

# Research Annual Report 2014-2015



# 2014–2015 at a glance

**169** Ethics applications

**240** Active projects

**19.3 million** dollars Research Grants \*

**255 thousand** dollars Hospital Foundation Grants/Collaborative Grants

**21** Books/Book Chapters/  
Edited Books

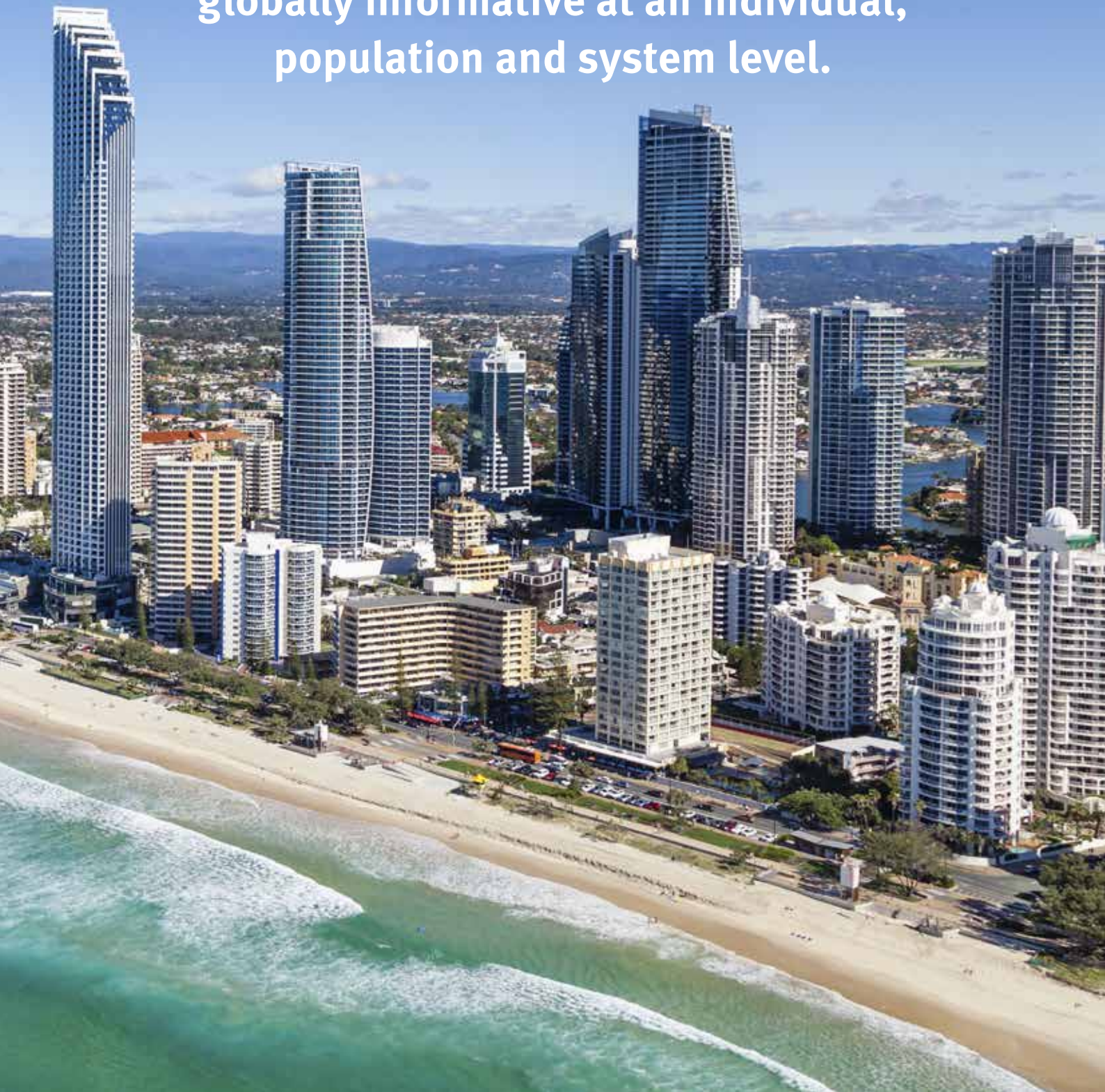
**86** Conference presentations

**358** Journal articles published

\* This amount also includes grants received by Gold Coast Health staff in collaboration with others and where Gold Coast Health is not the administering institution.



**Our vision** is to improve health through translational research that is innovative, collaborative, regionally responsive and globally informative at an individual, population and system level.



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# Key Messages

## Mr Ron Calvert

### Chief Executive



The ongoing evolution of Gold Coast Health (GCH) as a hub for clinical research is an achievement of which I am very proud. In recent years, our Board and Executive team have made a substantial investment in this field and there is no doubt we are starting to see the benefits of that commitment. Through embedding research as part of our core business and building our capacity for such work, we are not only providing opportunities for our staff to shine but ensuring long-term benefits for the people who matter most – our patients.

To appreciate the growth when it comes to research at GCH, one needs to look no further than the investment being made in our people's work. During

the past financial year, the number of research projects that received funding increased by 57 per cent, rising from 47 to 71. Better still, the financial investment in these projects more than doubled from \$650,000 to \$1.45 million. In a world where the ability to fund one's research can sometimes be as challenging as the work itself, it's a testimony to our Research Directorate that so many staff are progressing their projects.

We have also continued to strengthen our partnerships with Griffith, Bond and Southern Cross Universities, made key appointments and introduced new initiatives that provide staff from all disciplines with greater opportunities to learn about the research process. With a Health and Knowledge Precinct to emerge from Gold Coast University Hospital's (GCUH) neighbouring athletes' village after the 2018 Commonwealth Games, we have a rare opportunity to develop a legacy that will enrich our city for years to come.

It is fair to say that many of our patients would be unaware of the incredible work our service is doing when it comes to research and development. For them, the most important thing is the care they receive here and now. However, should they get the opportunity to explore the pages that follow this message I'm certain they would not only be enlightened but incredibly proud to be stakeholders in a health service that is laying the foundation for even better care in the future.

## Professor Allan Cripps

### Chair, Research Committee

It is fundamental that the provision of health care to our community is based on the best available knowledge and evidence in order to provide a world class health service. This occurs through our staff being informed of best current practice and in conducting ethical research that provides new knowledge that can inform clinical practice and ultimately improve clinical outcomes for the community.

Five strategic goals have been established to ensure that GCH is an organisation based on a learning and knowledge culture and where research is valued.

1. Research will be embedded as a core part of the organisation's ethos.
2. Research capacity will be built over time in our staff throughout the organisation.
3. Effective research and ethics governance will support the conduct of research within the service.
4. Research partnerships will be built or where they currently exist, strengthened with universities, industry and the community.
5. The knowledge gained through research will be used to inform a better understanding of disease processes and ultimately clinical practice.

This past year has been one of consolidation for research within GCH. The Research Directorate has been established and is now fully operational. New ethics protocols have been implemented to ensure effective review and timely processing of proposed research projects.

A number of initiatives have been undertaken to introduce and advise staff of the new governance structure and administration procedures. These have been very well attended and many positive comments on these initiatives have been



received. This enthusiastic response is reflected in a significant increase in research activity over the past 12 months. Research applications to the Human Research Ethics Committee (HREC) have increased by almost 100%. Consistent with this increased activity funding for research income has more than doubled over the same time.

Finally, I would like to thank all those who have contributed to these fantastic research outcomes and invite you to share the achievements highlighted in the Research Annual Report 2014–2015.

## **Professor Marianne Vonau**

Executive Director,  
Clinical Governance,  
Education and Research



particular Griffith and Bond Universities and the collaborative research opportunities that enable us to progress our standing in the academic world.

The commencement of Professor Sharon Mickan as Professor of Allied Health completes my team with Professor Anita Bamford-Wade, the Professor of Nursing and Midwifery to support and lead research with their particular professional groups and also across our health service.

I look forward to our next 12 months, now that we have appointed a team to assist Associate Professor Susan Brandis in the Research Directorate to provide the governance and education to support and assist our established and potential new researchers. I think our future is looking very exciting.

I am delighted with the significant growth we have made in research activity both in the number of projects and in the overall funding of these projects since we presented our last report.

Our staff are keen to participate in research; this is shown by their enthusiastic attendance of Research Information Sessions that have been scheduled. It is through research and the application of new knowledge that we improve the delivery of high quality patient care. We are also fortunate in our joint appointments with our partner universities, in





# Progressing Research

# Associate Professor Susan Brandis

## Director of Research



The year of 2014–2015 heralded a new era for research in GCH. The endorsement of a Research Strategy for GCH in 2014 gave credence to five key goals to drive our focus and they are used to structure this report.

### 1. Embedding research as core business

Under the leadership of Professor Keith Grimwood our Research Council has become a valued group providing credible input into a number of initiatives aimed at embedding research as core business in GCH. Two successful research futures forums were held in collaboration with our university partners. In October, Griffith University hosted our second Research Futures forum where we welcomed Professor Helen Chenery, newly appointed to the

position of Executive Dean, Faculty of Health Sciences and Medicine, Bond University.

A clinical trials Research Futures forum in May set the scene for the establishment of a Clinical Trials Working Group and a shared understanding of appropriate models to ensure we are Clinical Trials Ready.

A significant milestone was the publishing and distribution of our first Research Annual Report that was well received by our community and collaborators.

The Research Information Session in May attracted over 100 attendees eager to learn more about the research ethics and governance process. Dr Gary Allen provided a fantastic workshop for our committee.

A tangible indicator of research activity is represented by the number of research projects receiving funding which increased from 47 in 2013–14 to 71 in 2014–15.

### 2. Building research capacity

Doing research requires capacity and this has been developed in a number of ways. Funding is an enabler, supporting our workforce to be research active and existing funding systems and processes have been reviewed to maximize our return on investment. The Private Practice Trust Fund and our Hospital Foundation provide grants to support our staff in their research endeavours. We have streamlined the application process, published transparent guidelines and actively promoted these schemes across the district. Successful outcomes from these schemes are highlighted in the following pages. The Foundation has been remarkable in their willingness to assist in building research capacity in GCH.

Dr Greta Ridley commenced in the role of Research Development Officer in May and has developed the “Stimulating Action in Research”





or STAR program, a 12-week series of seminars and tool-box sessions aimed at developing research skills in our workforce. A stellar cast of presenters has been assembled and we are most grateful to our research leaders and university partners for their contribution of time and energy to the success of the STAR program. Next year I hope to report on the evaluation and further developments in this area.

### 3. Providing effective governance and research support

Emeritus Professor Drew Nesdale, Chair of HREC, and Vanessa Druett, HREC Co-ordinator, have been instrumental in reviewing our HREC processes. We have expanded our HREC membership from eight members at the commencement of 2014 to now having 27 members trained and sitting on either

the full committee (15) or on our peer-review expert panel (12). Professor Nesdale outlines numerous achievements in his section of this report.

An important part of research is ensuring that research activity is governed and monitored to ensure we are accountable and transparent. The graph in Figure 1 shows a real increase in Site Specific Application (SSA) approvals in GCH over the last two years. While our activity is increasing, it is rewarding to see that our average days till approval has shown a decrease. This is indicative of improved internal processes and the investment in additional positions to manage research ethics and governance requirements. As can be seen in Figure 2, our clinical research activity has improved substantially in the last year. This is indeed an exciting trend and bodes well for our clinicians as this activity is predominantly internally driven.

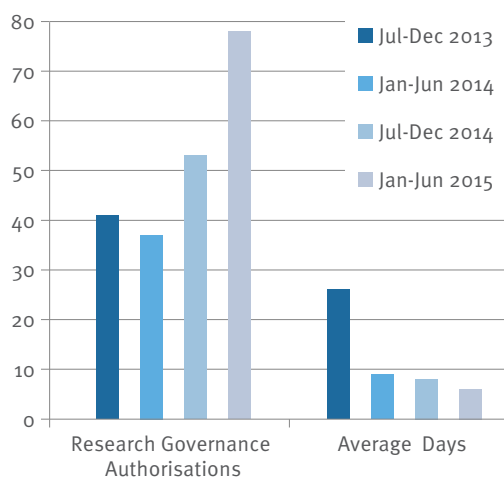


Figure 1. Site Specific Application Approvals GCH 2013-2015

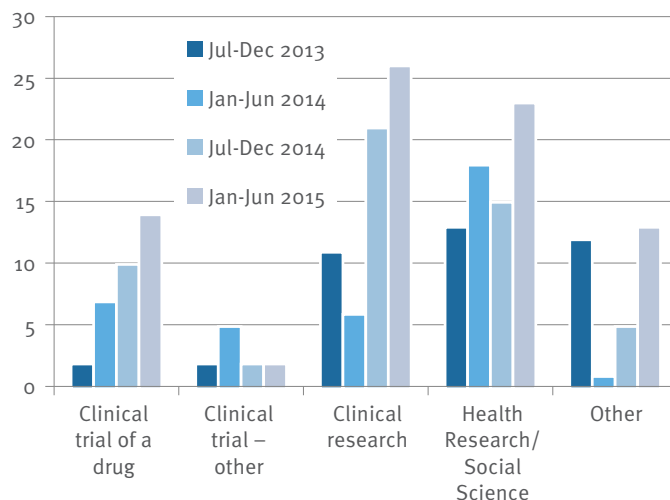


Figure 2. Study Type Approved GCH 2013-2015

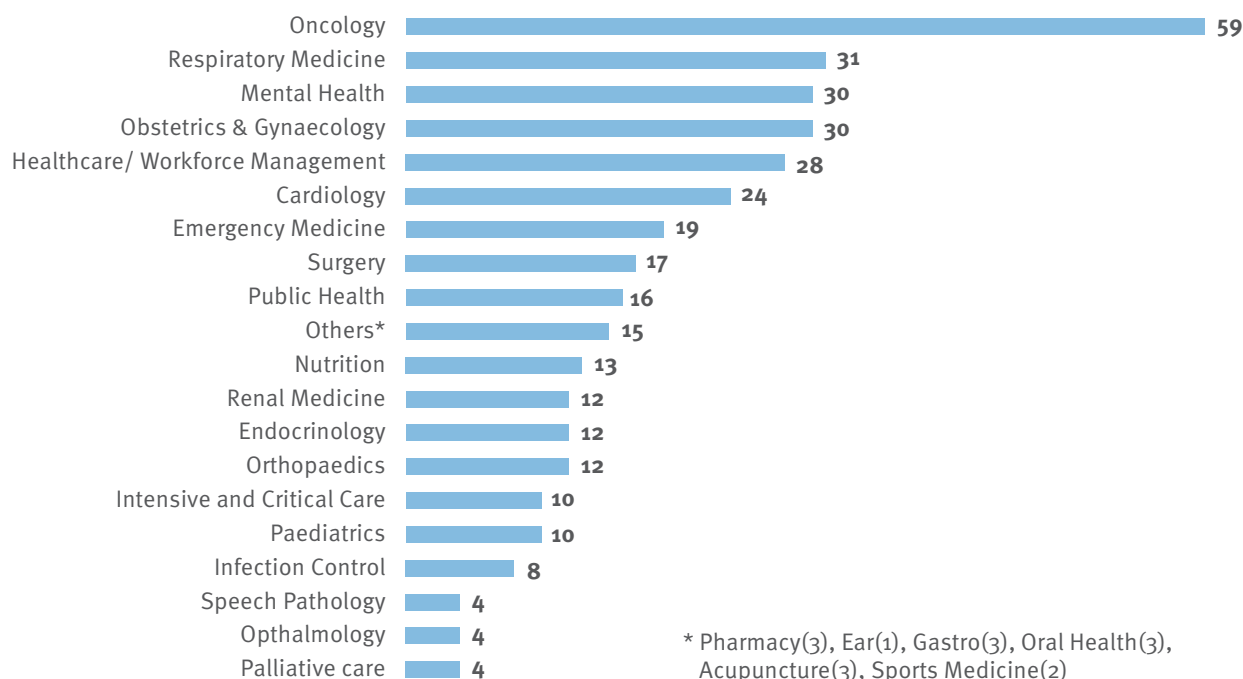


Figure 3. 2014-2015 Research Publications by Specialty

#### 4. Strengthening partnerships

In September 2014, GCH, in collaboration with our key university partners (Griffith University, Bond University and Southern Cross University), lodged a submission to the National Health and Medical Research Council (NHMRC) for recognition as an Advanced Health Research and Translation Centre. While we were unsuccessful in our bid, the process of developing our submission identified a number of areas of research excellence and cemented positive partnerships. Some of these included research themes such as: communicable diseases; safety, quality and evidence-based practice; women's health; newborn health; neuroscience, mental health and suicide prevention; and health service management. Through developing our submission to the NHMRC it became apparent that GCH has a unique opportunity to build on a solid legacy and develop genuine and broad-scale collaborative partnerships to pursue an integrated education and clinical research agenda.

In addition to developing partnerships with our neighbours, we welcomed international visitors from a number of institutions who were interested in learning about collaborative opportunities. In October a senior delegation from the China National Centre for Biotechnology met with key research leaders at GCH. This was an informative meeting and enabled a useful exchange of ideas.

#### 5. Translating research to care

The Gold Coast Health and Medical Research Conference was held in December 2014 and participation increased from previous years. Our staff contributed 28 presentations and posters and Dr Jenni Connell was awarded a prize for best first-time presenter with her paper titled "A classification tool (GC-CODES) to identify the underlying clinical indication for general anaesthetic at caesarean section". The vision is for this conference to become an annual national event and to provide a showcase for research activity on the Gold Coast.

This report shows that our research publications have increased in number from 148 in 2013–2014 to 358 in the last 12 months (2014–2015). Figure 3 shows our publications by specialty.

It has been an extremely busy and productive year and I must acknowledge the loyalty and commitment of my team, particularly Mr Steve Morris and Ms Marie Taylor who joined us in early 2015.



Our progress is summarised in the table below:

### 2013-14 and 2014-15 at a glance

2013-14 (18 Months)	2014-15 (12 Months)
156 Ethics application	169 Ethics applications
135 Active projects	240 Active projects
\$17m Research Grants	\$19.3m Research Grants
\$230,000 Hospital Foundation/Collaborative Grants	\$255,000 Hospital Foundation/Collaborative Grants
283 Journal articles published	358 Journal articles published
88 Conference presentations	86 Conference presentations

Our strong and solid base showed some remarkable development in the last year. Our infrastructure is consolidating and we can aspire to become a truly world-class health service as we build our reputation for research.

This document captures the pride we have in the achievements, dreams and aspirations for GCH research. As services mature we expect to increase our research activity, grow our research output, and, most importantly, improve the quality of care we provide to the people we serve.



# Professor Keith Grimwood

Chair, Research Council



During 2014–2015 the Research Council in its inaugural year has focused on helping the Research Directorate to implement the GCH Research Strategy. In so doing it has provided expert advice in developing several key documents to improve research governance and support. These have included the GCH Research Governance Handbook, the GCH Research User Guide and flowcharts to simplify the functioning of the HREC and site-specific approval processes.

To assist with building research capacity the STAR program was also introduced. Its aim is to provide training to novice researchers on research methodology, including identifying and framing the research question, developing a robust study design and an appropriate data analysis plan. This program is the culmination of the concerted effort and enthusiasm provided by the Council to further advance research in the GCH.

In the forthcoming months the Council will turn its attention to ensuring research within GCH is seen as one of its core functions. The Council will also explore how to strengthen external research partnerships and how local research can be promptly translated into clinical practice and service delivery to improve health care and outcomes. These steps will help to lay the foundations of a strong academic health and medical research culture within GCH and will ultimately benefit the Gold Coast community.

I would like to thank all Council members for their hard work and enthusiasm during the last year, in particular the Deputy Chairs, Associate Professor Julia Crilly and Dr Chris Stapelberg. Finally, I would like to acknowledge the excellent work of Associate Professor Susan Brandis and the administrative support to the Council provided by Ms Marie Taylor.



## Research Council Committee members

Professor Keith Grimwood	Chair
Dr Chris Stapelberg	Deputy Chair
Associate Professor Julia Crilly	Deputy Chair
Associate Professor Susan Brandis	Director of Research
Ms Rachael Dunning	Committee member
Professor David Ellwood	Committee member
Professor Andrea Marshall	Committee member
Dr Christy Noble	Committee member
Associate Professor Brent Richards	Committee member
Dr Jasotha Sanmugarajah	Committee member
Dr Doug Shelton	Committee member
Dr Rachel Wenke	Committee member
Ms Marie Taylor	Secretariat



*L to R: Dr Rachel Wenke, Assoc Prof Susan Brandis, Dr Chris Stapelberg, Assoc Prof Julia Crilly, Assoc Prof Brent Richards, Prof David Ellwood, Prof Andrea Marshall, Ms Marie Taylor, Dr Doug Shelton, Dr Christy Noble*

# Emeritus Professor Drew Nesdale

Chair,  
GCH Human Research  
Ethics Committee



The GCH HREC operates in accordance with the National Statement on Ethical Conduct in Human Research (2007) (updated May 2015). The HREC meets ten times a year to review research applications for proposals involving patients and staff within Queensland Health and more specifically GCH. The HREC committee is chaired by Emeritus Professor Drew Nesdale with the assistance of deputies Dr Greg Comadira and Professor Jennifer Fenwick.

