Community Health and GP Liaison, together with the Southern Melbourne Integrated Cancer Service and South Eastern Melbourne Primary Health Network.
Research Governance

Members of Research Committees during 2017/18

Research Advisory Committee

The Research Advisory Committee has been 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 the organisational research profile.

Dr Alison Dwyer (Chair) from October 2017
Professor Kenneth Thomson from October 2017
Dr Nathan Pinskier to August 2017
Ms Peta Murphy to April 2018
Professor John Botha
Mr Nigel Broughton
Ms Lee-Anne Clavarino
Professor Terry Haines
Associate Professor Virginia Plummer
Professor Velandai Srikanth
Dr Tim Williams
Dr Cylie Williams
Ms Elizabeth Wilson

Scientific Advisory Subcommittee

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

Human Research Ethics Committee

From July 2017 the Low Risk Research Subcommittee was absorbed into the Human Research Ethics Committee. All members were retained allowing many HREC members to attend every second meeting. The Human Research Ethics Committee (HREC) reports to the Board of Directors through the Research Advisory Committee. 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) (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.
- Facilitate and foster human research that is of benefit to Australian communities.
- Ensure that any decision it makes complies with relevant Victorian and Australian laws.

Associate Professor Virginia Plummer (Co-Chair)
Dr Cylie Williams (Co-Chair)
Dr Tim Williams (Executive Sponsor)
Professor John Botha
Mr Nigel Broughton
Dr Michael Chae
Mr Sean Chinnathumby
Ms Jan de Clifford
Ms Joanna Green
Dr Dilinie Herbert
Ms Alice Irving
Mr Richard Ivice
Ms Alison Lunt
Dr Ian Munro
Dr Meghan O’Brien
Mr Peter Raphael
Professor Warren Rozen
Professor Ravi Tiruvoipati
Mr Michael Wang
Ms Alexis Ward
Dr Ashley Webb
Ms Sharon White

Image: Dr Tim Williams, Professor Velandai Srikanth
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Projects reviewed and approved by the Human Research Ethics Committee

Low Risk

- A practice survey of airway management in Australian and New Zealand intensive care units and emergency departments
  PI: Dr Ashwin Subramaniam

- Community care program evaluation
  PI: Dr Cylie Williams

- Frankston Mornington Peninsula Opioid Substitution Treatment Pilot evaluation
  PI: Ms Kirsty Morgan

- ICU preceptorship survey
  PI: Mr Andrew Macey

- Investigation of decision-making in airway management — follow up survey
  PI: Dr Stuart Marshall

- Is sleep quality in older patients associated with better participation in rehabilitation in an aged care ward?
  PI: Professor Velandai Srikanth

- Maintenance of deprescription of proton pump inhibitors: A pilot study
  PI: Professor Velandai Srikanth

- Setting research priorities in Allied Health and Community Health
  PI: Dr Cylie Williams

- Surgeon league tables questionnaire: Do Australian surgeons think surgeons’ league tables will ensure surgical quality and standards?
  PI: Mr Theo Partsalis

- Venous thromboembolism following surgery for cancer
  PI: Dr Kay Htun

More than Low Risk

- Pacer Plus evaluation project
  PI: Ms Kirsty Morgan

- Ultrarapid iron polymaltose infusion for iron deficiency anaemia: A pilot safety study
  PI: Mr Iouri Banakh

- Evaluation of ‘YouRPath’ Program: A multi-sectoral early intervention project to reduce AOD risk factors
  PI: Ms Kirsty Morgan

- ANCHOR and 5-step evaluation project
  PI: Ms Lisa Abbott

- Massage and Maternal Anxiety (MAMA) pilot study: The feasibility of partner-delivered massage for maternal mental health during pregnancy
  PI: Dr Helen Hall

- Neuroinflammation, type 2 diabetes and cognition
  PI: Dr Chris Moran

- The Peninsula Health Mental Health Service evaluation of the Model of Care service redesign
  PI: Ms Sharon Sherwood

- Anticholinergic effects of bronchial thermoplasty
  PI: Associate Professor David Langton

- Accuracy of transcutaneous bilirubinometry after phototherapy on exposed and unexposed sites in term and near-term infants
  PI: Dr Kathy McMahon
Projects reviewed and approved through streamlined ethical review

A phase 3 randomised, double-blind, multicentre study of adjuvant nivolumab versus placebo in subjects with high risk invasive urothelial carcinoma (CheckMate 274: CHECKpoint pathway and nivolumab clinical trial evaluation 274)
PI: Dr Emma Beardsley

A phase 2/3, randomised, multicentre study of MOR00208 with bendamustine versus rituximab with bendamustine in patients with Relapsed or Refractory Diffuse Large B-Cell Lymphoma (R-R DLBCL) who are not eligible for High-Dose Chemotherapy (HDC) and Autologous Stem-Cell Transplantation (ASCT)
PI: Dr Jacquelyn Thomson

A randomised phase 3 study of the combination of pembrolizumab (MK-3475) plus apacostad (INCB024360) alone or with platinum-based chemotherapy as neoadjuvant therapy and pembrolizumab vs placebo as adjuvant therapy for Triple Negative Breast Cancer (TNBC)
PI: Dr Stuart Marshall

