South Australian Allied Health Research Forum 2019

Beyond the brilliant idea;
Planning, doing and applying research in clinical practice

Thursday 23 May 2019
8:30am – 4:30pm
Royal Adelaide Hospital
Lecture Theatre, Level 8D, Room 271/272
Welcome to the inaugural South Australian Allied Health Research Forum.

This is the first time such a statewide forum has been held, presenting an opportunity for clinical researchers from across SA Health Allied Health to come together with leaders in Allied Health research and key industry partners. We are delighted to welcome our keynote speakers and clinical research presenters and thank them for their time in sharing their valuable knowledge with us today.

The theme of the forum is “Beyond the brilliant idea; planning, doing and applying research in clinical practice”. This theme draws focus to three key stages of research participation, from identifying the question to be answered through to changing practice and implementing new knowledge.

This forum will showcase the valuable research work being undertaken by allied health clinicians across SA Health, promoting allied health research and knowledge translation capacity and supporting excellence in clinical care through evidence-informed practice.

I wish to thank our industry and education partners, who have supported not only this inaugural forum event, but who have invested in growing allied health research through funding, training and resource support. Specifically, we acknowledge the University of South Australia and The Hospital Research Foundation for their significant contributions to the Allied Health Research Collaboration funding program.

Thank you also to Catherine Turnbull, Chief Allied and Scientific Health Officer and the team at the Allied and Scientific Health Office (SA Health) without whom today’s event would not have been possible. Thanks in particular to Jo Nolan and Saraid Martin for their significant input to the organising of today’s event.

This forum will be an opportunity for clinical researchers to build networks and connections with fellow researchers and leaders in the sector. The intent of the forum is to inspire all allied health clinicians to embed research, knowledge translation and evidence informed practice into routine practice across the continuum of clinical settings and professions.

On behalf of the organising committee, I hope you enjoy the day and thank you for joining us.

Annelise Morris
Convenor, 2019 South Australian Allied Health Research Forum
Thursday 23 May 2019
Royal Adelaide Hospital (Level 8D, Rooms 271/272)

Morning Session

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<td>Opening Address: Minister for Health and Wellbeing</td>
<td>Hon Stephen Wade MLC</td>
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<td>09:00</td>
<td><strong>Keynote:</strong> The potential value and impact of allied health research</td>
<td>Wendy Keech</td>
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<td>Health Translation SA</td>
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<td>09:30</td>
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<td>10:00</td>
<td><strong>ENGAGEMENT &amp; CO-DESIGN FOR IMPLEMENTATION</strong></td>
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<td>Development of an App to measure burn patient outcomes: an international IT perspective</td>
<td>Tanja Klotz, Rochelle Kurmis (CALHN)</td>
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<td>10:15</td>
<td>Co-designing culturally appropriate antenatal education: a collaboration with Aboriginal consumers</td>
<td>Tara Beaumont (WCHN)</td>
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<td><strong>EVALUATION OF PRACTICE &amp; GROWING RESEARCH CAPACITY</strong></td>
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<td>Demonstrating the impact of telehealth in Spinal Assessment Clinics</td>
<td>Joseph Orlando (CALHN)</td>
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<td>11:05</td>
<td>Reaching the target for swallow screening and assessments in patients with stroke</td>
<td>Jana Havlis (NALHN)</td>
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<td>Conducting clinical research whilst getting the job done: a review of research capacity in a statewide service</td>
<td>Sally Marotti (SCSS)</td>
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<td>Antimicrobial stewardship and guideline compliance: impact of clinical pharmacy services implementation</td>
<td>Mahsa Tantiongco (CHSA)</td>
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<td>11:50</td>
<td>Building capacity in allied health: 20 years in 20 minutes</td>
<td>Kathy Stiller (CALHN)</td>
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<td>12:10</td>
<td><strong>Lunch &amp; networking</strong></td>
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**South Australian Allied Health Research Forum**