Several points are worth noting about the operation of the ethics review system in 2014–2015. First, a call for interested volunteers has led to the establishment of an expanded pool of experienced and qualified individuals to review the research submissions for the HREC. Others have joined the

Expert Panel, the members of which are called upon to carry out Low and Negligible Risk reviews, and to replace departing HREC members, as required.

Total HREC submissions	169
Not requiring review	36
Others (withdrawn/not approved)	16
Approvals	117
% multi-site applications	22 %
% Low risk	41 %

Figure 4. Total HREC Submissions

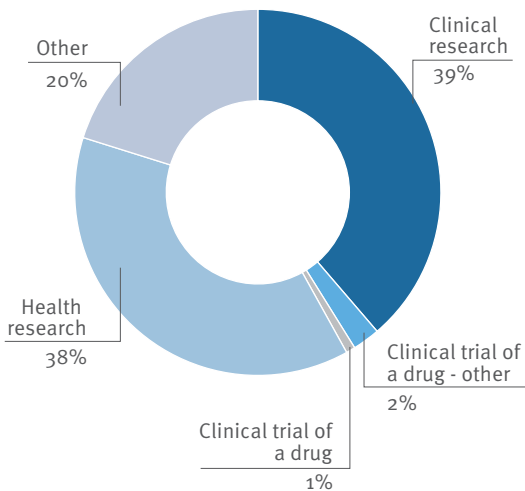


Figure 5. HREC Applications by Study Type 2014-2015



Second, a particularly important issue concerns the need to develop a suitable training program for the members of the HREC as well as the Expert Panel. Drawing on the NHMRC's National Statement on Ethical Conduct in Human Research, we have now developed the HREC Research Orientation Program. This program is comprised of the following five topics.

**Topic 1:** Main issues in reviewing the ethics of health and medical research projects.

**Topic 2:** Enhancing a concern for research ethics among health and medical researchers.

**Topic 3:** Research designs and methods used in health and medical research projects.

**Topic 4:** Handling research participants in an ethical manner.

**Topic 5:** Carrying out research with integrity.

Each of the topics has now been presented with several benefiting from contributions from members of the Griffith University HREC, with whom we have established a good working relationship. Each topic is presented in a small group setting and takes up to 1.5 hours to complete.

Third, the HREC has worked hard to establish an efficient and timely research reviewing process. The implementation of a parallel review process in which research projects simultaneously commence the ethics review sequence, as well as the research governance sequence, is significantly reducing the overall length of the reviewing process. Most importantly, much leverage has been gained through the recent appointments of two experienced support staff, including Ms Vanessa Druett as the HREC Coordinator, and Mr Steve Morris as the Research Ethics and Communications Officer.

Fourth, reflecting the preceding innovations, there was a substantial increase in approved applications from 2013–2014 to 2014–2015, and the reviewing task was completed on average in less time. Figures 4, 5 and 6 provide details about HREC reviewing activity.

#### Average days for approval

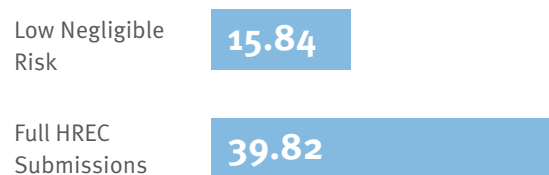


Figure 6. Average days for HREC Approval by Submission Type for 2014–2015

## Gold Coast Human Research Ethics Committee Members

<b>Category A: Chairperson</b>	Emer Prof Drew Nesdale	Psychologist Professor
<b>Category B: Layperson with no affiliation with the institution</b>	Ms Vicki Engel	Layperson and volunteer
	Mr Robert Lee	Layperson
<b>Category C: Knowledge of, and current experience in, the professional care, counselling or treatment of people</b>	Prof Randipsingh Bindra	Professor of Orthopaedic Surgery
	Ms Yvonne Elliott-Kemp	Rehabilitation Services Director
	Prof Jennifer Fenwick	Deputy Chair, Professor of Midwifery and Clinical Chair
	Dr Amy Johnson	Research Fellow Emergency Care
<b>Category D: Performs a pastoral care role in community</b>	Ms Joanne McDiarmid	Pastoral Care Role
	Mr Andrew Naylor	Pastoral Care Role
<b>Category E: Lawyer, where possible who is not engaged to advise the institution</b>	Mr Jacob Owen	Lawyer
<b>Category F: Current research experience that is relevant to research proposals to be considered at the meetings they attend</b>	Dr Greg Comadira	Deputy Chair, Intensive Care Physician
	Mr Brett Jackson	A/Director, Medical Imaging
	Assoc Prof Roselyn Rose'Meyer	Pharmacology and Physiology Researcher
	Assoc Prof Kate Shacklock	Human Resource Management Researcher
	Dr Bajee Krishna Sriram	Specialist Respiratory Physician
	Dr Annetta Kit Lam Tsang	Paediatric Dentist





Unfortunately, 2014–2015 has seen the departure of three members of the committee, Dr Philip Gaffney, Ms Jo-ann Brock and Rev Sid Rogers. GCH thanks them for their hard work and dedication in contributing to the HREC determinations.

### **Special Acknowledgement**

Dr Philip Gaffney was awarded recognition for his outstanding contribution to research on the Gold Coast at the annual Gold Coast Health and Medical Research Conference held in December 2014.

Dr Philip Gaffney is a scientist with a PhD in Molecular Biology. He worked as a Senior Scientist at the Royal Brisbane Hospital from 1980–1991 and as a Senior Scientist Lecturer at Griffith University from 1992 until he retired in 2003.

Dr Gaffney became a member of the Human Research Ethics Committee in its inauguration in 1994 and remained a member until 2014. Dr Gaffney was appointed as a layperson, which is a voluntary position. During his time as a member of the HREC, Dr Gaffney attended over 170 meetings and reviewed more than 1100 submissions.

With his sharp mind and attention to detail Dr Gaffney made a great contribution to the HREC over the last 20 years and contributed to ethical and scientific decision making for research proposals nationally. He was honest, reliable and considerate of others, with a great sense of humour. With his extensive knowledge, commitment, personal qualities and experience Dr Gaffney was an invaluable member of the committee who was well liked and respected by his fellow colleagues.

As our HREC goes from strength to strength, the integrity of research on the Gold Coast is assured.



**Dr Philip Gaffney**

## Allied Health Professor **Sharon Mickan**



The commencement of the Professor of Allied Health in early 2015 has been a significant milestone for GCH and a number of exciting initiatives have been introduced within Allied Health to encourage clinicians to engage in and use research evidence to inform and enhance their clinical practice.

Early in 2015, the Research Incubator was launched to enable clinicians to seek support from interested academics to develop clinical research questions. In its first three months, five clinicians participated in lunchtime workshops, and there are developing collaborations with Griffith academics to progress unanswered clinical questions into rigorous and viable research projects. This collaborative initiative has achieved ethical approval for a mixed-methods evaluation.

The first monthly Allied Health Research Forum was held in May 2015. These lunchtime forums showcased a number of clinically meaningful research projects undertaken by Allied Health clinicians and academics. They attracted audiences from hospital and university allied health professionals, nursing and support staff and there was stimulating discussion following the presentations.

A conjoint Principal/Senior Research Fellowship in Allied Health was developed and advertised between Griffith University and GCH. It is expected that this Research Fellow will continue their own research while facilitating research engagement and capacity of allied health clinicians.

This year saw the continuation of another two funding rounds of the Allied Health Clinical Backfill for Research initiative. This initiative began in 2014 and has funded 14 clinicians to go offline for up to four weeks to complete research activities associated with research projects undertaken within their workplace. Evaluation of the early rounds of this initiative has shown meaningful improvement in individual clinician research capacity as well as positive research outputs. Preliminary findings of the evaluation will be presented at the 2015 National Allied Health Conference in Melbourne in November.

Allied Health Evidence-Based Practice Champions continue to meet regularly, evaluating and enhancing the way journal clubs are conducted to share results from published research to enhance clinical practice.



A number of Allied Health staff contribute to key GCH research governance activities and the leadership of these staff is recognised:

**Dr Rachel Wenke** – member of GCH Research Council

**Dr Christy Noble** – member of GCH Research Council

**Ms Jill Mahoney** – member of HREC Peer Review Expert Panel

**Ms Hazel Bassett** – member of HREC Peer Review Expert Panel

**Ms Penny Stabler** – Deputy Chair, Clinical Council



## Nursing and Midwifery Professor

### **Anita Bamford-Wade**



Nursing and Midwifery research within GCH is well established and supported by Professor Anita Bamford-Wade. Research activity is led by four clinical chairs in joint appointments between Griffith University and GCH including Dr Jennifer Fenwick, Professor of Midwifery; Dr Andrea Marshall, Professor of Acute and Complex Care Nursing; Dr Laurie Grealish, Associate Professor of Sub-Acute and Aged Care Nursing; and Dr Julia Crilly, Associate Professor of Emergency Care. Dr Kathleen Baird, Dr Amy Johnston and Dr Carole Rushton also hold joint appointments in education and research.

Together the team led 45 research projects and attracted over \$6 million in competitive research funding during the last year. An additional \$5.3 million was provided to support innovative nursing and midwifery projects. International research collaborations include Canada, China, New Zealand, Noumea, Sweden and the United Kingdom. Programs of research also engage 18 research higher degree students and 85 GCH clinicians.

Nursing and Midwifery are well represented on lead research activities in GCH, in particular Associate Professor Julia Crilly, Deputy Chair, GCH Research Council and Professor Jennifer Fenwick, Deputy Chair GCH HREC Committee.

The generation of new knowledge and translation of research into practice are important for the provision of high-quality clinical care to patients and their families. In 2015 we embarked on The Magnet Journey, a program that recognises healthcare organisations for quality patient care, nursing excellence and innovation in professional nursing practice. Our participation in the Magnet Recognition Program® will further embed research and innovation as core components of nursing and midwifery practice.





# Supporting Research

# Library Services

## Yvonne Auld Manager

The Library Service has been exceptionally busy throughout 2015, delivering responsive and innovative information services and resources in support of patient care, research, management and professional development activities across GCH.

It has been a very productive year with an average of 5,000 visitors monthly across our GCUH and Robina Hospital branches. We continue to open up our libraries as collaborative and research friendly spaces and to introduce new technology. In collaboration with the Queensland Health Libraries network and State Library of Queensland, we have implemented a state-of-the-art library system with a next generation discovery layer (<http://qhlibraries.slq.qld.gov.au>), maximising access to specialist print and online information resources for the healthcare environment.

We are enthusiastic about developing leading-edge information services in line with changing

needs as GCH transitions to a substantial research organisation. As we establish a firm base for future growth and activity in support of a culture of research excellence and scholarship, we look forward to growing our program of library workshops and our literature research service, thereby facilitating information discovery, scholarly outputs and translation of research to health practice and outcomes.

Gold Coast Health Library Service is underpinned by the professional expertise of our specialist Research and Training Librarians utilising latest technology and information tools and resources. We offer consultations, literature research services and information discovery workshops, at GCUH and Robina libraries and in the work place. We are staffed Monday to Friday, 8:30am to 4:30pm with 24/7 swipe card access to library facilities for GCH staff and students on placement.



*L to R Standing: Sarah Thorning, Yvonne Auld, Jasna Romic; Seated: Michele Oldfield, Janice Michel*



# Health Analytics

**Sandra Ryan**

Manager

Many research projects require access to clinical records or data contained in clinical information systems. The Health Analytics service within GCH provides assistance to researchers (with site approval) by providing advice on available data, extracting data from selected clinical systems and arranging access to the clinical records (i.e. Electronic Medical Records). During the last year the Health Analytics team provided data and assistance to 25 approved research projects.

This assistance has included the following:

- providing advice on the research approach to data collection and access
- assisting in determining data sources and availability, including extraction timing
- providing data custodian support for submissions to authorising agencies
- referrals to other data areas to seek approval and access if outside of our domain.

We can also provide:

- custodian support for access to clinical records and/or extraction of data from clinical information systems
- data extracts in the required format
- reports on subject matter including summary or detailed views, business analysis, graphs, tables and trends
- regular reports for retrospective and ongoing research.

Information for research and/or publication purposes is only provided after the appropriate HREC, Site Specific Assessment and Public Health Act approvals have been obtained. Release of data is always within the provisions of the *Public Health Act 2005*.

Research requests range from simple to extremely complex, so initial discussions are important to identify how we can assist including timeframe estimates, resourcing, costs and potential issues that may need to be addressed.

# Gold Coast Hospital Foundation

**Kim Sutton**  
CEO



The Gold Coast Hospital Foundation's (Foundation) mission is to continually improve public health services for the Gold Coast community through health promotion and research, health staff education, the refurbishment of hospital spaces and the purchase of modern medical equipment.

Working with the community to raise funds, the Foundation supports the medical services delivered at more than 40 health facilities in the Gold Coast region, including the GCUH, Robina Hospital and all GCH community-based health centres.

In the 2014–15 financial year the Foundation more than doubled its program activity and impact, delivering \$653,000 worth of research, education and equipment, with research grants alone totalling more than \$131,000.

Grants between \$2,000 and \$10,000 were provided to Gold Coast clinicians to enable them to be involved in high-quality research, with potential benefits for better health care delivery and treatment, and improved patient outcomes.

One such grant was awarded for the GCUH's Intensive Care Unit to undertake research using a ROTEM (Rotational Thromboelastometry) machine on cardiac patients, who are at increased risk of bleeding for multiple reasons and hence at increased risk of mortality. This machine gives a graphical display of blood clots, can be used at the patient's bedside to assess the risk of bleeding and underlying causes, and reduces the time for clinicians to receive vital test results from six hours to only 10 minutes, potentially saving lives. Aside from use with cardiac patients, the machine is also

used for transplant surgery, major head trauma, stroke, heavy bleeds and other critical situations. The study has been completed and protocols established. Clinicians are moving to the sample-collection phase and research will be completed in November 2015. Funding for research into use of the ROTEM machine has allowed the GCUH to become a national leader in using the technique.

Another impressive research study investigated the use of high-flow nasal cannula treatment for viral bronchiolitis in infants. Acute respiratory disease is the leading cause for infants requiring hospitalisation. A collaborative research project over several regional paediatric departments has shown that early optimal respiratory support reduces the need for admission to a children's intensive care unit by 40%, enabling patients to remain in their regional hospitals. This reduces the stress and risk of patient transfer, as well as the huge costs for the family and the health care system. The Foundation grant allowed funding for a research nurse to conduct a study for introducing this treatment at the GCUH's Paediatric Unit.

The Foundation is committed to positively enhancing the health services in the region, and is proud to be increasing its impact by delivering funding to the key areas of research, education and equipment, resulting in everyone in the Gold Coast community having access to the best possible health care and health education.

# Professor Paul Mazerolle

Pro Vice Chancellor  
(Arts, Education and Law)



Arts, Education and Law (AEL) is Griffith University's largest academic group, with schools drawn from the humanities and social sciences, the professions, and creative and performing arts. The group is known for its high-quality, innovative research, with discoveries that support social change and development.

Criminology and Crime Prevention is one of three areas of strategic investment, and AEL is proud to have invested in establishing research collaborations between its new Griffith Criminology Institute and GCH, along with Griffith Health and the Menzies Health Institute Queensland.

Founded in 2015, the Griffith Criminology Institute represents one of the largest and highest performing criminology communities in the world. Its vision is to produce cutting-edge knowledge that helps create safe, well-governed and equitable societies. This emerging relationship with GCH will assist by providing insights into critical contemporary issues in the health-criminology nexus, such as understanding the patterns of emergency department use in people released from prison and the management of people brought into the emergency department by police.

AEL looks forward to continued research collaborations with GCH, and collectively contributing to a safer, healthier Gold Coast community.





# Professor Michael Powell

## Pro Vice Chancellor (Business)



### Potential research opportunities between GCH and Griffith University

GCH and Griffith Business School (GBS) currently have a unique opportunity to build and nurture relationships, both educational and research-based. Aside from the medical and clinical education and research opportunities, there are many potential business-related education and research opportunities that may be developed. Examples include: health services management and strategy, culture and organisational behaviour, people management and workforce issues, health economics and finance, health travel, and health marketing.

Professor Anneke Fitzgerald and Associate Professor Kate Shacklock have been nominated to assist in leveraging opportunities to build and maintain relationships between GBS and GCH for research collaboration and projects. This provides a new conduit between the two closely-located groups, with the aim of increasing collaboration in research projects and education possibilities.

Collaborations between the two organisations include Higher Degree Research candidates undertaking their research within GCH, such as Mrs Xanthe Golenko, who is currently examining activity-based funding at an operational level, by undertaking a mixed-methods cultural study with the support of GCH Finance. Another interesting study currently underway at GCH is investigating front-line managers and how they cope with various daily stresses. The management researchers,

Associate Professor Keith Townsend, Associate Professor Ashlea Troth and Dr Rebecca Loudon, have collected data with the aim of developing a potential intervention based somewhat on emotional regulation and emotional intelligence. A preliminary report is expected by the end of the year.

Two Griffith University business academics are now formally endorsed members of the GCH HREC. Also, GCH provided Griffith University Work Integrated Learning students with the opportunity to use planning, organisational and resource management skills within a practical business setting by undertaking projects in finance and management related to their areas of study. Projects have a set timeline in which to complete a specific task for GCH. Our staff who supervised these students reported their high calibre, while the students reported unique and invaluable experiences were obtained.

Promoting staff education has not been overlooked either, with possibilities being examined as part of GBS's various degree programs, both undergraduate and postgraduate.

These examples of research collaborations, education opportunities, and internships demonstrate the enormous opportunities for the health service and university to develop working partnerships in non-clinical areas. A valuable foundation for the future has been laid, with many further leveraging possibilities.

**Professor  
Sheena Reilly**  
Director,  
Menzies Health Institute

**Professor  
Debra Henly**  
Pro Vice Chancellor  
(Sciences)



Griffith University and the Menzies Health Institute Queensland have a long-standing collaborative relationship with GCH.

Relocation of the GCUH to just across the road from Griffith University's Gold Coast campus created an opportunity for many new and exciting partnership opportunities.

Across both teaching and research, this close proximity provides the ideal environment for collaboration, access to patients for a broad range of research projects and facilitates the training of students – our future doctors, nurses and allied health professionals.

This partnership is underpinned by a formal memorandum of understanding with a common goal to provide our community with sustainable improvements in health and wellbeing.

The two organisations together are driving development of a Gold Coast Health and Knowledge Precinct that has national and international significance. Senior Executives from both parties meet regularly to identify strategic research strengths, collaborative opportunities in education, research and clinical health service delivery and to progress joint ventures.

Under the directorship of newly appointed Professor Sheena Reilly, Menzies Health Institute Queensland currently has 28 joint appointments, with many more Menzies Health Institute Queensland researchers and PhD candidates working with medical professionals and clinicians at GCH.

Griffith University Sciences has a comprehensive research portfolio with strengths ranging from the sciences to information technology, engineering to drug discovery. This broad range of disciplines gives researchers from Griffith and GCH the opportunity to join forces in identified strategic research strength areas, collaborative opportunities in education, research, and to progress joint developments to help improve health care on all levels.

These strategic collaborations include the Queensland Critical Care Research Group that is facilitating cardiology research between staff from GCH, Griffith University Engineering and the Heart Foundation Research Centre.

Griffith Institute for Glycomics and GCH are also bringing their unique research strengths to clinical trials of what could be a world-first malaria vaccine.

In active partnership, researchers from both institutions are undertaking a major project looking at the technology behind e-patient records monitoring in predicting patient outcomes.

Griffith University Sciences looks forward to expanding our collaboration with GCH, and working closely together to contribute to improved health outcomes and a knowledge-led future on the Gold Coast.







## Associate Professor Sandra Grace

Director of Research



Southern Cross University aims to create research and research training that has global and regional impact and relevance. It has a large regional footprint that extends from Coffs Harbour to the Gold Coast and brings expertise in models of care to support rural and remote health, including telehealth and primary health care integration.