A stage 1, prospective, randomised, placebo-controlled, single-blinded, phase 2 trial of the effect of ketamine on the development of chronic post-surgical pain in patients undergoing elective abdominal or non-cardiac thoracic surgery under general anaesthesia
PI: Dr Ashley Webb

Information and support gaps found in treatment for patients with prostate cancer
PI: Mr Paul Gilmore

Investigating practices relating to supportive care screening in Victorian cancer services
PI: Ms Judy Reilly

Knowledge translation interventions: Which are most effective in upper limb rehabilitation?
PI: Ms Catherine Devanny

A randomised controlled trial of adhesive patches vs hand-held paddles (DCR-BMI)
PI: Dr Aleksandr Voskoboinik

Student-initiated conversations around clinical practices with workplace supervisors
PI: Dr Cyline Williams

Telephone or Electronic Nutrition Delivery (TEND) to patients with upper GI cancer. A randomised controlled trial
PI: Dr Cyline Williams

The burden of shoulder pain in younger people presenting to orthopaedic outpatient clinics
PI: Mr Nigel Broughton

The success of research implementation strategies on evidence-based decision-making by allied health managers: A randomised controlled trial
PI: Dr Cyline Williams

Towards integrated care: Improving patient and frontline staff engagement and experience of ambulatory care referral and communication processes
PI: Mr David Hutcheson

Understanding the lower limb strength profile of children with an idiopathic toe walking gait: A case control study
PI: Mr Antoni Caserta

Upper GI Cancer Registry
PI: Mr Peter Evans

Victorian Obstetric Anal Sphincter Injury Quality of Care Improvement Project: Improving incidence, management and outcome reporting in perinatal data collections
PI: Dr Jolyon Ford

ANZTCR: Australian & New Zealand Thyroid Cancer Registry
PI: Professor Jonathan Serpell

Australia and New Zealand cardiac arrest outcome determinants, and ECMO suitability study
PI: Dr Sachin Gupta

Building the evidence base of Prevention And Recovery Care Services (PARCS): A study of recovery-oriented outcomes
PI: Associate Professor Richard Newton

Decision-making in airway management — design and evaluation of an airway equipment cart
PI: Dr Stuart Marshall

A development of a suite of individualised patient information tools (SIP)
PI: Associate Professor David Langton

Diabetes management: a model of shared responsibility between general practitioners, practice nurses and oral health professionals in community health services
PI: Professor Hanny Calache

Implementing mainstreaming of genetic testing of women with ovarian cancer: Evaluation of a training program for oncology health professionals
PI: Dr Yoland Antill

Evaluation of knowledge gaps around severe adverse drug reactions in healthcare providers
PI: Dr Peter Kelley

Expanded analysis of Victorian Cardiac Outcomes Registry
PI: Professor Jamie Layland

Pilot of a Lung Cancer Clinical Quality Registry
PI: Associate Professor David Langton

Pressure injury prediction in the intensive care unit
PI: Dr Patricia Walker

Proximity and effect: Optimising outcomes for Psychiatric Assessment and Planning Units (PAPU): An evaluation of the effectiveness of locating PAPUs in close proximity to emergency departments or associated short stay units
PI: Associate Professor Richard Newton

Randomised, controlled, single blinded, prospective, multicentre study evaluating the effect of a multi-therapy trial system on neurostimulation trial outcomes
PI: Dr Murray Tavener

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Celebrating Research 2017 Prize Winners

Presentations

**PERSON-CENTRED CARE**
- **Dr Nadine Andrew**
  - Manualising goal setting for patient centred discharge care planning following stroke.
  - Experienced Researcher Category
- **Mr Liam Shaw & Ms Michelle Shanti**
  - Being involved in nursing handover on acute inpatient units: Views of mental health consumers.
  - Novice Researcher Category

**POPULATION HEALTH AND INTEGRATED CARE**
- **A/Prof Virginia Plummer**
  - Exploring medication adherence among Indians living with chronic diseases who have migrated to Australia.
  - Experienced Researcher Category
- **Dr Lakshana Kannaig Kalatharan**
  - Clinical audit of spinal infections at Peninsula Health from 2012 to 2016.
  - Novice Researcher Category

**INNOVATIVE TECHNOLOGY AND THERAPIES**
- **A/Prof David Langton**
  - Bronchial thermoplasty reduces gas trapping in severe asthma.
  - Experienced Researcher Category
- **Mr Michael Wang**
  - Serum Activin A levels associated with mortality but not foot ulcers in the acute hospital, but at what cost?
  - Novice Researcher Category

**AGED CARE AND CHRONIC DISEASE MANAGEMENT**
- **Dr Chris Moran**
  - Longitudinal associations of antihypertensive agent choice and brain atrophy.
  - Experienced Researcher Category
- **Dr Ronny Wirawan**
  - The value of serum folate measurement in older people with chronic diseases who have migrated to Australia.
  - Experienced Researcher Category