**Beyond the brilliant idea; Planning, doing and applying research in clinical practice**

### Afternoon Session

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<td>Waiting for chronic pain treatment; impact on patients</td>
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<td>Employment support program within community Mental Health: consumer &amp; health professional experiences</td>
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<td>From research to clinical practice for Group Constraint Induced Movement Therapy</td>
<td>Jill Garner, Nadia Spargo, Rhiannon Hughes (SALHN)</td>
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<td>How did I get here? A pathway to a research fellowship</td>
<td>Merryn Netting (WCHN)</td>
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#### PARTNERSHIPS & COLLABORATION

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<td>Q&amp;A Panel: Resources &amp; Partnerships – UniSA, Flinders Uni, Uni of Adelaide, SALUS (Library Services), SALHN Research Office</td>
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<td>Evaluation of an online nutrition education platform</td>
<td>Stephanie Savio (WCHN)</td>
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<td>Decision making in a complex rural environment</td>
<td>Darlene Wyatt (CHSA)</td>
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<td>Alison Kitson, Flinders University</td>
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<td><strong>Closing Address:</strong> Forum review and future directions for research in Allied Health in South Australia</td>
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<td>Identifying service gaps contributing to vascular admissions for plantar ulcersations</td>
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<td>Early mobilisation in paediatric intensive care: a safety and quality intervention – identifying the clinical problem and project protocol</td>
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<td>Using augmented performance feedback activities during Lokomat therapy results in cardiovascular exercise in subacute stroke</td>
<td>Nicole Prideaux (NALHN)</td>
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<td>Evaluation of a digital health resource providing physiotherapy information for postnatal women in a tertiary public hospital in Australia</td>
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**KEYNOTE PRESENTATIONS**

**Keynote: The potential value and impact of allied health research**

_Ms Wendy Keech_, CEO, Health Translation SA

Wendy commenced as CEO at Health Translation SA in February 2018. Prior to this she spent 4 years in the Aboriginal Research Unit at the South Australian Health and Medical Research Institute (SAHMRI) where she was the Executive Officer of the SA Aboriginal Chronic Disease Consortium and Senior Research Translation Manager working on a range of state and national research projects. In 2014 she moved to SAHMRI from the Heart Foundation where she had been Director of Cardiovascular Health for 11 years. Through her career she has had significant experience in developing, implementing and evaluating evidence based programs and working between research, policy and program delivery. She has a strong background in strategic planning, prevention, public health, heart disease, physical activity, tobacco control and nutrition.

**Keynote: Collaboration and consumer experience in allied health research**

_Ms Fiona Smithson_, Director Strategy & Partnerships, The Hospital Research Foundation

Joining the team in 2010, Fiona came to THR after more than 12 years in the communications/public relations field working as both a consultant and an in-house PR manager. As Director of Communications and Strategic Relations Fiona oversees the strategic communications for the Foundation, which she describes as not just marketing, advertising and promotion, but also about how the Foundation communicates and interacts with its many supporters, stakeholders and the wider community. Fiona enjoys being part of a dedicated, supportive and passionate team and feels very fortunate to be able to see first-hand the remarkable people who, through their research, are changing and improving the health of so many Australians.

**Keynote: Innovation & health industry partnerships**

_Prof Simon Beecham_, Deputy Vice Chancellor: Research & Innovation, UniSA

Simon commenced as Deputy Vice Chancellor: Research and Innovation, UniSA in 2019. From 2015 to 2018 he was Pro Vice-Chancellor of the Division of Information Technology, Engineering and the Environment. Before that, he was Head of the School of Natural and Built Environments (2010 - 2014) and Director of UniSA's Centre for Water Management and Reuse (2006 - 2010).