Through our partnerships we have introduced several innovations to promote the translation of knowledge into practice and to guide the development of industry-relevant research. For example, Southern Cross University has introduced a Professors-in-Residence program to develop research and projects for improving nursing and midwifery practice. In our work with Queensland Health we have evaluated their ground-breaking Rural Allied Health Generalist Traineeship Project.

Other projects with regional partners are exploring diabetes control through exercise conditioning; enhancing lower limb wound management through hypoxic treatment, biomechanics and adaptive footwear; and exploring plant compounds that can be used in wound management. Findings from these projects will have policy and practice implications.

Southern Cross University continues to develop collaborations with GCH through student clinical placements and health workforce research. We are excited about expanding collaborations on the Gold Coast, including establishing partnerships in mental health nursing.

# Professor Helen Chenery

Executive Dean  
(Faculty of Health  
Sciences and Medicine)



2014–2015 has been an exciting year for research at Bond University, with the appointment of Professor Helen Chenery as the new Executive Dean of the Faculty of Health Sciences and Medicine. Bringing 30 years of experience as a clinician and researcher, with specialist interests in language neuroscience and acquired communication disorders, her leadership is focused on driving engagement with the health professions to ensure our research is accessible and translated.

Medical research continues its expansion, with highlights including the recruitment of Professor Helen O'Neill as Chair of Immunology and Stem Cell Biology, strengthening our research in regenerative medicine and stem cell based immunotherapies, as well as the establishment of a designated Centre for Urology Research that is undertaking research on disorders of the prostate and bladder.

Our internationally recognised Centre for Research in Evidence-Based Practice celebrated further successes, including Director Professor Paul Glasziou's award of a five-year National Health and Medical Research Council Senior Principal Research Fellowship. The Centre for Health and Human Performance was established at the Bond Institute of Health and Sport at Robina, providing a hub for research in Nutrition and Dietetics, Exercise and Sports Science and Physiotherapy and exciting opportunities for partnerships with Gold Coast Health and the local community.



# Student Stories



# Georgia Tobiano

Registered Nurse,  
Gold Coast Health and  
PhD Candidate,  
Griffith University



The research I have conducted to date has focused on patient and family-centred care. I am currently undertaking my PhD in the area of patient participation, under the supportive supervision of Professor Wendy Chaboyer, Professor Andrea Marshall and Professor Tracey Bucknall. The research involves interviews and observations with patients and nurses to better understand patient participation in nursing care in the hospital environment.

An ethnography was conducted across four medical wards, located in two Australian states. The aim was to investigate patients' and nurses' perceptions of, and behaviours toward, patient participation (an Australian Commission on Quality and Safety in Health Care standard). Forty interviews were conducted and 14 nurses and 28 of their patients were observed.

I am a practising registered nurse on a busy ward at Gold Coast University Hospital. I can personally see the benefits of patient participation, as there are many opportunities to better involve patients and their family members in hospital care to improve patient safety and quality of care. Unfortunately, patient participation is not easily achieved in acute care environments with many barriers influencing its success.

Our study has helped confirm these barriers to patient participation and discover ways to promote partnerships with patients. I am due to finish my PhD at the end of the year. I have relished the opportunity to be engaged with clinicians and patients while pursuing my passion for research. I hope to continue to find ways to promote patient-centred care practices in the hospital environment.

This year I was fortunate to present our research to an international audience, winning top student presentation at one conference. I was very pleased to receive this feedback that demonstrates the important role patient-centred care plays in nursing care internationally.

## **Antoinette Wharton**

Bachelor of Public Health  
student majoring in  
Environmental Health  
and Sustainability

I was fortunate to have undertaken my Griffith University Bachelor of Public Health placement within the Environmental Health Branch of the Gold Coast Public Health Unit. This placement involved assisting various officers in monitoring the compliance and investigation of Environmental Health issues while completing a professional research project.

My project was an investigation of the microbiological quality of decanted drinking water supplied to customers by restaurants and cafes on the Gold Coast. The project involved developing a project plan and audit tool; conducting random audits at 40 local food businesses; carrying out chlorine tests to determine residual chlorine levels/water storage periods; collecting water samples for microbiological analysis at Queensland Health Forensic Scientific Services; and conducting interviews with food business owners/operators to determine water-storage practices, methods of decanter sanitation, and awareness levels of the issue.

I firmly believe that the skills and knowledge I acquired throughout my time at the Public Health Unit has allowed me to lay solid foundations in environmental health practice and was invaluable to my career as an environmental health officer.

## **Gina Thompson**

Bachelor of Public Health  
student majoring in  
Health Promotion

As part of my Bachelor of Public Health at Griffith University I was given the opportunity to work at the Gold Coast Public Health Unit on the Evaluation of the Active and Healthy Gold Coast program. My main focus for this evaluation was to assess if the target population was reached and monitor how successful the program was in getting inactive populations to become active.

I was honoured to have this opportunity to practice and build on the knowledge and skills that I've learnt at university in a professional and welcoming environment. Tasks I took part in included data entry, data evaluation, report writing and survey development. I was also involved in meeting with program stakeholders to share my recommendations and feedback on this program.

Feedback from my colleagues and workplace supervisor has allowed me to grow both professionally and personally and has deepened my understanding of research in Public Health. This placement opportunity allowed me to build connections and networks for the future and has built on my excitement to work in the Public Health field once I graduate.

## Roshan Dahal

### Master of Health Services Management student



Having a profound interest in quality in healthcare and patient safety, I graduated from Griffith University with a Master of Health Services Management (Advanced) in July 2015. A major component of the degree was a semester of Work Integrated Learning that I successfully completed in the Research Directorate, GCH. I completed a research project and submitted an options paper titled Collaborative Clinical Trials Unit at the Gold Coast that involved assessing clinical trial readiness at GCH, identifying possible partners and outlining possible models of collaboration as a future way forward to enable and attract commercial clinical trials to the Gold Coast.

The GCUH provided me with a unique opportunity to gain professional exposure to the Australian health care system. I acknowledge the continuous guidance, support and motivation provided during my placement that helped me to grow both as a professional and as a person. I developed a deep sense of belonging in the workplace when the staff raised funds for the “Nepal Earthquake-Children’s Appeal” – a commendable gesture of assistance at a time of devastation in my home country.

The icing on the cake was a job offer at the Research Directorate after my graduation. This was

a splendid opportunity to be a part of an inspiring and motivating team and to further develop my professional skills and experience. I am currently working on a project to develop a research register to capture ongoing research projects across various departments of GCH. In addition, the project also involves developing a template to capture the translation of research into patient care and safety. I am indebted to this wonderful institution for allowing me to be a part of it.

## Noho Geno

### Bachelor of Public Health student majoring in Health Promotion

Having worked as a nurse for some years in both urban and rural areas in Papua New Guinea, I decided to continue my studies by undertaking a Public Health degree at Griffith University. In my third year I had the opportunity to join the health promotion team at the Gold Coast Public Health Unit to complete my work placement practicum.

During this placement I was engaged in quantitative and qualitative data entry and analysis, reporting results and redesigning a second survey to assess the accessibility and impact of the Active and Healthy program.

Being an international student, this is my first experience of working in an Australian health facility, giving me the opportunity to work among first class professionals and allowing me to gain self-confidence and motivation to work at a high standard. I am so privileged to work with professionals who are co-operative and supportive in my everyday work building my courage and believing in me so that I can face the challenges that come in my future career.





# Collaborative Teams

# Allied Health – research making a difference

## **Project: Identification of elements of organisational design and how they impact on allied health service provision**

The Allied Health workforce play a crucial role in providing safe and optimal healthcare. However, the underlying principles of organisational design of Allied Health services, and how these impact service delivery are not currently understood.

To investigate this area, Allied Health Workforce Development Officer, Jill Mahoney and Director of Occupational Therapy, Trudi Epple, were awarded a grant in 2014–2015 from the Allied Health Professions' Queensland Health Practitioner Research Grant Scheme to identify how elements of organisational design impact on Allied Health service provision within GCH.

As part of the research project, a number of focus groups and individual interviews are being undertaken with GCH service managers and leaders. Through thematic analyses of data collected, this qualitative project aims to identify the governing principles, systems and processes that underpin Allied Health service delivery. It is hypothesised that this may lead to identification of core Allied Health service principles that enable effective and efficient service provision, regardless of the overarching organisational structure. The project is in collaboration with Griffith University's Petrea Cornwell and GCH's Dr Rachel Wenke.

Another project being led within Allied Health's Clinical Governance Education and Research unit is exploring the impact of a Research Incubator, an innovative inter-organisational model to promote clinician–academic collaborative research. The project is being led by Dr Rachel Wenke and Professor Sharon Mickan in collaboration with Professor Norm Morris and Professor Andrea Bialocerkowski from Griffith University, and is currently in the process of data collection.

## **Project: A focus on recovery: using the Mental Health Recovery Star as an outcome Measure**

**Team:** Dr Chris Lloyd, Mr Philip Lee Williams, Mr Tawanda Machingura, Professor Samson Tse

**Aim:** The Mental Health Recovery Star was adopted as a routine outcome measure by recovery clinicians.

**Method:** All service users referred to the Recovery Service during a three-month period completed the Mental Health Recovery Star. A chart audit was conducted to review the utility of the Mental Health Recovery Star as a clinical outcome measure.

**Results:** Recovery goals identified by service users through this process and the progress they made are reported. Service users identified that they needed assistance in work, social networks, managing mental health and identity and self-esteem.

**Conclusions:** Overall, it was found that the Mental Health Recovery Star was useful in service mapping and assisting recovery clinicians to identify areas that they needed to focus on when providing treatment and following service user's progress. It complemented other outcome measures used by the service.

## Project: Implementing evidence-based practices in supported employment on the Gold Coast for people with severe mental illness

**Team:** Mr Philip Lee Williams, Dr Chris Lloyd, Dr Geoffrey Waghorn, Mr Tawanda Machingura

**Aim:** The aim of this project was to evaluate program outcomes following the implementation of an evidence-based approach to supported employment on the Gold Coast.

**Method:** A prospective observational design was used to evaluate employment outcomes and fidelity to the evidence-based principles and practices of a specialised form of supported employment. The cohort was defined as all those that entered the program at each of three sites within a 21-month period. Each participant was followed up for a minimum of six months. All three sites implemented the employment program by establishing a partnership between a non-government organisation and the Gold Coast Community Mental Health Service.

**Results:** The primary outcome variable was the proportion commencing competitive employment during the follow-up period from among those that commenced receiving assistance (the denominator). This ranged from 12% at Site C to 33.3% at Site A, and 37% at Site B. Fidelity to evidence-based principles was fair at Sites A and C and good at Site B. These results were below expectations based on international-controlled trials.

The variation in site effectiveness appeared related to both fidelity to evidence-based principles and to other factors at each site, which could not be clearly identified.

**Conclusions:** Delivering an effective supported employment program using an inter-agency partnership method is challenging. There are several roles in which occupational therapists can be involved that facilitate improving both the implementation and the effectiveness of supported employment for people with severe mental illness in Australia.

## Project: Comparison of gait changes and falls risk reduction between two balance class programs within a post-acute, community older adult rehabilitation program

**Team:** Transition Care Program, Physiotherapy - Mr Reece Chang, Ms Susan Manning, Mr Stuart McBride, Mr Daryl Kindratsky, Dr Rodney Pope (Bond University)

This study employs a quasi-experimental design. The aim of this study is to compare the OTAGO Falls Program with the Transition Care Balance Falls Program to determine which intervention is more effective at reducing the risk of falling. Two groups will be tested for gait parameters, balance and mobility outcome measures and self-reported fear of falling, pre and post exercise programs (4–10 weeks duration). Differences in these outcomes will be analysed to determine which program is more beneficial.

Clients on the Transition Care Program (TCP) are routinely referred to “balance class programs” (weekly group based exercise program and associated home exercise program run by Transition Care). There is ample evidence for exercise therapy and education in reducing the risk of falls but it is not clear what program would best suit our post-acute, community-dwelling elders.

To determine which balance program yields the best improvements for our cohort, clients attending two slightly different fall-prevention programs are being assessed for gait parameters (speed, step length, step width etc.), balance and mobility-outcome measures, including self-reported fear of falling. These “falls predicting” measures are taken at the commencement of attending the class and at completion/discharge.

The primary aims of the project are to determine firstly whether there is a statistically significant difference in gait and/or balance outcomes when comparing the Otago-based falls prevention program to the TCP balance program. The project also aims to identify which falls program is most suitable for clients attending the TCP centre for falls prevention in the elderly.

The project is in collaboration with Bond University and is currently in the data collection phase with analysis of results expected in October 2015.



# Nursing and Midwifery – leading the way

Researchers from the National Centre for Research Excellence in Nursing (NCREN) and the Research Centre for Healthcare Practice (HPI) at Griffith University, funded by the National Health and Medical Research Council, have forged successful collaborations with GCH clinicians for over 15 years on a number of clinically meaningful research projects. Clinical collaborators include nurse practitioners, surgical and medical nurses, surgeons, and anaesthetists. This research focuses on improving the quality and safety of care and spans various clinical environments from medical and surgical nursing to the operating room. This research program has specifically focused on developing clinical interventions to reduce the incidence of adverse events in surgery (i.e., through improved teamwork and communication), the transition from the Intensive Care Unit (ICU) to the ward and bedside handover, reducing the incidence of surgical site infections and pressure injuries in hospitalised patients, and patient participation in care.

The ongoing success of our research is based on collaborations with clinicians who are experts in their field of practice, and an interdisciplinary focus. Important clinical issues can be explored, innovative solutions to complex problems can develop and strong networks bridging the research–practice gap can emerge.

As a result of these collaborations, our innovative research has been widely disseminated and has been used to inform clinical practice, with the ultimate goal of improving patient care.

A selection of the studies NCREN/HPI researchers and GCH clinicians have collaborated on are listed below.

## **Project: Research project: Introducing a care bundle to prevent pressure injury in at-risk patients (INTACT trial)**

**Team:** Professor Wendy Chaboyer, Associate Professor Brigid Gillespie, Associate Professor Susan Brandis

**Background:** Hospital-acquired pressure injuries are associated with poor patient outcomes, longer hospital stays and increased health-care costs. Preventing pressure injury is one of the Australian National Safety and Quality Health Service Standards. While it appears that multi-dimensional interventions to prevent hospital-acquired pressure injuries may work and make sense theoretically, strong research evidence is lacking. The research team developed an innovative pressure injury prevention strategy that optimises efficacy and sustainability, namely a care bundle that incorporates client and family participation in care, easy access to client information and nursing staff engagement. A ‘care bundle’ is a structured group of interventions based on clinical practice guidelines that have been shown to improve patient outcomes.

**Aim:** The aim of the research was to test the effect of a patient-centred pressure injury prevention care bundle on the development of pressure injuries in hospitalised patients who are at risk of developing pressure injuries.

**Methods:** This multi-centre cluster randomised controlled trial was conducted in eight hospital sites across Queensland, New South Wales and Victoria, and included GCH. The primary outcome was the incidence of pressure injuries. 1,600 patients with limited mobility were recruited, 200 at each site. Data was collected from July 2014 to April 2015.

**Results:** Our results showed a reduction in the incidence of pressure injuries with the introduction of the pressure injury prevention care bundle intervention.

**Conclusions:** The multifaceted nature of the pressure injury prevention care bundle intervention, targeting both patients and nursing staff, was perhaps responsible for the reduction in the incidence of pressure injuries in our patient sample. Clearly, involving patients in their own care empowers them and results in better outcomes.

**Funding:** NHMRC, Australia.

**Project: Implementation of World Health Organization (WHO) surgical safety checklist at the Gold Coast University Hospital – implications for sustainment of clinical practice**

**Team:** Associate Professor Brigid Gillespie, Professor Andrea Marshall, Dr Teresa Withers, Ms Therese Gardiner

**Background:** Surgical safety checklists (SSC) have been shown to improve teamwork and patient safety in the operating room. Yet despite the benefits associated with their use, universal implementation and compliance with checklists has been inconsistent.

**Methods:** Structured observations of surgical cases and interviews with key stakeholders were used to identify and describe the salient issues around implementation and sustainment of WHO SSC in surgery in the context of the GCUH.

**Results:** Results from the structured observations of 10 surgical cases indicated that the sign-in phase of the SSC was completed in 52% of surgical procedures while a team sign-out was not observed to occur at the conclusion of any of the observed procedures. Thirty-two interviews were conducted with 63 clinician and health care consumers. The findings suggest that role orientation, team expectations and leadership can act as both barriers and enablers to using the SSC.

**Conclusion:** Recommendations for lessons learned in relation to implementation and sustainment will be used to inform the development of a stakeholder-driven intervention designed to increase and sustain use of the checklist in practice.

**Funding:** The project was funded as an NHMRC Translation into Practice Fellowship through a Griffith University and Gold Coast Hospital Foundation Collaborative Grant.

**Project: Use of negative-pressure wound dressings to prevent surgical site complications after primary hip replacement: A pilot Randomised Controlled Trial (RCT)**

**Team:** Associate Professor Brigid Gillespie, Professor Wendy Chaboyer, Ms Evelyn Kang, Mr Gordon Lonie, Ms Allison Homer, Ms Tracey Finigan, Dr Don Pitchford

**Background:** Negative pressure wound therapy (NPWT) is increasingly used for primary surgical incisions despite the lack of evidence. Study objectives were to assess the use of NPWT on surgical sites to prevent surgical site infections (SSI) and other wound complications after elective primary hip replacement and to consider the feasibility of a larger trial.

**Methods:** As part of this non-masked, randomised controlled pilot trial patients were recruited preoperatively from the preadmission clinic of Robina Hospital during 2013–14. Computer-generated randomisation was performed with allocation concealed until completion of surgery. The intervention group received NPWT (PICO™) while the control group received the standard care hydrocolloid, reinforced with two absorbent dressings. Patients were followed for six weeks for postoperative complications (infection, length of stay, readmission) and skin complications (bruising, seroma, haematoma, dehiscence). Feasibility endpoints included numbers recruitment, randomised, and followed up, fidelity, and costs.

**Results:** Of 77 people approached, 76 were recruited, and 70 were randomised. 2/35 negative pressure group received the standard dressing. Attrition at 6 weeks exceeded 10% in both groups. The incidence of infection was 2/35 (NPWT) and 3/35 (controls). NPWT patients experienced more postoperative wound complications. Dressing costs were lower in the control group (\$3.01/day vs \$38.40/day).

**Conclusion:** A reduction of 3% in SSI incidence suggests a definitive trial requires approximately 900 patients per group. A larger definitive trial is needed to test the clinical and economic

effectiveness of NPWT after elective hip replacement.

**Funding:** The Queensland Government Department of Employment, Economic Development & Innovation Smart Futures Research Fellowship and the Office for Medical & Health Research, Queensland Government.

**Handover from operating theatres (OT) to ICU (the HOT ICU Study)**

**Team:** Professor Andrea Marshall, Associate Professor Brigid Gillespie, Dr Greg Comadira, Dr Nicola Willis, Dr Andrew Miller, Ms Wendy Simpson, Ms Niki Murphy

**Description:** This three-phased, integrated knowledge translation study uses an interdisciplinary approach and involves stakeholders from surgery, anaesthesia, nursing, ICU, and healthcare consumers.

Phase 1 involves a pre-intervention assessment of patient handovers from OT to ICU using a standardised observational tool. Participants in OT and ICU will be asked to participate in a Delphi survey to evaluate the level of agreement and level of importance of handover items on the standardised checklist. Prior to the implementation of a multifaceted intervention, individual and group interviews will be conducted using key stakeholders to identify possible barriers and enablers to the handover process. The findings from Phase 1 observations, Delphi survey and interviews will inform the development and implementation of a structured handover protocol.

In Phase 2, a teamwork driven handover process will be developed and implemented in consultation with key interdisciplinary stakeholders.

In Phase 3, a post-implementation observational audit and stakeholder interviews will be performed to evaluate the acceptability of implementation using the same pre-interventional assessment tools.

**Funding:** Gold Coast Hospital Foundation Grant



**Project: Partnerships to improve nutrition in hospitalised patients: the PARTiCIPATE nutrition knowledge translation study**

**Team:** Professor Andrea Marshall, Associate Professor Laurie Grealish, Professor Lauren Williams, Dr Shelley Roberts, Mr Alan Spencer, Mr Zane Hopper, Ms Julie Jenkins, Ms Connie Mather

The PARTiCIPATE study has been a fantastic opportunity for teamwork and collaboration between researchers, clinicians and students; and also between GCH and Griffith University. This study aims to develop, implement and evaluate an intervention for improving nutrition amongst patients in the Acute Medical Unit (AMU) at Robina Hospital.