**HEALTH SERVICES AND WORKFORCE**
- **Dr Sini Jacob**
  - Views of mental health nurses on overall effectiveness of a training program on involving clients in nursing handover: Pre and post implementation survey results.
  - Experienced Researcher Category
- **Ms Geordie Vuillermin**
  - Defining Lumbar Extension, Flexion and Rotation in the workforce (FLEXAR).
  - Novice Researcher Category

**MEDICAL STUDENT**
- **Ms Rachael Leung**
  - Broadening our understanding of the perforasome concept: mapping the angiosomes of deep inferior epigastric artery perforators with computed tomographic angiography.
  - 1st Prize
- **Mr Jonathan McCafferty & Mr Matthew Donnan**
  - Characteristics of in-hospital cardiorespiratory arrests at a metropolitan Australian hospital.
  - 2nd Prize
- **Mr Daniel Chapurin**
  - Radial head arthroplasty for trauma: Can we improve outcomes?
  - 3rd Prize

**PATIENT SAFETY**
- **Mr Iouri Banakh**
  - Perioperative and prescribing pharmacist service: A single centre pilot study.
  - Experienced Researcher Category
- **Dr Cylie Williams**
  - The cognitive dissonance between evidence support and use of strategies for falls prevention in health care students.
  - Experienced Researcher Category
- **Dr William Bonavia**
  - Prediction of delirium among critically ill patients: Validation of the PRE-DELIRIC in an Australian Intensive Care Unit.
  - Novice Researcher Category

**POSTERS**

**PERSON-CENTRED CARE**
- **Dr Rumes Srimaresswaran, Dr Manuela Premaratne**
  - Impact of cardiacology consultation on the management of atrial fibrillation in Peninsula Health patients.
  - Experienced Researcher Category

**INNOVATIVE TECHNOLOGY AND THERAPIES**
- **Ms Lucia Michaelidis, Dr Cylie Williams, Dr Shon Bergin, Prof Terry Haines**
  - Low frequency ultrasonic debridement for diabetes-related foot ulcers in the acute hospital, but at what cost?
  - Experienced Researcher Category

**POPULATION HEALTH AND INTEGRATED CARE**
- **Dr Lakshana Kalatharan**
  - Clinical audit of spinal infections at Peninsula Health from 2012 to 2016.
  - Novice Researcher Category

**AGED CARE AND CHRONIC DISEASE MANAGEMENT**
- **Dr Elie Haddad, Mr Jouad Haydar, Mr Daniel Chapurin, Ms Anne Hodges, Mr Nigel Broughton**
  - Hip fracture management at Peninsula Health: how do we compare to our colleagues throughout Australia and New Zealand?
  - Novice Researcher Category

**PATIENT SAFETY**
- **Mr Cameron Green, Dr William Bonavia, Dr Candice Toh, Prof Ravi Tiruvoipati**
  - Characteristics of in-hospital cardiorespiratory arrests at a metropolitan Australian hospital.
  - Novice Researcher Category

**AWARDS**

**Awards**

- **Dr Cylie Williams 2018 Dean’s Award for Excellence in Research (Early Career Researcher) in the Faculty of Medicine, Nursing and Health Sciences, Monash University**

**Grants**

- **Andrew N.E., Kilkenny M.F., Kim J. PRECISE: Evaluation of enhanced models of primary care in the management of stroke and other chronic diseases. NHMRC Project Grant, $556,183.80**
- **Andrew N.E., Cadillac D.A., Gedecke E., Hersh D. Developing aphaasia friendly materials for standardised patient centred goal setting in stroke. NHMRC Centre of Research Excellence, Stroke Rehabilitation and Brain Recovery Clinical Stipend Grant $20,000**
- **Srikanth V. Brain Ageing - studying causes and developing enhanced models of primary care in the management of stroke and other chronic diseases. NHMRC Project Grant, $476,622.90**
- **Morgan J. Neuroinflammation, type 2 diabetes and cognition. Mason Foundation National Medical Program Grant, $100,000**
- **Morgan J. Neuroinflammation, type 2 diabetes and cognition. Royal Australian College of Physicians Croxon Research Establishment Fellowship for Alzheimer Disease Research, 2017 $75,000**
- **Morgan J. Neuroinflammation, type 2 diabetes and cognition. Monash University, Platform Access Grant, $10,000**
- **Ng M., Feuron W., Yong A., Kees A., White H., Layland J. Restoring microcirculatory perfusion in ST-elevation Myocardial Infarction: The RESTORE MI study. National Health and Medical Research Council (NHMRC) Project Grant, $3,274,536.74**
- **Srikanth V. Brain Ageing - studying causes and developing enhanced models of primary care in the management of stroke and other chronic diseases. NHMRC Project Grant, $476,622.90**
- **Varghese, J. & Srikanth, V. The biological underpinnings of Motoric Cognitive Risk syndrome: a multi-center study. National Institute on Aging, USA, $185,000**
- **Williams, C.M. Remote diagnosis of common apophyseal injuries in the lower limb: The Australasian Academy of Podiatric Sports Medicine, $5,000**