Simon is a Fellow of Engineers Australia as well as a Fellow of the Australian Institute of Company Directors. Simon has been awarded seven Australian Research Council (ARC) Discovery, Linkage and LIEF grants in the past ten years and has three current ARC grants. His research is outcome-focused and in particular he believes we need to be more sustainable in the management of our water resources. To this end, he has been the author of industry available tools such as the _Syfon_ and _Switch2_ software programs. The _Syfon_ model has been used to design the siphonic roofwater harvesting systems at the Sydney Olympic Stadium, the Sydney Cricket Ground, the MCG and the Adelaide Oval. It has also been used to design the roof drainage systems at the Hong Kong, Kuala Lumpur, Sydney and Adelaide airports. The _Syfon_ software has been used in the Federation Square and Docklands developments in Melbourne, the new Royal Adelaide Hospital and the Adelaide Convention Centre.

In addition to these industry contributions, Simon was a Board Director of Water Research Australia Ltd (WaterRA) from 2009 to 2015. Simon is also currently an Editorial Board Member of both the Wiley journal Global Challenges and the IWA journal Water and Climate.
Keynote: From innovation to implementation: embedding clinicians in scientific discovery

Prof Lorimer Moseley, Professor of Clinical Neurosciences & Chair In Physiotherapy, UniSA

Lorimer Moseley is a Pain Scientist with a background in physiotherapy, neuroscience and psychophysiology. After working as a physiotherapist, Lorimer undertook a PhD at the University of Sydney Pain Management Research Institute and held research positions at the University of Queensland, University of Sydney and Oxford University, UK. Lorimer was appointed University of South Australia's Inaugural Chair in Physiotherapy, and Professor of Clinical Neurosciences in 2011 and is supported by an NHMRC Principal Research Fellowship.

Lorimer is also the Chair of PainAdelaide Stakeholders' Consortium, which brings together Adelaide's pain researchers, clinicians and consumers to 'put heads together' for persistent pain. He established and led Pain Revolution, a movement committed to a bold but realistic vision that all Australians will have access to the knowledge, skills and local support to prevent and overcome persistent pain.

Lorimer leads the Body in Mind Research Group at the University of South Australia and at Neuroscience Research Australia in Sydney, which is supported by NHMRC Project Grants and industry and many of the group have NHMRC scholarship or fellowship support.

Along with A/Prof David Butler, Lorimer wrote Explain Pain (the highest selling pain book), the Explain Pain Handbook: Protectometer, and Explain Pain Supercharged. With others he also wrote The Graded Motor Imagery Handbook. Lorimer also authored Painful Yarns - Metaphors and stories to help understand the biology of pain (the second highest selling pain book internationally).

Lorimer has won a number of prizes including the 2012 NHMRC Marshall and Warren Award for Innovation and Potential Transformation, the American Pain Society's Award for Public Service and the International Association for the Study of Pain's Outstanding Clinical Science Prize. Lorimer states he was 'very chuffed' to be made an Honoured Member of the Australian Physiotherapy Association in 2014, an Honorable Fellow of the Faculty of Pain Medicine, ANZCA and to receive a DSc for contributions to the field in 2017.

Keynote: What clinicians need to know about turning research into practice

Prof Alison Kitson, Vice President & Executive Dean, College of Nursing & Health Sciences, Flinders University (alison.kitson@flinders.edu.au)

Alison Kitson is the inaugural Vice President and Executive Dean of the College of Nursing and Health Sciences at Flinders University South Australia. Prior to this appointment she was Dean and Head of School at Adelaide Nursing School at the University of Adelaide.

Before moving to Australia in 2009, Alison worked at the Royal College of Nursing in executive leadership, education and research roles. She has published over 300 peer reviewed articles and in 2014 was acknowledged in the Academic Ranking of World Universities (Shanghai Jiao Tong University and Thomas Reuters) list of highly cited world researchers for her work on knowledge translation.

Her contribution to nursing and health service research continue to be recognised internationally. Honours include; Fellowship of the Australian Academy of Health and Medical Science (2015); Honorary Doctorate from Malmo University (2013); Fellowship of the American Nurses Association (2011). Earlier awards include the Florence Nightingale Leadership Award in 2004; Distinguished Graduate of the Year from the University of Ulster in 2002, a Florence Nightingale Travel Award in 1999 (The Edith Cavell Travel Fellowship) and a Fellowship of the Royal College of Nursing (RCN) in 1991.