Phases 1 and 2 involved meal-time observations in the AMU and staff, patient and family interviews to help guide the intervention planning. During these phases, three Griffith University Master of Nutrition and Dietetics students were involved in data collection and analysis for their honours theses, supervised by study investigators. This was a great opportunity for the students to collaborate with

clinicians and researchers while being exposed to common nutritional issues faced by patients and staff in the clinical setting before they commenced clinical placement.

Phase 3 (development of intervention strategies) is currently underway, with input coming from staff, patients and researchers' interpretations of the findings of Phases 1 & 2. A main feature of this study is the focus on stakeholder input; AMU staff, patients and families have been involved in all phases of the study so far, and will continue to be involved in the intervention planning, implementation and evaluation phases. In fact, the intervention strategies themselves will be modelled by these stakeholders through meetings with a Nutrition Reference Group, which contains representatives from multiple disciplines and patient representatives, and also through regular meetings with AMU staff.

This study has not only contributed to building research capacity amongst team members, AMU staff and dietetics students but has also highlighted the importance of a collaborative and integrated approach to nutrition care for our patients.



# Organisational Culture

## **Project: Culture, Transformation and Performance project Stage II – CTP II**

**Team:** Associate Professor Susan Brandis, Dr Ruth McPhail, Professor Janna Anneke Fitzgerald (GCH Research Directorate and Griffith Business School)

The culture, transformation and performance project began in 2012 when the move from the Gold Coast Hospital to the GCUH was imminent. In Stage I, a pre-test of the culture of the hospital was conducted prior to the move. This included capturing the responses of 316 staff about working at the “old” Gold Coast Hospital via a questionnaire and conducting 50 interviews.

The aim was to capture the beliefs and attitudes of hospital workers just before transformational change occurred with a focus on their hopes and expectations for working in a new university-based facility. In September 2013, the relocation of the hospital was completed.

In 2015, the second part of the longitudinal study commenced. Similar to Stage I, this phase involves both a cross-sectional survey and interviews with core staff to examine their experiences of change in more detail. We question if cultural change has occurred and measure the resilience of staff, amongst other things. The responses from the survey, being conducted in July 2015, provided guidance for the questions to be asked from interview participants.

Once analysed, findings from both time periods will be shared with staff. This research is a unique “before” and “after” study looking at culture, transformation and performance.



# Work Health and Safety

## **Project: 2014 Queensland Health Lifestyle Needs Assessment: Nursing Staff: Gold Coast University Hospital**

**Team:** Coordinating and Principal Investigator: Dr Bernadette Sebar, Principal Investigator: Ms Mara Bennett, Student Supervisor: Dr Bernadette Sebar, Associate Investigators: Ms Erin Surawski, Mr Joe Sakai

This project reports on the methods and results of a needs assessment conducted to identify the health status of nursing staff currently employed by GCH at the Gold Coast University Hospital.

The findings identified that the major health compromising behaviours undertaken by the nursing staff were low fruit and vegetable intake and physical inactivity. While smoking rates were low, for those nurses who did smoke, more than 80% wanted to quit. Research shows that health professionals who smoke are less likely to encourage their patients to do so. The health issues identified as in need of interventions included weight control, stress management and smoking management. It is important to note that staff required activities to be low or no cost and accessible for shift workers.

Four key recommendations were devised from the study, these included:

1. Free or low cost walking or group classes to encourage weight control.
2. A free or low cost smoking management clinic (for all staff) given that 84.6% of the smokers would like to quit.
3. Increase the availability (and/or visibility) of healthy food options for staff in conjunction with education sessions/information sheets around preparing healthy food for the time poor and the tired.
4. Stress management is clearly a pressing need for nurses and needs to be investigated at an organisational level. To improve work-life balance, rostering and adequate breaks need attention. Further research is required in this area to ascertain the determinants of stress among nurses.





## Project: Evaluation of the Gold Coast Health Smoking Management Clinics

Team: Griffith University, School of Medicine in partnership with Team Health, GCH. Dr Bernadette Sebar (Principal Investigator), Ms Kirsty Morgan (Associate Investigator), Mr Ian Hunter, Ms Keely Blest, Ms Lily Lewington.

Through the Zero Harm at Work Leadership Program, GCH was funded to implement a 12-month smoking reduction program targeting employees. The program centred on the piloting of staff smoking management clinics at the GCUH and Robina Hospital.

The staff smoking management clinics applied the Bittoun model for smoking cessation. This model uses evidence from clinical studies to treat tobacco dependence. Individually tailored pharmacotherapy treatments are provided based on participants' completion of a detailed tobacco-dependence assessment.

The clinical approaches being used are evidence-based, but a review of the literature found gaps in knowledge about the optimal model for delivering smoking-management services to hospital-based staff. Considering the importance of addressing smoking in hospital environments and the need to establish the most effective and acceptable methods of reducing smoking among hospital employees, greater knowledge is required. Therefore, public health researchers from Griffith University's School of Medicine were contracted by GCH to conduct an independent evaluation of the Staff Smoking Management Clinics.

The evaluation's purpose was to assess the effectiveness, accessibility and acceptability of the smoking clinics for hospital-based staff at the GCUH and Robina Hospital. It did not set out to measure the clinical effectiveness of the treatments being utilised within the intervention but whether a smoking clinic in the workplace for hospital staff provided an accessible and acceptable smoking-cessation service, and if it was an effective approach to changing the smoking behaviours of staff.

The evaluation aimed to:

1. Measure the clinics' effectiveness in meeting its impact objective of helping staff quit or reduce smoking.
2. Assess the clinics' accessibility and acceptability.
3. Identify barriers and enablers of successfully implementing smoking clinics for hospital staff in their workplace setting.

Mychael Nash, a maintenance team leader at GCUH Operational Services, has given up smoking with thanks to the Team Health smoking management program.

*"The staff smoking management program made something I thought was very difficult and almost impossible, almost effortless", Mr Nash said.*

*"The support from the program is fantastic and has helped me understand that it's not just me that cares about my health".*

*"Apart from the obvious health benefits, I will save \$166,000 over the next 10 years. That's a deposit on a house".*



Mychael Nash

A large, glossy blue belladonna berry is the central focus, reflecting a building and sky. It sits on a base made of colorful mosaic tiles. In the background, there are green plants and a tree trunk.

# Service Highlights

Atropine

Deadly Nightshade

*Atropa belladonna*

Atropine is extracted from the Belladonna plant and is an important cardiovascular drug. The berries of this plant are full of dark, inky juice that is intensely sweet but can be fatally poisonous. Given in therapeutic doses, it acts as a cardiac stimulant, increasing the heart rate. It can be found in every crash-cart and is one of the drugs used in resuscitation.

# Cancer, Access and Support Services

## **Dr Jasotha Sanmugarajah, Director of Oncology**

Research is an integral part of healthcare. Researchers find innovative ways to treat and help patients, as well as advance the field of medicine and allied health professions. In the area of cancer care, this has helped to reduce cancer deaths and has improved survival and quality of life in incurable cancers.

For example, relative survival rates after the diagnosis of breast cancer in women have increased in recent years. Between the periods 1982–1987 and 2006–2010, five year relative survival has increased from 72 percent to 89 percent in Australian women.

Improvements have also been seen in colorectal, prostate, melanoma and other cancers. GCH Medical Oncology Department is actively involved in research with several investigator-initiated trials, NHMRC trials, multi-centre, inter-group trials and pharmaceutical company-sponsored trials.

We are currently recruiting patients with breast, lung, colorectal, gastric, ovarian and prostate cancers as well as lymphoma and myeloma for clinical trials. Some of the studies are examining the side effects of cancer treatment and some are examining the psycho-social impacts of treatment on patients and families.

An example of such a clinical trial relates to an innovative study of a supervised exercise program to improve treatment adherence in breast cancer patients. This study is partially sponsored by the Gold Coast Hospital Foundation in collaboration with researchers from Griffith University.

GCH core values include fostering research. This has been evident in the creation of several permanent positions for research in the department and other research-driven innovations.

To find out more details on our research activities or active clinical trials please contact our Clinical Trial Manager, Jacob Darch, on 5687 2712.

In addition, the Cancer Care and Support Services Directorate of GCH is also involved in a number of other areas of health including Public Health and Speech Pathology Services.

We would also like to take this opportunity to thank our patients, families and well-wishers for participation and support of research.

## **Medical Oncology**

### **Project: Prevention of aromatase inhibitor induced musculoskeletal pain by an exercise program**

**Team:** Dr Jasotha Sanmugarajah, Associate Professor Liisa Laakso, Dr Suzanne Allan

Breast cancer is the most common carcinoma in women and the second leading cause of cancer death. Early stage breast cancer is managed in a multi-modality fashion including surgery and sometimes adjuvant chemotherapy/Human Epidermal Growth Factor Receptor 2 (HER-2) targeted therapy or radiation therapy.

Hormone receptor positive early breast cancer patients are treated with five years of adjuvant endocrine therapy. In postmenopausal women, aromatase inhibitors (AIs) are superior to tamoxifen and now five years of adjuvant AI is standard care. AIs come with a major side-effect in the form of arthralgias and myalgias that reduce quality of life and greatly affect compliance.

These musculoskeletal side-effects generally commence within 2–18 (mean 8) weeks of therapy. There is some evidence to suggest that physical activity may minimise this side-effect.

Our team is undertaking a clinical trial to test the hypothesis that a 12-week prescribed, supervised



physical exercise program can help prevent or lessen musculoskeletal symptoms in women on AIs, in comparison to women who are not undertaking a formal exercise program. This is a single institutional prospective open randomised phase II clinical trial conducted by the GCUH, Robina Hospital and Griffith University.

## Public Health

### Professor Paul Van Buynder

Public Health plays a leading role in the prevention, surveillance and control of communicable diseases at GCH. These activities are carried out by a multidisciplinary team, comprising communicable disease control, environmental health, epidemiology and health promotion.

As the Gold Coast remains a major national and international tourist destination, and the local population continues to grow and age, the incidence and associated risk of communicable disease will evolve. Public Health is committed to maintaining a robust evidence base, and promoting innovation and enhanced practice through research.

### Research activity

Over the previous twelve months, Public Health has demonstrated considerable growth and interest in research, initiating a number of projects to reduce the risk of disease in the community. A large proportion of this work relates to the implementation and evaluation of programs aimed to improve vaccination coverage in paediatric, adolescent, at risk and vaccine-hesitant groups.

Our environmental health team engaged in projects to assess the microbiological quality and food-handling practices associated with eggs, investigated the water quality of state schools that are not on reticulated water, evaluated an exotic mosquito trapping program, and measured the chemical and microbiological quality of pre-packaged salads and ready-to-eat noodles.



### Building research capacity

Building the capacity for research is an integral part of the Public Health research agenda. Internal education sessions and involvement in GCH research training seminars have become important aspects of our work. Earlier this year, we welcomed students from Griffith University to our team to engage in public health research and evaluation. We intend to continue this partnership with Griffith to build research capacity among students.

## Looking forward

A number of projects have initiated roll-out for the 2015–16 year. These included:

- a survey to engage parents in the re-design of the school immunisation program – a trial community engagement project to be undertaken in the Mount Tambourine area to reduce vaccine hesitancy
- a formative research project, employing qualitative and quantitative approaches to elicit parents' beliefs about seasonal influenza and influenza vaccine
- cross-sectional environmental studies to determine the incidence of *Staphylococcus aureus* in fitness centres, and *Campylobacter* in sand as possible sources of human infection in the Gold Coast
- piloting of the Active and Healthy Recovery project to enhance the capacity of individuals with complex mental health conditions to return to physical activity for health benefit and social connection.

We look forward to an exciting year of research, working in collaboration with our key partners at the National Centre for Neuroimmunology and Emerging Diseases, Gold Coast Primary Health Network, City of Gold Coast, GCUH, local tertiary institutions, non-government service providers, and the community.

## Speech Pathology

**Project: Cough reflex testing: Developing a standard clinical pathway for patients following stroke**

**Team:** Makaela Field (Principle Investigator), Associate Professor Elizabeth Cardell (Griffith University), Dr Arman Sabet, Mrs Marissa Corcoran, Dr Rachel Wenke

The Speech Pathology service has led in a number of clinically meaningful and innovative research projects throughout the year. The largest trial Speech Pathology is currently undertaking within

GCH is investigating whether cough-reflex testing (when combined as part of a swallowing test and clinical pathway) may reduce rates of pneumonia and length of stay in people following stroke.

The randomised controlled trial is currently in the midst of data collection, with over 150 stroke patients from GCUH's acute stroke unit consenting to participate. Patient and clinician satisfaction with the testing, as well as costing outcomes, will also be evaluated.

The project is being funded by a GCH Improver's Grant.

Other projects underway within Speech Pathology include exploring a student-led group-based model in the community to assess swallowing difficulties called the "Dysphagia Afternoon Tea", as well as a randomised controlled study exploring the impact of intensive voice therapy compared to traditional weekly therapy.

Three different systematic reviews are also being undertaken on topics including therapy for moderate-severe dementia, psychological interventions used for treating voice disorders and group therapy for dysarthria. These reviews aim to build clinician's skills in appraising evidence as well as help inform the development of future research that Speech Pathology plans to lead within GCH.



# Diagnostic, Emergency and Medical Services

## **Dr Mark Forbes, Clinical Director**

Diagnostic, Emergency and Medical Services (DEMS) is a vast clinical, operational directorate, responsible for a significant percentage of the clinical work undertaken by GCH. This puts us in the valuable position of having access to an enormous amount of research material, covering multiple specialist areas.

During 2015 there has been substantial development in the governance of research activity within the division, with the establishment of the DEMS Research and Trials Committee. This committee ensures all projects are governed appropriately within the published GCH framework and aims to provide support to multiple researchers and projects within DEMS.

Multiple pieces of work have been completed this year, including clinical audits, Phase 2 and 3 pharmaceutical trials, prospective clinical trials and case studies. These have resulted in well over 100 publications, comprising peer-reviewed publications, conference presentations and conference posters.

This underlines the GCH, divisional and professionals' commitment to the growth of research as a crucial pillar and priority within the organisation. As the research culture becomes further embedded within the clinical workplace, I have no doubt we will continue showing Australia and the world that this is an organisation that operates at the highest level in all it does.

## **Clinical Trial Unit**

The Clinical Trial Unit strives to offer patients the opportunity to be involved and participate in new and upcoming research activities within GCH. The

Clinical Trial program continues to expand and now includes investigator initiated trials, multi-centre international phase II, III and IV clinical trials, and multiple affiliations with national registries. These trials and registries offer patients the opportunity to access new drug compounds and treatment regimes that can greatly improve their treatment and health outcomes whilst being under the direct care of the health care team. Current clinical trials are listed on page 79.

## **Cardiac Services**

### **Professor Rohan Jayasinghe, Medical Director, Cardiac Services**

The 2014–2015 year saw significant activity in the research department of the Cardiology service at GCUH.

The DNA bio-bank project hit a milestone with the discovery of 3 new genetic markers that predict severe coronary artery disease. This remarkable discovery was a result of the collaboration between the Cardiology department and the Genomics Research Institute at Griffith University. These findings will be presented at the European Society of Cardiology, Eurothrombosis conference in Italy later this year.

Known risk factors account for up to only 40% of the risk of coronary heart disease. The remainder is considered genetically mediated. Identification of predictive genetic markers may help early diagnosis and effective preventive measures to save lives that would otherwise succumb to heart attacks. Hence, the discovery of these three new genetic markers would help the global efforts of developing an accurate genetic screening tool for coronary heart disease.



In addition to the cardiovascular genetics research, the department continued its leading role in conducting international multi-centre randomised controlled trials within the hospital.

For further information regarding our involvement in clinical trials, please refer to page 79.

The Cardiology department has actively performed several systematic reviews (meta analyses) and a Cochrane review. Publications related to these endeavours are currently in the pipeline.

## Emergency Medicine

### Associate Professor Julia Crilly

Over the past 12 months, research activity within the Emergency Department (ED) has increased significantly. Staff are involved in 28 active projects, most of which have received research funding, totalling approximately \$1.27 Million, from sources such as the NHMRC, Queensland Emergency Medicine Research Foundation, Department of Social Services, Gold Coast Hospital Foundation and Private Practice Trust Fund. Over that time 15 papers have been accepted for publication in peer-review journals.

The program of research within GCH ED's actively aims to address the five research goals of GCH and includes:

**Goal 1:** Embedding research as core business. Every level of clinician is represented in research projects within the ED. This includes enrolled, graduate, registered and clinical nurses, nurse practitioners, registrars, consultants and pharmacists. This embeds research culture into ED.

**Goal 2:** Building research capacity. The ED proactively seeks to build research capacity. Along with the active participation of clinicians (Goal 1), we also have two nurse researchers, two research nurses, two joint appointments with Griffith University (Associate Professor Julia Crilly and Dr Amy Johnston) and a formal link with Bond University (Associate Professor Gerben Keijzers). Recent successes include first class honours

(Masters) to an ED nurse who is considering going on to PhD studies.

**Goal 3:** Providing effective governance and research support. Academic appointments into ED by Griffith and Bond Universities ensure we provide quality research support to ED staff, enhancing publication and grant capacities. This also supports staff attendance at conferences and research workshops.

**Goal 4:** Strengthening partnerships. Partnership is another area where ED research excels; reflecting the nature of our clinical teamwork across organisations. Our research involves GCH as well as Queensland Ambulance Service, Queensland Police Service, CSIRO, and local universities such as Griffith, Bond and QUT. Most notably over the past 12 months are partnerships made with international collaborators from Sweden and New Zealand leading to successful grants and publications in high-impact journals. The opportunity to undertake international research provides great benefits in informing patient care.

**Goal 5:** Translating research to improve health care. Findings from research from GCH ED has and will continue to improve health care from a clinical and policy perspective. Education sessions that include researchers and direct involvement of ED staff in research implementation are some ways research is translated.

Three of our current research projects are:

1. A randomised control trial of invasive vs. conservative treatment of primary spontaneous pneumothorax;
2. The impact of an onsite acute treatment centre on the emergency department during Queensland school leavers' celebrations;
3. Evaluating the structures and processes of a Watch House Emergency Nurse model of care.

## Infusion Therapy

### **Project: One Million Global Catheters (OMG) Peripheral Intravenous Catheters (PIVC) Worldwide Prevalence Study**

#### **Tanya Clark on behalf of the GCUH 'PICC Chicks'**

When the opportunity arose to participate in the international OMG PIVC study it was something that the Peripherally Inserted Central Catheter (PICC) Chicks at GCUH could not pass up. The study, coordinated by the AVATAR group in the Menzies Health Institute Queensland at Griffith University, provided us with the chance to compare our practice with health clinicians around Australia and across the globe, and highlight areas of improvement for IV cannula insertion, maintenance, care and documentation.

The audit team comprising of the GCUH 'PICC Chicks' did a snap shot audit in a combination of medical and surgical inpatient wards at GCUH and Robina Hospital. As anticipated the audit revealed poor documentation and a large number

of cannulas in situ with no clinical indication for remaining in place. Equipment used for cannulation and IV therapy continues to be standardised. Patients were eager to share their cannulation story, both good and bad – some having proof of the struggle with puncture marks, bruises and multiple cottonwool balls stuck on their arms.

A total of 158 cannulas were audited from both hospitals over the two days. Gold Coast University Hospital and Robina Hospital Emergency Departments also participated in the study, managing to audit 29 cannulas to add to the GCH total.

IV cannulas are found in a majority of patients throughout the hospital. If not inserted and managed well these can impact not only the patient's hospital experience but could also potentially cause them harm or death. Best practices must be adhered to, and we are hoping that the OMG PIVC study can be the catalyst to highlight the importance of these commonly-used but often-forgotten devices.



## Renal Medicine

### Dr Jagadeesh Kurtkoti

GCH provides tertiary-level care to patients with kidney disease including, but not limited to, haemodialysis, peritoneal dialysis, home dialysis, chronic kidney disease management and education. We are also a referral centre for complex patients needing dialysis access services from Toowoomba and Tweed Heads hospitals and other outreach hospitals. The department provides excellent training to junior doctors and renal medicine training to senior registrars. We have been expanding our research capability with inclusion of several investigator-led and industry-sponsored clinical trials.

Our key areas of research focus include:

- 1. Vascular access in dialysis patients.** We have established an excellent dialysis access service. Currently we have the lowest catheter related infection rates and shortest wait time for arteriovenous fistula creation in haemodialysis patients. Amy Swinbank is our vascular access coordinator. We are also a referral centre for access creation for patients from Toowoomba and Tweed Heads.
- 2. Renal supportive and palliative care.** Dr Balaji Hiremagalur has a special interest in renal palliative care and is involved in several clinical trials. With increasing life expectancy, more patients are living with increasing disability in their final years of life. This is more so in patients with chronic disease like kidney disease where patients with the disease are increasingly elderly and have multiple co-morbidities. Caring for such patients well requires us to focus on both disease and disability to improve their quality of life. To achieve this we are improving the care processes in renal service to monitor patients symptom burden, quality of life and functioning in addition to disease parameters and managing them in a timely fashion. Other areas we want to focus on are advanced care planning, terminal care, establishing a bereavement service for

renal patient's families, providing education around non-dialytic care including dialysis withdrawal and facilitating discussions around goals of care.

- 3. Autoimmune renal disorders.** Anti-neutrophil cytoplasm antibody (ANCA) vasculitis is a multi-system autoimmune disorder and renal failure is a common clinical presentation. There is still a controversy regarding the role of plasma exchange and optimal steroid dosing in the management of this disorder. I am principal investigator for an internationally conducted PEXIVAS clinical trial that is testing the utility of plasma exchange and steroid dosing in ANCA vasculitis.
- 4. Renal dietetics.** Meri Manafi is actively involved in several clinical trials. An in-house research project is currently being undertaken to evaluate the effects of Intra Dialytic Parenteral Nutrition (IDPN) on nutritional parameters in malnourished haemodialysis patients. We are also involved in a multi-site cross-sectional study titled "Technology use for information in kidney disease: A survey of Chronic Kidney Disease (CKD) patients" (TELI- Health CKD study) in collaboration with Bond University.

## Respiratory Medicine

### Dr Siva Sivakumaran

The GCUH Department of Respiratory Medicine is committed to providing the best possible care to our patients with acute and chronic respiratory illness. We consider clinical research to be an important element in achieving this goal. Despite having no dedicated research staff, we have been able to undertake clinical research and publish our findings in peer-reviewed journals. Below is an overview of our current research projects and recent publications.

#### Key research areas

1. Hospital management of patients with chronic obstructive pulmonary disease.



2. Variations in the clinical management of patients with acute respiratory illness.
3. Sleep disordered breathing.
4. Improving the safety of hospital management of patients with acute and chronic respiratory illness.
5. Integrated care of Chronic Obstructive Pulmonary Disease (COPD) patients: Community and Hospital Clinicians.

### Current projects

1. Amikacin in Nontuberculous Mycobacterial (NTM) lung infection. Principal investigators: Dr Pathmanathan Sivakumaran, Dr Iain Feather.
2. COPD admissions: Weekend vs. Weekdays. Principal investigators: Dr Maninder Singh, Dr Alex Tiong.
3. Ward-based non-invasive ventilation audit: Principal investigators: Dr Toby Tang, Dr Jeremy Err.
4. Subsegmental pulmonary embolism management. Principal investigators: Dr Pathmanathan Sivakumaran, Dr Sumina Welagedara.
5. Lung ultrasound in COPD. Principal investigators: Dr Bajee Krishna Sriram, Dr Maninder Singh.
6. Non-typeable *Haemophilus influenzae* in lung cancer. Principal investigators: Dr Bajee Krishna Sriram, Dr Maninder Singh, Dr Pathmanathan Sivakumaran.
7. Exhaled nitric oxide in cystic fibrosis. Principal investigators: Dr Anuradha Siriwardana, Dr Iain Feather and Mrs Debbie Zagami.
8. Integrated Care for COPD. Principal investigators: Dr Pathmanathan Sivakumaran, Dr Bajee Krishna Sriram.

### Completed projects

1. Venous blood gas or arterial blood gas in COPD. Principal investigator: Dr Maninder Singh.



2. Caffeine intake in sleep disordered breathing. Principal investigators: Dr Bajee Krishna Sriram, Mrs Nimi Sharma and Dr Toby Tang.
3. Medication adherence in COPD. Principal investigators: Dr Bajee Krishna Sriram and Mr Matt Percival.
4. End-of-life care in patients with COPD and Lung Cancer. Principal investigators: Dr Bajee Krishna Sriram, Dr Kais Hyasat and Dr Vince Van Vessel.
5. Pneumonia management in GCH: a retrospective audit. Principal investigators: Dr Harish Venugopal, Dr Bajee Krishna Sriram, Dr Toby Tang and Dr Pathmanathan Sivakumaran.

### Project: Non-typeable *Haemophilus influenzae* in Lung Cancer

**Chief Investigators:** Dr Bajee Krishna Sriram, Staff Specialist, Department of Respiratory Medicine, GCUH, Griffith Health Institute – Molecular Basis of Disease, Griffith University

Professor Allan W Cripps, Pro Vice Chancellor – Health, Griffith University, Menzies Health Institute – Molecular Basis of Disease, Griffith University

**Associate Investigators:** Dr Nicholas P West and Dr Amanda J Cox, Menzies Health Institute – Molecular Basis of Disease, Griffith University

Dr Maninder Singh and Dr Pathmanathan Sivakumaran, Department of Respiratory Medicine, GCUH

Evidence suggests airway colonisation by the bacteria non-typeable *Haemophilus influenzae* may be a trigger for airway inflammation in chronic obstructive pulmonary disease (COPD). While it is accepted that COPD and lung cancer share common environmental risk factors (e.g. cigarette smoking), it has not been thoroughly investigated if airway colonisation and associated inflammatory responses also contribute to lung cancer development.

This study aims to compare airway colonisation and inflammation between COPD and lung cancer patients to gain further insights into risk for disease. Finding of an association between airway colonisation and risk for lung cancer would be an important finding as an oral vaccine exists for non-typeable *Haemophilus influenzae*.

In this exciting project, we have fostered a collaborative approach between the Department of Respiratory Medicine, GCH and colleagues at the Griffith Health Institute (Molecular Basis of Disease) Griffith University. Our patients have been very generous and provided us with crucial biological samples that will hopefully provide the answers to unlock the mystery of lung cancer.

## **Project: Understanding patient knowledge of lung function tests**

**Chief Investigators:** Dr Bajee Krishna Sriram, Staff Specialist and Mrs Debbie Zagami, Chief Scientist, Lung Function Laboratory, Department of Respiratory Medicine, GCH

**Associate Investigators:** Mrs Jessica Hockenhull, Scientist and Mrs Alanna Bodger, Scientist, Lung Function Laboratory, Department of Respiratory Medicine, GCH

Lung-function tests are commonly performed in patients with either suspected or established chronic pulmonary diseases such as asthma, COPD and interstitial lung disease. However, performing lung-function tests successfully can be difficult and uncomfortable for patients.

Adequate counselling may improve the patient's experience of performing lung-function tests. Also, increased awareness of lung-function test results may translate to changes in health behaviour, particularly smoking cessation. However, to date, there have not been any studies that have evaluated patient knowledge, attitude and their experience of performing lung-function tests.

Our study aims to fill an important gap in knowledge. We anticipate that the findings of our proposed study will better educate us about how much patients understand about lung function tests and their interest in knowing their lung-function test results.

This information will prompt us to identify deficiencies in our clinical practice and reconsider the amount and type of counselling patients receive before and after they undergo lung-function tests. Ultimately, this may translate to a more comfortable experience for patients undergoing lung-function tests. The study will also inform us whether informing smokers about their lung-function test results will make them consider stopping smoking. This information will no doubt help doctors and nurses improve their smoking cessation counselling skills.

# Mental Health and Specialist Services

## Dr Kathryn Turner and Dr Chris Stapelberg

### Research activity

The year 2014–2015 saw a significant number of research projects commence in the Mental Health and Specialist Services Directorate (MHSS). These research projects have been very diverse, ranging from assertive refeeding for medically compromised patients with anorexia nervosa, implementing Maudsley family based treatment in the Child & Youth Mental Health Service, to the exploration of diabetes-related knowledge and attitudes of healthcare professionals working in multidisciplinary teams in community-based programs. Research projects currently in the planning stages reflect a broad and holistic approach to areas such as mental health. There is a project in the planning stages which aims to examine the oral health status of patients with chronic schizophrenia in the community, while another project aims to examine the effectiveness of an innovative mindfulness and self-compassion intervention in a young adult mental health inpatient setting. Research to examine physiological biomarkers in major depression and a study to examine suicide and deliberate self-harm in patients presenting to the GCUH are currently in the planning stages.

### MHSS and the MHSS Research Committee

The year 2014–2015 brought a change in our governance framework from Mental Health and Integrated Care (MHIC) to Mental Health and Specialist Services (MHSS) that affected our governance structure for research. Our Research Committee took this opportunity to revise its terms of reference and introduce specific key performance indicators to measure its efficiency

by adopting the research register structure proposed by the GCH Research Directorate. The MHSS Research Committee maintains a register of research projects submitted for Site Specific Assessment in the MHSS Directorate. The number of research projects submitted to the MHIC research committee in 2013 and 2014 was 16. The number of research projects submitted for the period January to June 2015 was 9.

### Mental Health and Specialist Services Research Strategic Plan

The past year has been a busy time for strategic research planning in Mental Health and Specialist Services, culminating in the completion of a draft Mental Health and Specialist Services Research Strategic Plan 2015–2017. The strategic plan resulted from a significant process of consultation, including a survey of research activity in our Directorate, a planning day and a process of external consultation with Metro North and Metro South Hospital and Health Services regarding their current research activity and future research plans. The Mental Health and Specialist Services Research Strategic Plan follows the five strategic goals set out in the GCH Research Strategy 2014–2018 that provide the framework for 10 Research Objectives for the MHSS Directorate. These objectives are outlined below:

- **Goal 1: Embedding Research as Core Business**
  - Objective 1: Integrating Research With Clinical Activity
  - Objective 2: The Establishment of Research Streams
  - Objective 3: The Implementation of Key Performance Indicators for Research



- **Goal 2: Building Research Capacity**
  - Objective 4: Integrating Resources to Build Capacity Around Junior Researchers
  - Objective 5: The Establishment of a Framework for Research Education in the Mental Health and Specialist Services Directorate
  - Objective 6: Preparation for the Parklands Health and Knowledge Precinct
- **Goal 3: Providing Effective Governance and Research Support**
  - Objective 7: Optimising Mental Health and Specialist Services Research Governance
  - Objective 8: The Development of Ancillary Resources to Support Research
- **Goal 4: Strengthening Partnerships**
  - Objective 9: Develop Partnerships With Other Organisations to Support the Growth of Research Capacity
- **Goal 5: Translation of Research to Care**
  - Objective 10: Working Towards Research Translation in Mental Health and Specialist Services

A consultation process identified research streams according to diagnostic category as well as methodological approach or type of research. This has informed a research matrix to guide our plans.

With a roadmap for our research activity in the final stages, the Mental Health and Specialist Services Directorate looks forward to an exciting year ahead in terms of research activity. We aspire to continue to expand our research base, to build research capacity and to support junior researchers in our Directorate. We aspire to building collaborative partnerships with universities and private enterprise and we look forward to creating a world-class group of services, which integrate clinical excellence with research and teaching.

## Interdisciplinary Persistent Pain Centre

### **Project: Patient and GP engagement with an Allied Health and Nursing Treatment Access Pathway (TAP) within an interdisciplinary Persistent Pain Centre – A waiting list reduction initiative**

In 2014 an initiative was undertaken at the Interdisciplinary Persistent Pain Centre to develop a new pathway to enhance service access. The TAP utilised existing allied health and nursing staffing, within the context of a general practitioner shared care model, to provide a service entry point that was not contingent on receipt of a pain specialist assessment. The aim of the initial study was to investigate general practitioner and patient engagement with this new pathway.

Outcomes of the study demonstrated an increase in service capacity, with wait times reduced from 7 years to 12 months. Results also demonstrated that TAP was well accepted, with 97% of GPs agreeing to the model of care, 94% of suitable patients agreeing to the pathway, and over 80% of patients reporting satisfaction with the pathway. This study was presented as a poster at the 2015 Australian Pain Society 35th Annual Scientific meeting.

The TAP has continued to be implemented at the Interdisciplinary Persistent Pain Centre, with further research activity planned to evaluate short- and long-term effects of treatment on health-related outcomes, to compare health-related outcomes for patients on the waiting list to those receiving TAP and to identify the salient components of TAP that are related to positive health outcomes. A GCH Allied Health Clinical Research backfill grant has been awarded to commence formal research activities into the above areas.



*Margaret Vandermost, Hannah Kennedy, Darren Doherty*

## Mental Health

### **Project: Placing the focus on perfectionism in female adolescent anorexia nervosa: Augmented Maudsley Family Based Treatment (MFBT + CBT)**

**Team:** Prof Melanie Zimmer-Gembeck,  
Mrs Kim Hurst

The aim of the project is to examine the effectiveness of an intervention designed to target and subsequently reduce Anorexia Nervosa (AN) symptoms, improve family cohesion, and reduce perfectionistic thinking patterns through a combination of Maudsley Family Based Treatment (FBT) and components of Cognitive Behaviour Therapy (FBT+CBT).

Currently FBT is the only evidence-based treatment for adolescents diagnosed with AN. While these results of FBT are promising there is still a significant number of individuals diagnosed with AN who do not have a favourable outcome. Even when treatment results in positive outcomes it is believed that the majority of patients are still left with residual symptoms of obsessional ruminating and worry, and intrusive cognitive distortions that maintain the risk of relapse or lead to a protracted illness duration. Even though there is clinical and empirical agreement that perfectionism has a role in AN, to date there is insufficient data demonstrating efficacy for any specific treatments for adolescents.

It is suggested that clinicians consider alternative treatments (e.g. individual treatment) in addition to more family therapy. Therefore, it seems there is a need for researchers to explore how FBT can be improved by differentiating the usefulness of different treatment approaches to address illness factors that impact on outcomes. It is hoped that the implications of this research will contribute to improvements in effectively meeting the needs of this unique patient group and in achieving better outcomes.

### **Project: Implementing Maudsley Family Based Treatment in Child & Youth Mental Health Service**

**Team:** Mrs Kim Hurst

Within the Child & Youth Mental Health Service (CYMHS) Gold Coast, it has been observed that there is a growing demand for Eating Disorder (ED) services with an increasingly younger population

of clients requiring specialist ED treatment and care. As a result there has been an increase in readmission rates and bed days on both medical and psychiatric wards that has led to a high amount of resources required to intensively care for this client population.

In order to address these issues Queensland Health in 2008 designated four specialist positions to provide ED services, with the primary purpose of providing outpatient therapeutic services. These positions were equally divided between CYMHS and Adult Mental Health Service (AMHS) on the Gold Coast. The CYMHS Eating Disorder Program (EDP) provides Maudsley Family Based Treatment (FBT).

Although a variety of psychotherapies have been evaluated for AN, family therapy has consistently demonstrated the most promising results (Lock et al., 2010). It is coming up to six years since Maudsley FBT for AN was introduced into CYMHS Gold Coast to support outpatient care and the emerging anecdotal evidence is in line with the published outcomes.

It suggests that there has been a reduction in paediatric and psychiatric readmission rates and a reduction in treatment duration resulting in better outcomes for patients. Further, that significant service-wide improvements have occurred, including the implementation of a clear and concise clinical framework in the management of ED, and improved capacity across the CYMHS service as a result of consultation, supervision and training provided by the EDP.

The aim of this research is to conduct an analysis of the de-identified retrospective data from Queensland Mental Health Database (e.g. CIMHA, HBCIS) for the clients, aged under 18 years, who have accessed CYMHS Gold Coast since January 2006, with a diagnosis of Anorexia Nervosa (AN), Atypical Anorexia Nervosa (AAN), and Eating Disorders Not Otherwise Specified (EDNOS). A comparison will be made between the Community Continuing Care Teams treatment as usual group (pre-2008) and the clients being treated by the EDP (post-2008) with FBT.

Treatment as usual refers to allocation to a case manager who would provide therapeutic intervention as defined appropriate by their discipline (e.g. psychologist, social worker or clinical nurse) and medical monitoring (e.g. weight,



height, blood pressure pulse etc.). It is predicted that since the inception of the EDP and the implementation of FBT the clinical data will support and confirm the anecdotal evidence mentioned above. Specifically, the following comparisons will be made across the two groups; average length of stay in Paediatrics; average length of stay in CYMHS Inpatient Unit; weight (pre- and post-treatment); length of episodes of care in the community; average number of sessions; number of clients at the end of treatment that meet the AN remission criteria.

**Project: Comparing two treatments for anorexia nervosa in an Australian outpatient setting**

**Team:** Dr Heather Green (Griffith University), Ms Kim Hurst, Ms Angela Bleasdale

There is no front line, leading treatment of AN in adults. As empirical evidence is limited, it is imperative to further examine the efficaciousness of useful therapies in order to maximise positive outcomes for individuals who are engaging in therapy. This study aims to conduct a preliminary evaluation of the viability and effectiveness outcomes of two different outpatient therapies for the treatment of AN diagnosed in adult women.

Enhanced Cognitive Behavioural Therapy (CBT-E) is the current therapeutic treatment applied within the Eating Disorders Program and its efficacy will be compared to Maudsley Model of Treatment for Adults with Anorexia Nervosa (MANTRA). Participants will be the first 10 patients who opt to participate in the study, with five participants randomly allocated in each group (CBT-E or MANTRA).

To assess effectiveness, data will be collected on weight and shape outcomes (BMI); the Eating Disorders Examination Questionnaire (EDE-Q), log sheets (reporting bingeing and purging), fidelity of treatment and patient satisfaction with the treatment program. Pre- and post-intervention measures will be obtained using self-report questionnaires and structured clinical interview.



# Specialty and Procedural Services

## **Professor Deborah Bailey, Clinical Director and Chris Hicks, Service Director**

Pioneer Transplant Surgeon and 1990 Nobel Laureate Joseph E Murray said that “now was the best time ever to be a doctor because you can heal and treat conditions that were untreatable even a few years ago”. This enthusiasm for developing innovative treatments for patients through research is a passion shared by the multidisciplinary teams in the Specialty and Procedural Services (SaPS) Division.

SaPS is a large and complex operational directorate in GCH, and covers a diversity of clinical service groups including: surgery, peri-operative care and anaesthetics, critical care, trauma, women’s health, children’s health, digestive health and oral health. The directorate is both hospital and community based. The research activity undertaken by the division is representative of the diversity of patients cared for by SaPS clinical teams.

2015 has been a year of development in research governance for the directorate in concert with and assisted by the GCH research unit. A research workshop for the directorate was undertaken in June 2015, with a focus on research, quality and audit, for all levels of staff and across all professional disciplines, in supporting evidence based practice. Research governance will be further established throughout 2015 and 2016 to augment the multiple quality improvement initiatives undertaken in the directorate – moving to a business as usual approach integrating R&D in our service delivery and service development. Additionally SaPS has partnered with the Clinical Innovation Unit with the appointment of Associate Professor Brent Richards to a HHS Critical Care Research position. This position has enabled the establishment of links between GCH and its partner universities in critical care research.

Supporting clinicians to recognise and participate in research across the diversity of clinical settings in the SaPS directorates is seen as a key determinate in fulfilling GCH’s vision of providing world class health services to the people of the Gold Coast.

## **Anaesthesia**

### **Project: A site check prior to regional anaesthesia to prevent wrong-sided blocks**

**Team:** Dr Paul Slocombe, Dr Simon Pattullo (Supervisor).

Over the past 12 months Dr Slocombe has been involved in the introduction of an important quality and safety initiative for the GCH Anaesthesia Department. This initiative was the introduction of a formal site check prior to regional anaesthesia, similar to a surgical time out to prevent wrong-sided procedures.

In current practice in Australia and New Zealand it is uncommon for anaesthetists to formally confirm the side of a regional anaesthetic or ‘nerve block’ prior to performing the block. This leaves open the possibility of performing a wrong-sided procedure. In the UK a site check called “Stop Before You Block” (SB4YB) has been in use since 2010. SB4YB is a simple double check performed by anaesthetist and assistant confirming correct side via checking the surgical mark and consent form.

This project sought to implement SB4YB at Gold Coast and assess its use. This was done via computer survey of anaesthetists to assess attitude toward the change. The change was then implemented via an education package and reminders. Uptake of the initiative was then assessed via chart audit of all regional anaesthetic procedures within the subsequent three months.



Dr Slocombe presented the findings of this project at regional and national conferences held by ANZCA (Australian and New Zealand College of Anaesthetists). At both of these conferences, Dr Slocombe was awarded the top prize for registrar presentations being the Tess Cramond Award and the ANZCA Trainee Academic Prize.

An educational package surrounding SB4YB has been produced with the help of the GCH Communication and Engagement Unit. This package is currently being reviewed by ANZCA to be endorsed and promoted to all anaesthetists across Australia and New Zealand. SB4YB is also being promoted to become part of the standard WHO Surgical Safety Checklist across Queensland.

## Orthopaedics

### Professor Randy Bindra

As a tertiary referral centre for trauma, the orthopaedic surgeons at GCUH treat a variety of complex fractures and late deformities resulting from injuries. New technologies such as 3D printing have facilitated pre-operative planning and surgical management of these patients.

Over the past 12 months, the department has treated a variety of fractures in the upper and lower extremities and pelvis using open source software and CT scans. The workflow for using 3D clinical

printing in clinical practice has been presented at national meetings and is being prepared for publication by the lead author, Dr Luca Daniel.

We are looking to develop an orthopaedic trauma database that would be a resource for future research activities. The department is also involved with the Griffith School of Engineering in developing a prototype for percutaneous targeting of the scaphoid bone and studying strength of fracture fixation around the elbow. A collaborative project on ligament regeneration has been funded and will commence shortly between Dr Don Pitchford from Orthopaedics and the Regenerative Medicine program of Menzies Health Institute Queensland and Queensland University of Technology.

### Some current studies

- Radial Head Fractures – Screw vs. plate fixation. Clinical lead : Paul Rebgetz, Principal House Officer
- Distal Biceps Rupture – Clinical outcome study. Clinical lead: Paul Rebgetz, Principal House Officer
- Buckle Fracture Audit. Clinical lead: Matthew Knight, Principal House Officer
- Trampoline Injuries in Children. Clinical lead: Nanda Chandrashekar, Principal House Officer.

## Intensive Care Unit

**Dr James Winearls, Clinical Lead Intensivist, Cardiac Surgery**

### Research projects:

1. Critical Evaluation of a Targeted Point of Care (POC) Rotational Thromboelastometry (ROTEM®) and Multiplate Guided Coagulation and Haemostasis Management Program in Severe Trauma and Critical Bleeding.
2. Critical Evaluation of a Targeted Point of Care (POC) Rotational Thromboelastometry (ROTEM®) and Multiplate Guided Coagulation and Haemostasis Management Program in Cardiac Surgical Patients.

**Background:** There is an increasing body of evidence that the adoption of point of care (POC) guided coagulation and haemostatic management algorithms in trauma and cardiac surgical patient population's results in improved outcomes. Much of the literature is from the USA and Europe with very little published research from Australia.

**Aim:** The overall aim of these two projects was to develop and implement a targeted point of ROTEM® and Multiplate guided coagulation in trauma and cardiac surgical patients at GCUH.

**Methods:** These two studies are observational, assessing the blood clotting potential of cardiac surgical patients and severe trauma patients. Assessment of blood clotting was performed using two devices – ROTEM® and Multiplate – and this occurred at standardised times.

**Results:** We specifically targeted both inter-professional and inter-disciplinary collaboration on the implementation of the ROTEM® and Multiplate devices. An algorithm was developed to help guide staff on the use of taking, performing and interpreting results. The algorithm also provided guidance for the use of blood products. Implementing a targeted coagulation point-of-care management program has made it possible for more than half of the patients receiving a trauma call and nearly all of the cardiac surgical patients to receive ROTEM® and Multiplate testing.

**Conclusions:** A training program has been developed to train staff in the use of the ROTEM® and Multiplate including interpretation of results. With the initiation of a point of care guided coagulation and haemostatic management program, we anticipate a significant reduction in blood product transfusion rates and in transfusion related adverse events. Data analysis of the results is currently ongoing to evaluate this.

**Funding:** Gold Coast Hospital and Health Service Private Practice Trust Fund.

## Obstetrics and Gynaecology

**Associate Professor Anne Sneddon, Director**

**Project: Adding negative pRESSure to improve healing (the Dressing Trial)**

**Team:** Associate Professor Anne Sneddon, GCUH; Professor Wendy Chaboyer, Associate Professor Brigid Gillespie, Ms Vinah Anderson, Griffith University.

**Background:** Obesity is a growing health problem, with an increasing number of such women undergoing Caesarean section (CS). Obesity is an independent predictor of poorer outcomes such as Surgical Site Infection (SSI), pain, discomfort and prolonged recovery times. Negative Pressure Wound Therapy (NPWT) is being used more often to prevent wound complications such as SSI, yet there is little evidence regarding its benefits. This pilot study assessed two groups of women who received either NPWT or standard care and compared clinical outcomes including SSI, type of SSI and wound complications.

**Methods:** This study was a feasibility pilot randomised controlled trial. Obese women undergoing elective CS were recruited from patients attending the GCUH, excluding women who underwent emergency CS or had an existing infection. Patients were recruited at 36 weeks and were randomised to one of two groups: 46 women received the intervention (NPWT PICO™ dressing) and 46 women received standard care (Comfeel Plus® dressing). Data were collected during the hospital stay and for 1 month after hospital discharge. Recruitment, loss to follow



up, intervention fidelity, inter-rater reliability and primary and secondary outcomes were assessed.

**Results:** Of the 111 women (87%) who participated, 92 (83%) were randomised and 87 (95%) women completed the study follow-up. There was a reduced risk of SSI and slightly fewer complications other than SSI in the patients who received NPWT.

**Funding outcomes:** From an initial grant of \$20,000 from the Gold Coast Private Practice Trust Fund (PPTF), this pilot study demonstrated that a larger trial is feasible. The Office of Health and Medical Research (Qld Health) provided additional funding of \$30,000. An NHMRC Project Grant (2015-2019) for \$2,285,351 was subsequently awarded for a larger study to test the hypothesis that NPWT will reduce SSI by 50% in obese women undergoing caesarean section.

Three journal articles have been published and three presentations have been made to date.

### **Project: Understanding placental disorders**

**Team:** GCUH Investigators: Associate Professor Anne Sneddon, Dr Tania Widmer  
Griffith University Investigators: Professor Anthony Perkins, Dr Roselyn Rose'Meyer, Dr Jessica Vanderlelie, Dr Olivia Holland.

The placenta is a vital organ. During our time in utero the placenta supplies everything we need. Conversely, dysfunction in the placenta is a key feature in many disorders of pregnancy, and several of these disorders can have life-long health impacts for both the mother and the baby.

This new collaborative project seeks to investigate placental disorders; focussing particularly on the role of mitochondrial damage when maternal blood flow to the placenta is decreased in the disorder preeclampsia, and on excessive levels of the stress hormone cortisol that lead to impaired maternal health and foetal growth restriction.

Established in 2015, the research has already begun to shed light on how treatment with the antioxidant selenium can support the function of placental mitochondria in explant organ culture and is part of a PhD project due for completion in 2015. Part of the research has also attracted \$15,500 in funding from the Menzies Health Institute Queensland and Gold Coast Hospital Foundation Collaborative Research Grants. Initial

results from the research will be presented at the International Federation of Placenta Association's meeting in September 2015 and will be published as a scientific manuscript.

This research is part of the recently formed Centre for Women's and Newborn Research, a collaboration between GCH, Griffith University and the wider research community, as well as the Queensland Placental Collaboration that formed in June 2015.

### **Women's, Newborn and Children's Services**

**Project: BELIEF – Reducing childbirth related fear and preference for Caesarean Section:  
A randomised control trial of a midwife-led psycho-education intervention**

**Team:** Chief Investigators: Professor Jennifer Fenwick, Professor Jenny Gamble, Professor Debra Creedy, Professor Anne Buist, Associate Professor Erika Turkstra, Dr Anne Sneddon  
Associate Investigators: Professor Paul Scuffham, Professor Elsa-Lena Ryding, Ms Vivian Jarrett

**Final progress report:** The NHMRC project completed recruitment in June 2013 with around 1:4 women meeting high childbirth fear against the Wijma Delivery Expectancy/Experience Questionnaire (WDEQ) and randomised to the study. Antenatal midwife telephone psycho-education interventions were completed in November 2013 and final data collection completed for birth outcomes in March 2014 when all women reached 4–6 weeks postnatal.

**Projected targets:** Final analysis found women randomised to the study and receiving the intervention had statistically significant lower childbirth fear levels as measured against the WDEQ, and higher levels of birth confidence measured against the Childbirth Self-Efficacy Inventory (CBSEI). Lower levels of conflict in making birth decisions (DCS), and improvement in depressive symptoms as measured against the Edinburgh Postnatal Depression Scale (EPDS) were also found but not statistically significant. Post-birth women had an 8% lower incidence of caesarean section in the intervention group and whilst not statistically significant was considered to be clinically important. Women who received the intervention preferred a vaginal birth in a subsequent pregnancy and were less likely to

experience distressing flashbacks of the birth compared with controls. No adverse outcomes occurred due to participation in the study. The study protocol, primary outcomes of the study, and qualitative findings has each been published. Secondary outcomes of the study and a paper outlining economic analysis are in final draft format for submission to journals. The project remained within budget.

**Research capacity:** Dr Jocelyn Toohill (ex-GCH staff) who investigated the antenatal component of the intervention completed her PhD within the BELIEF project. Two students gained their Master Honours within the project. One investigated the efficacy of a brief screening tool for childbirth fear against the longer validated WDEQ tool that has been completed and a second student-investigated childbirth self-efficacy in fearful women.

**Translation into practice:** Members of the research team have been successful in obtaining funding to translate the findings of this project into practice. This project will commence at GCUH in late 2015.

**Funding:** NHMRC Project Grant 2012–2014  
\$471,205.00.

## Newborn Care Unit

### Dr Peter Schmidt, Director and Dr Timothy Hong

The past 12 months has seen growth and change within the Newborn Care Unit (NCU) including increased research. The formalisation of a NCU Research Group and participation in the Research and Audit Committee in Women's and Newborn Services has strengthened research ties between neonatal, midwifery and obstetric staff.

We continue to research the change in environment from the previous Gold Coast Hospital open ward nursery to the single family room nursery at GCUH. We have looked at the effect of this change on babies, parents and staff. This research is an Australian first and has enabled increased collaboration with Griffith University (GU). Results have been presented at the Australian Neonatal Nurses Conference (ANNC) and the Perinatal Society of Australia and New Zealand (PSANZ), by Anne-Marie Feary (Clinical Facilitator) and GU students. Another NCU nurse, Kobi Best, has obtained grants to investigate noise and light levels within the Neonatal Intensive Care Unit (NICU). Kobi is planning to extend her research further in a PhD.



The increasing acuity of patients in the NICU has enabled collaboration in international studies. The Family Integrated Care in the NICU study (FICare) involves multiple centres in Canada and Australia. The study is examining increased family participation in the NICU and outcomes such as weight gain, breastfeeding rates, infections and mortality.

The NCU continues to contribute data and be involved in research through the Australian New Zealand Neonatal Network.

Several studies will be starting shortly in the NCU. These include assessment of bilirubinometers (used to measure the yellowness of the skin in the jaundiced new born) and a study on new nasal prongs.

## **Community Child Health**

### **Dr Doug Shelton, Director**

Community Child Health (CCH) continues to build a research profile with the establishment of a CCH Research Committee, systematic research training and improved data capture systems.

CCH has a fully operational Fetal Alcohol Spectrum Disorders Service, which is one of only three in Australia and is providing twice-yearly training courses to other health professionals across the country. CCH innovations in service delivery, in Autism Spectrum Disorders, and integration across sectors from early childhood education, primary schools and high schools to the Queensland Police Service are exemplars of service delivery emulated across the state.

CCH continues to provide high-quality training for advanced paediatric registrars and higher degree students in child development, child health and child protection.

Our current research activity is listed below:

**Project: Estimation of the time taken and the cost involved in the assessment of children with Autistic Spectrum Disorder seen through the Community Child Health, Child Development Service, Autism Multidisciplinary Assessment Clinic (AMDAC)**

Due to the variation in severity or associated co morbid conditions, confirming or refuting a

diagnosis of Autism can be difficult and time intensive.

Within the Child Development Service, there is minimal information around funding costs per diagnosis.

This study aims to evaluate the performance of the AMDAC in terms of efficiency of processes leading to the assessment and diagnosis of children with autism as well as the cost effectiveness of the clinic. This will be achieved by performing a chart audit of clinical data from January 2014 to 31 December 2015.

**Project: An Investigation of self-regulation abilities in young children: A comparison of typically developing children and children with prenatal alcohol exposure**

This study aims to investigate the development of self-regulatory skills in young children who have just started school in the hope of furthering our understanding of the nature of these difficulties in children with prenatal alcohol exposure to assist with the development of a family based intervention.

**Project: Adaptation of the Parents Under Pressure (PuP) program for children with Foetal Alcohol Spectrum Disorder (FASD) – A pilot study**

This project aims to pilot an intensive family-focused intervention for children who have received a diagnosis of a FASD at the specialist clinic established at the Child Development Service at Southport. The program is an adaptation of the Parents Under Pressure program and extends the existing program to include a focus on helping young children develop self-regulation skills, an underlying area of deficit for children prenatally exposed to alcohol.

**Project: An evaluation of the FASD assessment process in families with suspected prenatal alcohol exposure – A measurement of family empowerment and satisfaction**

This project aims to evaluate the FASD diagnostic service by asking participating families to complete questionnaires prior to and following assessment of their child. This will involve questions around parent–carer satisfaction, family empowerment and access to other health and social services.



### **Project: Description of a new diagnostic service for FASD's**

This is the clinic's most recent research project which aims to provide information on the outcomes and diagnoses of the first 30 clients who have accessed the new specialist service at the CDS. As this is the first multidisciplinary FASD diagnostic service in Australia, this research hopes to contribute to increasing awareness and understanding of FASD in Australia.

### **Project: Across the Lifespan**

**Background:** Individuals with FASD can experience profound impairments and long-term adverse outcomes. This systematic review adopts a lifespan perspective providing an extensive analysis of the available literature.

**Methods:** Studies were identified from PsycInfo, Medline, Scopus, Web of Knowledge CINAHL, ERIC and The Cochrane Central Register of Controlled Trials and grey literature. Two reviewers independently screened the title and abstract of each reference and the methodological rigor of the included studies was assessed using a modified version of the Effective Public Health Project (EPHPP) assessment tool.

**Results:** Thirty-two studies met the inclusion criteria, of which the vast majority targeted early to middle childhood. Eight studies aimed to improve general cognitive functioning, three of which provided promising evidence on improving self-regulatory difficulties for children with FASDs. Nine studies focused on improving specific areas of dysfunction. Six studies addressed social skills; three of these used an adaptation of a

well-validated social skills program and three studies provided promising initial evidence that parents and carers can benefit from support with child behaviour. A further four studies provided education and advocacy for parents/carers, teachers or child welfare workers and the final two studies were aimed at supporting parents who were themselves affected by prenatal alcohol exposure.

**Conclusions:** There is growing evidence for interventions to improve outcomes for early-to-middle childhood. However, there is a lack of research outside of this developmental period. This is concerning given the potential positive impact, both for individuals and financially for governments from early intervention. In addition, the lack of interventions for adolescents was noted.

### **Project: Effectiveness of an Emotional Availability Enhancement Program for Parents of Children with Developmental Delay**

In this study, an emotional availability group parent program for parents of children with a developmental delay will be trialled using a repeated cohort design with 40 families (eight groups) who have children aged 0 to 4 years. Participants will be recruited through the Child Development and Behaviour Service (CDABS), GCH and the intervention will be provided at CDABS. Reductions in parental stress and child-behaviour problems and improvements in emotional availability are expected post-intervention compared to pre-intervention. A three-month follow-up assessment will also be conducted, with gains from post-treatment expected to be maintained.





# Research Grants

## 2014-2015

Chief Investigators	Project	Granting body	Total grant
Tsang A	Precious Children Priceless Smiles – best oral health starts at age zero	Australian Dental Association Foundation	\$6,500.00
Cripps A	Development of a sustainable business model for pneumonia journal	Bill and Melinda Gates Foundation	\$304,000.00
Levesque RC, Brinkman F, Cantin A, Hancock RE, Winstanley C, Tucker N, Turton J, Heeb S, Stephenson A, Bell SC, Kidd T, Rainey P, Grimwood K, Aaron S, Rousseau S, Nguyen D, Yves B, Boyle B, Laroche J, Maaroufi H, Jeukens J, Nisole A, Burns J, Comeau A	Clinical exploitation of genomics data produced by the Pseudomonas International Consortium	Canadian Cystic Fibrosis Foundation	\$694,381.00 (Canadian dollars \$670,000.00)
Crilly J, Johnston A	Patient presentations to the Emergency Department under Police escort: a systematic review	Centre for Health Practice Innovation, Menzies Health Institute Queensland, Griffith University 2015	\$4,500.00
Gillespie B, Chaboyer W, Kang E, Lonie G, Homer A, Finigan T, Pitchford D	Use of negative-pressure wound dressings to prevent surgical site complications after primary hip replacement: A pilot RCT	Department of Employment Development and Innovation Smart Futures Research Fellowship	\$180,000.00
Wallis M, Marsden EJ, Broadbent M, Coates K, Glenwright A, Crilly J	Care coordination through Emergency Department, Residential Aged Care and Primary Health Collaboration (CEDRIC) Trial	Department of Social Services, Aged Care Service Improvement and Health Ageing Grants Scheme 2015	\$1,200,000.00
Edwards-Giller M	Develop aphasia friendly menus. Aphasia is a language disorder resulting from injury to the language centres of the brain, often resulting from stroke	GCH Improvers Award 2015	\$10,000.00
Davies A	Introduce four Delta Therapy Dog teams to visit the eight mental health inpatient units on a weekly basis at both hospital facilities	GCH Improvers Award 2015	\$10,000.00
Hopper Z	Introduce iPads at Robina Hospital for food ordering	GCH Improvers Award 2015	\$10,000.00





Chief Investigators	Project	Granting body	Total grant
Walker A, Shrimpton S	Purchase a Sensory-Motor Active Rehabilitation Training Arm (SMART arm) for use across GCH	GCH Improvers Award 2015 (Health Minister Funded)	\$100,000.00
Knuth G	Purchase 3D printing and scanning/ CAD/CAM Milling Technology	GCH Improvers Grant 2015	\$100,000.00
Walker A, Shrimpton S	Create a life-like therapy space within existing GCUH inpatient rehabilitation spaces to enable patients to incorporate real-world tasks into therapy assessment and treatment	GCH Improvers Grant 2015	\$50,000.00
Zagami D	Establish the Gold Coast's first pre-school lung-function testing service through the purchase of a Forced Oscillometry (FOT) system	GCH Improvers Grant 2015	\$25,000.00
Brown B	Set-up an innovative research project introducing outpatient mid-urethral sling procedures for urinary stress incontinence in women	GCH Improvers Grant 2015 (Chief Executive Funded)	\$50,000.00
Bublitz L	Narrative survey of renal nurses to determine how well they are prepared and skilled in addressing dialysis patients re: end-of-life decision	Gold Coast Hospital Foundation Grant 2015	\$7,560.00
Grealish L	A study of older patients journey through ED, Medical Assessment Unit (MAU) and hospital	Gold Coast Hospital Foundation Grant 2015	\$9,245.00
Baker M	A study to determine how men in nursing engage and motivate patients to self-care in inpatient rehabilitation	Gold Coast Hospital Foundation Grant 2015	\$2,100.00
Bost N	Study to evaluate the impact of the Qld school leavers holiday period on health care resources for GCH, ED and QAS	Gold Coast Hospital Foundation Grant 2015	\$9,928.90
Sanmugarajah J	A study of whether a regular exercise program is helpful in preventing joint pain that affects quality of life and causes reduced compliance with treatment	Gold Coast Hospital Foundation Grant 2015	\$9,835.00
Ameratunga D	Study to implement strategies to address the emotional, sexual and social aspects of living with endometriosis	Gold Coast Hospital Foundation Grant 2015	\$8,875.00



Chief Investigators	Project	Granting body	Total grant
Moloney S	High-flow nasal cannula treatment for viral bronchiolitis in infants: a randomised trial to investigate a reduction in tertiary hospital admission	Gold Coast Hospital Foundation Grant 2015	\$10,000.00
Crilly J	Study to evaluate the impact of implementing a Watch House Emergency Nurse model of care	Gold Coast Hospital Foundation Grant 2015	\$9,300.00
Simpson W	Study on handover from operating theatres to ICU	Gold Coast Hospital Foundation Grant 2015	\$9,937.60
Cartner M	Study to enable collaboration between Critical Care and Royal Brisbane and Women's Hospital in an effort to more effectively treat the future victims of cerebral aneurysms	Gold Coast Hospital Foundation Grant 2015	\$9,884.00
McLaughlin A	Effective management and care of patients with aneurysms in the blood vessels supplying the brain in an effort to more effectively treat future victims of cerebral aneurysms	Gold Coast Hospital Foundation Grant 2015	\$10,000.00
Taylor J	Study of the ROTEM platelet test that can be carried out at the bedside to assess a patient's risk of bleeding and the underlying cause of the bleeding within 10 minutes	Gold Coast Hospital Foundation Grant 2015	\$9,000.00
Noble C, Grealish L, Balaji H, Shanahan B	Study on end-of-life care strategy	Gold Coast Hospital Foundation Grant 2015	\$9,960.00
Chen B	Addressing the literature gap for sarcopenia patients 65 years and older entering inpatient rehab	Gold Coast Hospital Foundation Grant 2015	\$9,917.53
Jayasinghe R	Establishing a biobank and database for cardiovascular diseases	Gold Coast Hospital Foundation Grant 2015	\$6,000.00
Marshall A, Gillespie B, Comadira G, Willis N, Miller A, Simpson W, Murphy N	Project being showcased: Handover from operating theatres to ICU (the HOT ICU Study)	Gold Coast Hospital Foundation Grant 2015	\$10,000.00
Cripps A, Davoren P, West N, Cox A, Stantic B	Immune profiling in obesity	Gold Coast Hospital Foundation/Griffith Institute Collaborative Research Grants 2015	\$20,000.00



Chief Investigators	Project	Granting body	Total grant
Davey A, Teasdale T, Bernaitis N, Dukie S, Badrick T, Grant G	A retrospective comparison on the pharmaco-economic benefits of warfarin and the newer oral anticoagulants in South East Qld	Gold Coast Hospital Foundation/Griffith Institute Collaborative Research Grants 2015	\$17,654.00
Baird K, Creedy D, Fenwick J, Brittain H, O'Brien L	Develop, implement and test the efficacy of intimate partner violence (IPV) training and support program for midwives providing care to women during pregnancy	Gold Coast Hospital Foundation/Griffith Institute Collaborative Research Grants 2015	\$1,000.00
Kumar S, Pitchford D, Vaquette C, Nusem I, Ivanovski S	Bioengineering of ligament tissue using polycaprolactone scaffolds and stem cells	Gold Coast Hospital Foundation/Griffith Institute Collaborative Research Grants 2015	\$20,640.00
Neuzil J, Lam A, Lu C, Dong LF, Goplan V	MicroRNA-126 suppresses tumour initiation by interfering with angiogenesis in cancer	Gold Coast Hospital Foundation/Griffith Institute Collaborative Research Grants 2015	\$20,000.00
Perkins T, Holland O, Sneddon A, Widmer T, McAlpine J	Mitochondrial function in pre-eclamptic placenta	Gold Coast Hospital Foundation/Griffith Institute Collaborative Research Grants 2015	\$15,500.00
Gillespie B, Marshall A, Withers T, Gardiner T	Implementation of WHO surgical safety checklist at the Gold Coast University Hospital: implications for sustainment of clinical practice	Gold Coast Hospital Foundation/Griffith Institute Collaborative Research Grants 2015	\$18,500.00
Walker R, Marshall A, Cooke M, Aitken L	Partnering with clinicians to improve reporting of clinical deterioration in patients: a knowledge translation pilot study	Griffith University New Researcher Grant Scheme	\$12,000.00
Chang A, Morris P, Robertson C, Grimwood K, Van Asperen P, Wilson A, O'Grady KA, Sloots T, Torzillo P	Multi-centre, randomised controlled trial to improve the management of exacerbations in children with bronchiectasis	NHMRC	\$1,148,522.00
Chang A, Brown N, Mulholland E, O'Grady K, Grimwood K, Morris P, Leach A, Upham J, Torzillo P, D'Antoine H	Centre for Research Excellence in Lung Health of Aboriginal and Torres Strait Islander Children	NHMRC	\$2,498,845.00





Chief Investigators	Project	Granting body	Total grant
O'Grady KA, Chang A, Grimwood K, Morris P, Smith-Vaughan H, Mulholland K, Torzillo P, Cripps A, Wood N, Revell A	A multi-centre, double blind, randomised controlled trial to evaluate the efficacy of 10 valent-pneumococcal- <i>Haemophilus influenzae</i> -Protein D conjugate vaccine in reducing respiratory exacerbations in children aged >18 months with chronic suppurative lung disease	NHMRC	\$1,122,492.00
Wainwright CE, Grimwood K, Sly P, Tiddens H, Hugenholtz P, Massie R, Robertson C, Cooper P, Byrnes C, Vidmar S	Clinical and psychosocial changes over late childhood and adolescence and early life determinants of long-term clinical outcomes in cystic fibrosis	NHMRC	\$1,135,570.00
Sly P, Lambert SB, Hales B, Fantino E, Kappler U, Holt P, Grimwood K, Sloots TP	Immune recognition of upper airway microbiota in early life as a determinant of respiratory health in children	NHMRC	\$1,088,362.00
Gillespie B, Marshall A, Withers T, Gardiner T	Implementation of WHO surgical safety checklist at the Gold Coast University Hospital: implications for sustainment of clinical practice	NHMRC	\$172,000.00
Gillespie B	ADding negative pRESSure to improve healing (the DRESSING trial)	NHMRC	\$472,869.00
Brown S, Keijzers G	Primary Spontaneous Pneumothorax trial (a randomised controlled trial of interventional versus conservative treatment of primary spontaneous pneumothorax)	NHMRC	\$401,143.00
Walker R, Marshall A, Cooke M, Aitken L	Partnering with clinicians to improve reporting of clinical deterioration in patients: a knowledge translation pilot study	NHMRC	\$50,000.00
Walker R, Marshall A, Cooke M, Aitken L	A cluster randomised controlled trial of selective decontamination of the digestive tract in critically-ill patients	NHMRC	\$3,958,000.00
Fenwick J, Gamble J, Creedy D, Buist A, Turkstra E, Sneddon A, Scuffham P, Ryding E, Jarrett V	Reducing childbirth related fear and preference for caesarean section: A randomised control trial of a midwife-led psycho-education intervention	NHMRC	\$471,205.00



Chief Investigators	Project	Granting body	Total grant
Gillespie B, Chaboyer W, Kang E, Lonie G, Homer A, Finigan T, Pitchford D	Use of negative-pressure wound dressings to prevent surgical site complications after primary hip replacement: A pilot RCT	Office for Medical and Health Research	\$15,000.00
Keijzers G, Marshall AP, Crilly J, Stapelberg C, Young J, Baker M	Gold Coast Hospital and Health Service: Survey of research by health professionals	Private Practice Trust Fund 2014	\$8,250.00
Wake E	Evaluation of newly-established trauma service in a tertiary hospital	Private Practice Trust Fund 2014	\$15,555.00
Sneha J	Research Fellow	Private Practice Trust Fund 2014	\$113,454.00
Spencer A	PREdictive equations for estimating resting energy Demand In Critically ill patientS (PREDICT) study	Private Practice Trust Fund 2014	\$7,230.40
Bhuta S	Apparent fibre density in the midbrain of chronic fatigue syndrome patients	Private Practice Trust Fund 2014	\$71,500.00
Waidyasel P	Publication fees: Massive temporal lobe cholesteatoma research journal	Private Practice Trust Fund 2015	\$397.91
Best K	Research: Bachelor of Nursing Honours Research Project	Private Practice Trust Fund 2015	\$8,500.00
Warner J	Foetal Alcohol Spectrum Disorder student exchange with University of California, San Diego	Private Practice Trust Fund 2015	\$8,648.00
Gamble J, Fenwick J, Creedy D, Toohill J, Richards K	Translation to practice: Implementing a midwife psycho-education intervention to improve women's perinatal mental health	Queensland Department of Health, Nursing and Midwifery Research Fellowship Grants	\$119,084.00
Lawton L, Keijzers G	HALT-IT (Tranexamic acid for the treatment of gastrointestinal bleeding: an international randomised, double blind placebo controlled trial)	Queensland Emergency Medicine Research Foundation	\$185,788.00
Keijzers G	Australia and New Zealand Dyspnoea in Emergency Department Study	Queensland Emergency Medicine Research Foundation	\$96,000.00
Campbell D, Keijzers G	ROTEM in Trauma	Queensland Emergency Medicine Research Foundation	\$70,000.00



Chief Investigators	Project	Granting body	Total grant
Bell C	High-flow nasal cannula treatment for viral bronchiolitis in infants, a randomised trial to investigate a reduction in tertiary hospital admission	Queensland Emergency Medicine Research Foundation	\$50,800.00
Keijzers G	Research Development Officer for Gold Coast, Toowoomba and Ipswich	Queensland Emergency Medicine Research Foundation	\$380,000.00
Green D, Crilly J, Lincoln C, Becker K, Timms J, van Buuren N, Fisher A, Murphy D, Scuffham P	Delivering care in the watch house: An outcomes evaluation	Queensland Emergency Medicine Research Foundation 2015	\$116,772.00
Walker R, Marshall A, Cooke M, Aitken L	Partnering with clinicians to improve reporting of clinical deterioration in patients: a knowledge translation pilot study	Queensland Health Nursing and Midwifery Research Fellowship	\$14,949.00
Van Buynder P	Enhancing uptake of Human Papilloma virus vaccine in the school program by improving information for parents and improving consent delivery methods	Queensland Health Rate Improvement Funding	\$60,000.00
Noble C	Inter-professional co-supervision: Pharmacists as clinical co-supervisors to junior doctor prescribing	Queensland Regional Training network – CSSP (2013–14)	\$31,500.00
Sloots TP, Nissen MN, Lambert SL, Grimwood K	Molecular microbiology and epidemiology of respiratory infections in children	RCH Foundation	\$2,250,000.00
Ameratunga D	Immune recognition of upper airway microbiota in early life: viral–bacterial interactions	The University of Queensland Australian Infectious Disease Research Centre Clinical-Basic Science Grant	\$50,000.00
Cripps A, West N, Cox A	Recovery of <i>Lactobacillus casei</i> strain <i>Shirota</i> (LcS) from the Intestine of Healthy Adults after Intake of Fermented Milk	Yakult Honsha Co Ltd	\$156,477.00
Total			\$19,360,131.34





## **BRIGHTER**

*Dr Marco Matos, Dr Jasotha Sanmugarajah, Dr Suzanne Allan*

A phase III, randomised, double-blind, placebo-controlled clinical trial of BBI608 plus weekly Paclitaxel vs. placebo plus weekly Paclitaxel in adult patients with advanced, previously-treated gastric and gastro-oesophageal junction adenocarcinoma.

## **Cadazolid/ACT – 179811**

*Dr John Gerrard, Dr Johanna Mayer*

A multi-centre, randomised, double-blind study to compare the efficacy and safety of cadazolid vs. vancomycin in subjects with Clostridium Difficile-Associated Diarrhoea (CDAD).

## **CADENCE-BZ**

*Dr Saveena Singh*

The efficacy of sodium benzoate as an adjunctive treatment in early psychosis.

## **CAMELLIA**

*Prof Rohan Jayasinghe, Prof Laurence Howes*

A randomised, double-blind, placebo-controlled, parallel-group study to evaluate the effect of long-term treatment with BELVIQ (lorcaserin HCl) on the incidence of major adverse cardiovascular events and conversion to Type 2 Diabetes Mellitus in obese and overweight subjects with cardiovascular disease or multiple cardiovascular risk factors.

## **Dose finding study for PSA-EPO in CKD (PSA-EPO-o6) Austin**

*Dr Jagadeesh Kurtkoti, Dr Balaji Hiremagalur*

A Phase 2, open label, multi-centre, sequential dose finding study to evaluate the safety, PD and PK of multiple doses of Polysialylated Erythropoietin (PSA-EPO) administered SC in CKD subjects not on dialysis nor receiving erythropoiesis stimulating agent.

## **EMR 63325-021**

*Dr Jasotha Sanmugarajah, Dr Marco Matos, Dr Andrew Hill, Dr Suzanne Allan, Dr Andrea Tazbirkova, Dr Susan Caird*

A multi-centre, randomised, double-blind, placebo-controlled phase III trial of tecemotide vs. placebo in subjects with completed concurrent chemo-radiotherapy for unresectable stage III non-small cell lung cancer (NSCLC).

## **I3Y-MC-JPBL**

*Dr Jasotha Sanmugarajah, Dr Suzanne Allan*

A randomised, double-blind, placebo-controlled, Phase 3 Study of Fulvestrant with or without LY2835219, a CDK4/6 Inhibitor, for Women with Hormone Receptor Positive, HER2 Negative Locally Advanced or Metastatic Breast Cancer.

## **INS-212**

*Dr Pathmanathan Sivakumaran, Dr Iain Feather*

A randomised, open-label, multi-centre study of liposomal amikacin for inhalation (LAI) in adult patients with nontuberculous mycobacterial (NTM) lung infections caused by mycobacterium avium complex (MAC) that are refractory to treatment (INS-212).

## **MARINER**

*Prof Rohan Jayasinghe, Prof Laurence Howes*

Medically Ill patient assessment of Rivaroxaban vs. placebo in reducing post-discharge VTE risk.

## **MARINER Protocol RIVAROXDVT3002**

*Assoc Prof Arman Sabet, Dr Srinivasa Nama*

Medically Ill patient assessment of Rivaroxaban vs. placebo in reducing post-discharge VTE risk.

## **MB102-229**

*Dr Mark Forbes, Dr Fahid Hashim, Dr Stephanie MacLean*

A multi-centre, randomised, double-blind, placebo-controlled, parallel group, phase 3 study to evaluate the efficacy and safety of Dapagliflozin as an add-on to insulin therapy in subjects with Type 1 Diabetes Mellitus.

### **Millenium C16019**

*Dr Tara Cochrane, Dr Michelle Bryson, Dr Jeremy Wellwood, Dr Sunelle Engelbrecht*

A phase 3, randomised, placebo-controlled, double-blind study of oral ixazomib citrate (MLN9708) maintenance therapy in patients with multiple myeloma following autologous stem cell transplant.

### **PARAGON**

*Prof Lawrence Howes, Prof Rohan Jaysinghe*

A multi-centre, randomised, double-blind, parallel group, active-controlled study to evaluate the efficacy and safety of LCZ696 compared to valsartan, on morbidity and mortality in heart failure patients (NYHA Class II-IV) with preserved ejection fraction.

### **PATH study IgPro20\_3003**

*Dr Arman Sabet*

Randomised, multi-centre, double-blind, placebo-controlled, parallel-group phase III study to investigate the efficacy, safety, and tolerability of 2 different doses of IgPro20 (subcutaneous immunoglobulin) for the treatment of chronic inflammatory demyelinating polyneuropathy (CIDP).

### **PEXIVAS**

*Dr Jagadeesh Kurtkoti*

Plasma exchange and glucocorticoid dosing in the treatment of anti-neutrophil cytoplasm antibody associated vasculitis: an international randomised controlled trial.

### **POLLUX MMY3003**

*Dr Tara Cochrane, Colm Keane, Dr Jeremy Wellwood, Dr Michelle Bryson*

Phase 3 study comparing Daratumumab, Lenalidomide, and Dexamethasone (DRd) vs Lenalidomide and Dexamethasone (Rd) in subjects with relapsed or refractory multiple myeloma.

### **Respiratory Syncytial Virus (RSV)**

*Dr John Gerrard*

A phase 2b, randomised, double-blind, placebo-controlled multi-centre study evaluating antiviral effects, pharmacokinetics, safety, and tolerability of GS-5806 in hospitalised adults with respiratory syncytial virus.

### **Rituximab and Nephrotic syndrome**

*Dr Jagadeesh Kurtkoti*

The effect of rituximab on patients with nephrotic syndrome-retrospective study of single-centre experience.

### **SOCRATES**

*Dr Arman Sabet*

A randomised, double-blind, multinational study to prevent major vascular events with Ticagrelor compared to aspirin (ASA) in patients with acute ischaemic stroke or TIA.

### **SPIRE 1 Protocol B1481022**

*Prof Rohan Jaysinghe, Prof Laurence Howes, Prof Ian Hamilton Craig*

Phase 3 multi-centre, double-blind, randomised, placebo-controlled, parallel group evaluation of the efficacy, safety, and tolerability of bococizumab (PF-04950615), in reducing the occurrence of major cardiovascular events in high risk subjects.

### **SPIRE 2 Protocol B1481038**

*Dr Rohan Jaysinghe, Dr Laurence Howes, Prof Ian Hamilton Craig*

Phase 3 multi-centre, double-blind, randomised, placebo-controlled, parallel group evaluation of the efficacy, safety, and tolerability of bococizumab (PF-04950615), in reducing the occurrence of major cardiovascular events in high risk subjects.

### **TASTE**

*Dr Arman Sabet, Dr Monica Badve, Dr Koshy George*

Tenecteplase vs. Alteplase for Stroke Thrombolysis Evaluation (TASTE) Trial.

### **TOV Trial**

*Dr Alex Mowat, Associate Professor Malcolm Frazer, Dr Vivien Wong*

Infusion method vs. standard auto-fill trial of void protocol following a TVT-exact procedure: a randomised control trial.

### **TROG o8.06 STARS Breast trial**

*Dr Dominic Lunn, Dr Jim Jackson, Dr Renee Finnigan, Assoc Prof Michael Poulsen*

A randomised comparison of anastrozole commenced before and continued during adjuvant radiotherapy for breast cancer vs. anastrozole and subsequent anti-oestrogen therapy delayed until after radiotherapy.



# Books/Book Chapters/Edited Books

## 2014–2015

Bednar, M., Light, T., & Bindra, R. (2014). Hand surgery. In H. Skinner & P. McMahon (Eds.), *Orthopaedics: Current diagnosis and treatment* (pp. 456-216). London, England: McGraw Hill.

Brandis, S., Fitzgerald, A., Avery, M., McPhail, R., & Booth, J. (2015). The emergence of new kinds of professional work within the health sector. In A. Wilkinson, D. Hislop & C. Coupland (Eds.), *Perspectives on contemporary professional work: Challenges and experiences*. Cheltenham, England: Edward Elgar Publishing Ltd.

Connor, M. (2015). Quality and service improvement. In G. E. Day & S. G. Leggat (Eds.), *Leading and managing health services: An Australasian perspective*. Melbourne, Australia: Cambridge University Press.

Cripps, A., & Gleeson, M. (2015). Ontogeny of mucosal immunity and aging. In J. Mestecky, W. Strober, M. W. Russell, H. Cheroutre, B. N. Lambrecht & B. Kelsall (Eds.), *Mucosal immunology* (pp. 161-185). Oxford, England: Academic Press.

Grealish, L., Bail, K., & Gibson, J. (2014). The dedicated education unit as a community of practice. In K. Edgecombe & M. Bowden (Eds.), *Clinical learning and teaching innovations in nursing: Dedicated education units building a better future* (pp. 45-62). Dordrecht, Holland: Springer.

Hazel, A., & Bindra, R. (2014). Traumatic distal ulnar and sigmoid notch injuries. In J. Greenberg (Ed.), *Ulnar-sided wrist pain* (pp. 179-198). Chicago, IL: American Society for Surgery of the Hand.

Johnston, A. N. B. (2015). Nose, mouth and throat. In C. Jarvic (Ed.), *Physical examination and health assessment (in press)* (7th ed.). St Louis, MO: Saunders Elsevier.

Johnston, A. N. B. (2015). The structure and function of the neurological system. In J. Craft, C. Gordon & A. Tiziani (Eds.), *Understanding pathophysiology* (2nd ed.). Sydney, Australia: Mosby, Elsevier.

Johnston, A. N. B., & Connolly, F. (2015). Alterations of neurological function across the lifespan. In J. Craft, C. Gordon & A. Tiziani (Eds.), *Understanding pathophysiology* (2nd ed.). Sydney, Australia: Mosby, Elsevier.

Johnston, A. N. B., & Elder, E. G. (2015). Concepts of neurological dysfunction. In J. Craft, C. Gordon & A. Tiziani (Eds.), *Understanding pathophysiology* (2nd ed.). Sydney, Australia: Mosby, Elsevier.

Kutz, M. R., & Bamford-Wade, A. (2014). Contextual intelligence: A critical competency for leading in complex environments. In N. D. Erbe (Ed.), *Approaches to managing organizational diversity and innovation* (pp. 42-61). Hershey, PA: IGI Global.

Lam, A. (2015). Cellular and molecular biology of esophageal cancer. In N. F. Saba & B. F. El-Rayes (Eds.), *Esophageal cancer - prevention, diagnosis and therapy* (pp. 25-40). Cham, Switzerland: Springer.

Larkman, J., Bamford-Wade, A., & Spence, D. (2014). Nursing in evidence-based health practice. In V. A. Wright-St Clair, D. Reid, S. Shaw & J. Ramsbotham (Eds.), *Evidence-based health practice* (pp. 285-295). Melbourne, Australia: Oxford University Press.

Massa, H., Lim, D., Kurono, Y., & Cripps, A. (2015). Middle ear and eustachian tube mucosal immunology. In J. Mestecky, W. Strober, M. W. Russell, H. Cheroutre, B. N. Lambrecht & B. Kelsall (Eds.),

*Mucosal immunology*. Oxford, England: Academic Press.

McMurray, A., & Clendon, J. (2015). *Community health and wellness: Primary health care in practice* (5th ed.). Sydney, Australia: Elsevier.

Meislin, M., & Bindra, R. (2015). Management of ulnar impaction. In W. Geissler (Ed.), *Wrist and elbow arthroscopy: A practical guide to techniques* (pp. 93-101). London, England: Springer.

Nesdale, D. (2014). Peer rejection in childhood: Social groups, rejection sensitivity, and solitude. In R. J. Coplan & J. Bowker (Eds.), *A handbook of solitude: Psychological perspectives on social isolation, social withdrawal, and being alone* (pp. 129-149). New York, NY: Wiley-Blackwell.

Nesdale, D. (2015). Children and social groups: A social identity approach. In A. Rutland, A. R. Nesdale & C. Spears Brown (Eds.), *Handbook of group processes in children and adolescents (in press)*. New York, NY: Wiley-Blackwell.

Nesdale, D. (2015). Researching children's social groups: Methods and measures. In A. Rutland, A. R. Nesdale & C. Spears Brown (Eds.), *Handbook of group processes in children and adolescents (in press)*. New York, NY: Wiley-Blackwell.

Rutland, A., Nesdale, D., & Brown, C. S. (Eds.). (2015). *Handbook of group processes in children and adolescents (in press)*. Boston, MA: Wiley-Blackwell.

Van Buynder, P. G., & Brodtkin, V. E. (2016). Healthcare worker screening and management. In A. Webb, D. Angus, S. Finfer, L. Gattinoni & M. Singer (Eds.), *Oxford textbook of critical care (in press)* (2nd ed.). Oxford, England: Oxford University Press.

# Conference Outputs

## 2014–2015

- Anuradha, S., Jurd, S., Vosti, F., Hunter, I., Markey, J., Finnigan, D., Jurgeneit, D., Mundy, D., Regan, A., Brook, D., Dingjan, V., Pullen, E., & Van Buynder, P. (2015). *Public health challenges in dealing with a salmonella outbreak*. Paper presented at the Communicable Disease Control Conference, Brisbane, Australia.
- Bavahuna, M., Jackson, M., & Butcher, W. (2014). *Limiting indications for varicose vein surgery to maximise service provision in an era of restricted funding; an audit of compliance at the GCHHS*. Paper presented at the XXVI World Congress of the International Union of Angiology, Sydney, Australia.
- Bost, N., Crilly, J., & Wallen, K. (2014). *A descriptive study of patients presenting to the emergency department with a mental health illness and the impact of a patient flow strategy in a Queensland hospital*. Paper presented at the Gold Coast Health and Medical Research Conference, Gold Coast, Australia.
- Cerni, J., Sriram, B., & Hashem, F. (2015). *The impact of nutritional status on length of stay and mortality in acute medicine: When nutrition initiatives have been implemented*. Paper presented at the IMSANZ 2015 Annual Scientific Meeting, Gold Coast, Australia.
- Cholan, P., Bakrania, B., Beck, B. R., Wagner, K., Panchal, S., Brown, L., Winearls, J. R., Du Toit, E. F., & Bulmer, A. C. (2014). *A novel role for bilirubin in protecting from dietary induced dyslipidemia and improving fatfree mass, leading to protection from ischemic stress and coronary intervention*. Paper presented at the Gold Coast Health and Medical Research Conference, Gold Coast, Australia.
- Collier, L., Craig, A., Tighe, K., Winstanley, J., & Woodhouse, S. (2014). *Past, present and future of hospital social work; is research imperative?* Paper presented at the Social Work Symposium, Gold Coast, Australia.
- Connell, J. E., & Ellwood, D. A. (2015). *A classification tool (gc-codes) to identify the underlying clinical indication for general anaesthetic at caesarean section*. Paper presented at the Gold Coast Health and Medical Research Conference, Gold Coast, Australia.
- Conroy, S., Mason, R., & Sanmugarajah, J. (2014). *Improving compliance with venous thromboembolism prophylaxis*. Paper presented at the Gold Coast Health and Medical Research Conference, Gold Coast, Australia.
- Cooke, M., Walker, R., Aitken, L., Freeman, A., Pavey, S., & Cantrill, R. (2014). *Pre-operative self-efficacy education for patients undergoing joint replacement surgery (POET): A pilot randomised controlled trial*. Paper presented at the Gold Coast Health and Medical Research Conference, Gold Coast, Australia.
- Crilly, J., Lincoln, C., Greenslade, J., Timms, J., & Fisher, A. (2014). *24/7 emergency department nurses working in the watch house: Understanding the impact on their working environment*. Paper presented at the Gold Coast Health and Medical Research Conference, Gold Coast, Australia.
- Crilly, J., Lincoln, C., Greenslade, J., Timms, J., & Fisher, A. (2014). *24/7 watch house nurses: Does a watch house emergency nurse (WHEN) model improve health care?* Paper presented at the Australia and New Zealand Forensic and Science Society - 22nd International Symposium on the Forensic Sciences, Adelaide, Australia.
- Crilly, J., Lincoln, C., Greenslade, J., Timms, J., & Fisher, A. (2014). *ED nurses working in the watch house: Understanding the impact on their working environment*. Paper presented at the Gold Coast Health and Medical Research Conference, Gold Coast, Australia.
- Crowe, B. (2014). *Translating distress screening into cancer care: Phase 1 of an implementation case study at Gold Coast University Hospital*. Paper presented at the Gold Coast Health and Medical Research Conference, Gold Coast, Australia.
- Daniele, L., Bindra, R., & Tan, S. (2015). *3D printing workflows in corrective hand surgery*. Paper presented at the Australian Hand Surgery Society, Hobart, Australia.
- Dowland, F., Sharma, S., & Hashem, F. (2015). *Analysis of telemetry usage*. Paper presented at the IMSANZ 2015 Annual Scientific Meeting, Gold Coast, Australia.
- Elder, E., Crilly, J., & Johnston, A. N. B. (2014). *Exploring future directions in triage practices to limit access block and emergency department crowding: A systematic review*. Paper presented at the 12<sup>th</sup> International Conference for Emergency Nurses, Perth, Australia.
- Fenwick, J., Toohill, J., Gamble, J., & Creedy, D. K. (2014). *What, why and how women accede or manage childbirth fear: A qualitative investigation of Australian women participating in an RCT*. Paper presented at the Gold Coast Health and Medical Research Conference, Gold Coast, Australia.
- Frayman, K. B., Armstrong, D., Carzino, R., Ferkol, T., Grimwood, K., Storch, G., Wylie, K., & Ranganathan, S. (2015). *The microbiome in early cystic fibrosis lung disease: A longitudinal analysis*. Paper presented at the 38th European Cystic Fibrosis Conference, Brussels, Belgium.
- Gamble, J., Toohill, J., Creedy, D. K., & Fenwick, J. (2015). *Building childbirth resilience: Types of conversations with women and families to promote normal birth*. Paper presented at the Normal Labour & Birth: 10th Research Conference Programme, Cumbria, England.

- Gamble, J., Toohill, J., Fenwick, J., & Creedy, D. (2014). *Competency based training for midwives to deliver psycho-education for women with childbirth fear*. Paper presented at the International Confederation of Midwives Conference (ICM), Prague, Czech Republic.
- Gamble, J., Toohill, J. P., Fenwick, J., & Creedy, D. K. (2014). *A competency based training program for midwives to deliver psycho-education for women with childbirth fear*. Paper presented at the Gold Coast Health and Medical Research Conference, Gold Coast, Australia.
- Goldstein, J. M., Jayasinghe, R., & Sabaratnam, M. (2014). *Five year analysis of a tailored community based exercise program for patients with symptomatic heart failure*. Paper presented at the Gold Coast Health and Medical Research Conference, Gold Coast, Australia.
- Goyal, V., Marchant, J., Masters, B., Grimwood, K., & Chang, A. (2015). *Intractable wet cough in chronic suppurative lung disease resolves with inpatient intravenous antibiotics and physiotherapy*. Paper presented at the Thoracic Society of Australia and New Zealand Annual Scientific Meeting, Gold Coast, Australia.
- Grimwood, K. (2014). *Pseudomonas aeruginosa: Understanding a nasty pulmonary pathogen*. Paper presented at the Glycomics Student Forum, Gold Coast, Australia.
- Grimwood, K. (2014). *How can vitamin D protect against respiratory morbidity?* Paper presented at the European Respiratory Society (ERS) International Congress, Munich, Germany.
- Hashem, F., Prabhakaran, S., Nandi, N., & Sinha, A. (2015). *Diabetic ketoacidosis (DKA) associated with SGLT2i use in T2DM – first case reports in Australia. Oral presentation*. Paper presented at the Australian Diabetes Society – Australian Diabetes Educators Association (ADS-ADEA) annual scientific meeting, Adelaide, Australia.
- Hyde, M., Sanmugarajah, J., Crowe, B., Dunn, J., & Chambers, S. (2015). *Translating distress screening into cancer care: Phase 1 of an implementation case study at Gold Coast University Hospital*. Paper presented at the Gold Coast Health and Medical Research Conference, Gold Coast, Australia.
- Hyde, M. K., Sanmugarajah, J., Crowe, B., Dunn, J., & Chambers, S. K. (2015). *Translating distress screening into cancer care: Phase 1 of an implementation case study*. Paper presented at the Behavioural Research in Cancer Control Conference, Sydney, Australia.
- Ingham, T. R., Jones, B., Camargo Jr, C. A., Kirman, J., Dowell, A. C., Crane, J., Stanley, T. V., & Grimwood, K. (2014). *Association of vitamin D deficiency with severity of acute respiratory infection: A case-control study in New Zealand children*. Paper presented at the European Respiratory Society (ERS) International Congress, Munich, Germany.
- Jackson, M. (2014). *A complicated case of vascular access angioplasty*. Paper presented at the 1st Asia-Pacific Vascular Symposium, Singapore.
- Jackson, M. (2014). *ESRF: Queensland perspective*. Paper presented at the Kuala Lumpur Vascular Access Conference, Kuala Lumpur, Malaysia.
- Jackson, M. (2014). *Options for salvaging thrombosed AVF/AVG*. Paper presented at the 1st Asia-Pacific Vascular Symposium, Singapore.
- Jackson, M. (2014). *Timing of dialysis access creation: How early*. Paper presented at the Kuala Lumpur Vascular Access Conference, Kuala Lumpur, Malaysia.
- Jackson, M. (2015). *Anastomotic technical skills assessment of vascular trainees - validity & correlations with accepted RACS assessment methods*. Paper presented at the RACS Annual Scientific Congress, Perth, Australia.
- Jackson, M., & Krampl, C. (2014). *Clinical applications of a novel angiographic scoring system*. Paper presented at the XXVI World Congress of the International Union for Angiology, Sydney, Australia.
- Jarvinen, K., Pollard, G., Neill, A., & Seesaengnom, D. (2015). *Making the numbers speak – creative presentations of notifications data*. Paper presented at the Communicable Disease Control Conference, Brisbane, Australia.
- Jeyarajan, E., Daniele, L., Phegan, M., & Jackson, M. (2014). *3D reconstruction of vascular anatomy- is 3D better for pathology appreciation than standard 2D*. Paper presented at the Australian and New Zealand Society for Vascular Surgery, Canberra, Australia.
- Johnston, A. N. B., Bost, N., Aitken, M., Gilmour, K., Strong, C., Timms, J., Donnelly, T., & Crilly, J. (2014). *Schoolies and the on-site health tent: Providing evidence of outcome and practice change*. Paper presented at the Gold Coast Health and Medical Research Conference, Gold Coast, Australia.
- Johnston, A. N. B., Bost, N., Gilmour, K., Strong, C., Aitken, M., Timms, J., Donnelly, T., Daniel, K., & Crilly, J. (2014). *Meeting the challenge: Schoolies and the on-site health tent*. Paper presented at the 12<sup>th</sup> International Conference for Emergency Nurses, Perth, Australia.
- Jordan, S., Anuradha, S., Donovan, P., & Webb, P. (2015). *Variations in primary chemotherapy and survival amongst Australian women with epithelial ovarian cancer*. Paper presented at the International Gynecologic Cancer Society Meeting, Melbourne, Australia.
- Kaviani, N., Sly, C., Heathcote, K., Plummer, D., Young, M., Saville, J., & Sun, J. (2014). *Preliminary process evaluation of MD students research pilot project (SRPP)*. Paper presented at the Gold Coast Health and Medical Research Conference, Gold Coast, Australia.
- Khalesi, S., Sharma, S., Doshi, D., & Sun, J. (2014). *Dietary habits, nutrition knowledge and quality of life of adults with high blood pressure at Gold Coast, Australia*. Paper presented at the Gold Coast Health and Medical Research Conference, Gold Coast, Australia.
- King, J., O’Kane, D., & Tsing, V. (2014). *Massive chromophobe renal*



- cell carcinoma presenting with an acute small bowel obstruction. Paper presented at the Gold Coast Health and Medical Research Conference, Gold Coast, Australia.
- Krampl, C., & Jackson, M. (2014). *Multicenter severe limb ischaemia registry (SLIR): A pilot project*. Paper presented at the RACS Annual Scientific Congress, Singapore
- Kumar, A., Czovek, D., Shackleton, C., Hantos, Z., Grimwood, K., Sarna, M., Whiley, D., Sloots, T., Alsaleh, A., & Lambert, S. (2015). *Wheezy episodes during the first year of life decrease airway distensibility*. Paper presented at the Thoracic Society of Australian and New Zealand Annual Scientific Meeting, Gold Coast, Australia.
- Kumar, A., Czovek, D., Shackleton, C., Sarna, M., Whiley, D., Alsaleh, A., Sloots, T., Gingl, Z., Hantos, Z., Grimwood, K., Lambert, S., & Sly, P. (2015). *Wheeze in infancy decreases airway distensibility assessed at 3 years of age*. Paper presented at the American Thoracic Society International Conference, Denver, Colorado.
- Kurtkoti, J., Bose, B., Hiremagalur, B., Sun, J., & Cochrane, T. (2014). *Arterial line versus venous line administration of low molecular weight heparin, enoxaparin for prevention of thrombosis in the extracorporeal blood circuit of patients on haemodialysis or haemodiafiltration – a randomised crossover trial*. Paper presented at the Gold Coast Health and Medical Research Conference, Gold Coast, Australia.
- Lalji, A., Khirya, N., & Lalji, M. (2014). *Actinic keratosis and squamous cell carcinoma*. Paper presented at the Gold Coast Health and Medical Research Conference, Gold Coast, Australia.
- Lam, A. (2014). *Extra-adrenal pheochromocytoma (paraganglioma) of the urinary bladder: Clinicopathological features of 4 cases collected over 3 decades*. Paper presented at the Gold Coast Health and Medical Research Conference, Gold Coast, Australia.
- Larby, A., Desbrow, B., & Roberts, S. (2014). *Food accuracy and adequacy in hospitalised patients requiring special diets*. Paper presented at the Gold Coast Health and Medical Research Conference, Gold Coast, Australia.
- Lloyd, C., Williams, P., Waghorn, G., & Machingura, T. (2014). *Competitive employment for people with severe mental illness: Challenges to implementing evidence-based practices in Australia*. Paper presented at the Gold Coast Health and Medical Research Conference, Gold Coast, Australia.
- Machingura, T. (2015). *A focus on recovery: Using the mental health recovery star as an outcome measure*. Paper presented at the OT Australia 26th National Conference, Melbourne, Australia.
- Marshall, A. P. (2014). *The hitchhiker's guide to the (KT) galaxy*. Paper presented at the Royal Brisbane and Women's Hospital 23rd Healthcare Symposium, Brisbane, Australia.
- Marshall, A. P. (2014). *Implementation science and infection prevention and control: Strategies for achieving evidence based practice*. Paper presented at the Australian College of Infection Prevention and Control, Adelaide, Australia.
- Marshall, A. P. (2014). *Optimal nutrition and critical illness: Families as part of the team*. Paper presented at the ANZICS/ACCCN Intensive Care Annual Scientific Meeting, Melbourne, Australia.
- Marshall, A. P., Keijzers, G., Crilly, J., Stapelberg, C., Baker, M., & Young, J. (2014). *Gold Coast Hospital and Health Service: Survey of research active health professionals*. Paper presented at the Gold Coast Health and Medical Research Conference, Gold Coast, Australia.
- Marshall, A. P., Keijzers, G., Crilly, J., Stapelberg, C., Baker, M., & Young, J. (2014). *Maximising research opportunities through collaboration and capacity building*. Paper presented at the Gold Coast Health and Medical Research Conference, Gold Coast, Australia.
- McAlpine, J., Vanderlelie, J., & Perkins, A. (2014). *The effect of third trimester micronutrient supplements on gestational length of well women at term*. Paper presented at the Gold Coast Health and Medical Research Conference, Gold Coast, Australia.
- McCallum, G., Morris, P., Grimwood, K., MacLennan, C., White, A., Sloots, T., Mackay, I., Smith-Vaughan, H., Byrnes, C., & Chang, A. (2015). *Improving the management of indigenous children hospitalised with bronchiolitis: A multicenter RCT*. Paper presented at the Annual Scientific Meetings of The Australia & New Zealand Society of Respiratory Science & The Thoracic Society of Australia & New Zealand (TSANZSRS), Gold Coast, Australia.
- McCallum, G. B., Morris, P. S., Grimwood, K., Sloots, T. P., White, A. V., MacLennan, C., Byrnes, C. A., Sive, A., Versteegh, L. A., McKay, C. C., Jacobsen, N. J., Mobberley, C., & Chang, A. B. (2014). *Does 3 weeks of azithromycin improve clinical outcomes of indigenous children hospitalised with bronchiolitis: A placebo-controlled randomised trial*. Paper presented at the 13th International Congress on Pediatric Pulmonology, Bruges, Belgium.
- Noble, C., Brazil, V., Teasdale, S., & Forbes, M. (2015). *Interprofessional co-supervision - what are the barriers and enablers to pharmacists supervising junior doctors' prescribing?* Paper presented at the Australian & New Zealand Association for Health Professional Educators (ANZAHPE), Newcastle, Australia.
- Noble, C., Fink, J., Antognini, D., & Johnston, K. (2014). *Improving medical intern discharge summary quality through education and audit*. Paper presented at the Australian and New Zealand medical education and training forum, Hunter Valley, Australia.
- Phegan, M., & Taylor, F. (2014). *The cost effectiveness of a one stop carpal tunnel clinic: Experience from a tertiary referral centre*. Paper presented at the Queensland Hand Society Meeting, Noosa, Australia.
- Purcell, A., Marshall, A. P., Buckley, T., King, J., Fethney, J., & Moyle, W. (2014). *The effectiveness of EMLA as a primary dressing on*

*painful chronic leg ulcers – a pilot randomised controlled trial*. Paper presented at the Central Coast Local Health District Nursing and Midwifery Research and Innovation Conference, Gosford, Australia.

Ramsay, K. A., Bell, S. C., Grimwood, K., Wainwright, C. E., & Kidd, T. J. (2015). *Emergence of a shared Pseudomonas aeruginosa (PsA) strain within an adult cystic fibrosis centre*. Paper presented at the 13th Lung Science Conference, Estoril, Portugal.

Sanmugarajah, J., Hyde, M. K., Crowe, B., Dunn, J., & Chambers, S. K. (2014). *Translating distress screening into cancer care: Phase 1 of an implementation case study at Gold Coast University Hospital*. Paper presented at the Gold Coast Health and Medical Research Conference, Gold Coast, Australia.

Sarma, S., & Byrne, G. J. (2015). *Relationship between anxiety and quality of life in older mental health patients*. Paper presented at the RANZCP Congress, Brisbane, Australia.

Sarna, M., Ware, R., Sloots, T., Nissen, M. D., Lambert, S. B., & Grimwood, K. (2015). *Respiratory viral infections in the first month of life in a community-based birth cohort*. Paper presented at the XVII International Symposium on Respiratory Viral Infections, Vancouver, Canada.

Schaeffer, N., & Phegan, M. (2015). *Punching glass: A 10 year consecutive series*. Paper presented at the RACS ASM, Perth, Australia.

Shuttleworth, M., Singh, I., & Bulmer, A. C. (2014). *Critical evaluation of a targeted ROTEM® guided coagulation and haemostasis management programme in severe trauma and critical bleeding*. Paper presented at the Gold Coast Health and Medical Research Conference, Gold Coast, Australia.

Stapelberg, N. (2015). *Chronic illness networks: A gateway to the prevention and treatment of several interlinked psychiatric and medical non-communicable diseases?* Paper presented at the Fiji College of General Practitioners and Gold Coast Medical Association

Combined Medical Conference, Nadi, Fiji.

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