She is a visiting professor at Oxford Brookes University and Queensland University of Technology. She is also an Associate Research Fellow of Green Templeton College, University of Oxford. In 2017 she was appointed to the Board of the Australian Commission on Safety and Quality in Health Care.
Technology is increasingly utilised to improve and streamline patient care. With the rapid adoption of electronic medical record systems and availability of hand held smart devices, the use of applications (Apps) to assist decision making is increasing. In burn care Apps are used to assist with percentage total body surface area burned and required fluid resuscitation calculations. In our endeavours to digitise a manual scar assessment tool developed at our hospital in 2005, the Matching Assessment using Photographs with Scars (MAPS), we uncovered many important considerations unique to this rapidly evolving space, of which we aim to present an overview.

Project planning involving, but not limited to, needs assessment, optimal digital platform determination, accessibility, ongoing App maintenance requirements, and costs were determined. Following project funding from a successful grant application, a digital designer experienced in health Apps was engaged. Local ethics and research governance consent was obtained. State information computer and technology (ICT) security requirements, implementation of the European General Data Protection Regulation (GDPR), and the US Health Insurance Portability and Accountability Act (HIPPA) requirements were considered in the App design. App disclaimers required review by health department legal experts prior to inclusion.

The ClinMAPS™Pro App assists clinicians and researchers with assessment of scar outcomes, in a visual and practical way, with reporting output suitable for inclusion in paper or electronic medical records. Reliability testing confirms its intra- and inter-rater reliability the App complies with various regulations pertaining to data safety.

Rochelle Kurmis
Rochelle commenced as Allied Health Project Manager for the Adult Burns Service at the Royal Adelaide Hospital (RAH) in 2010. This position oversees allied health research and development activities as well as quality assurance and improvement activities for the overall Adult Burns Service. Rochelle is current co-chair of the Joanna Briggs Institute (JBI) Burns Node, steering committee and reference committee member for the Burns Registry for Australia and New Zealand (BRANZ) and Burns Quality Improvement Program (BQIP) sub-committee member. Rochelle completed a Masters in Clinical Science through the University of Adelaide in 2015.

Prior to her current position, Rochelle was a Clinical Dietitian at the RAH from 2004 covering various services and positions. Throughout her career, she has contributed to numerous quality assurance activities, including participation in local, state, and national evidence based guideline development projects, published numerous peer reviewed articles, and co-editor of the ANZBA Burns Trauma Rehabilitation Guidelines.

Tanja Klotz
Tanja is the Senior Occupational Therapist for Burns at the Royal Adelaide Hospital (RAH). In 2003 Tanja commenced working in Burns, following a position with the Spinal Injury Unit in both the rehabilitation and acute campuses. Tanja was a 2018 Interplast volunteer, travelling to Bhutan to provide hand and burns therapy care.

Throughout her career Tanja has been an active member of the Australian and New Zealand Burn Association (ANZBA), contributing as Chair of the ANZBA Allied Health Committee and as an author for the Burns Trauma Rehabilitation Guidelines. Additionally, she has published seven peer reviewed journal articles, contributed to the statewide hand therapy guidelines, and departmental Occupational Therapy burns care protocols. Tanja was recently conferred with a Masters in Clinical Science through the University of Adelaide for her work evaluating the evidence regarding moisturizer use in scar management, for which her thesis received Dean’s honours.
Co-designing culturally appropriate antenatal education: a collaboration with Aboriginal consumers
Beaumont, T., tara.beaumont@sa.gov.au, Women’s and Children’s Hospital

Objectives: To identify the barriers to antenatal Physiotherapy attendance for Aboriginal women experiencing back and/or pelvic pain, and to determine whether a culturally appropriate, appealing group education session can be developed in partnership with Aboriginal consumers.

Method: A targeted consumer focus group was held to facilitate input from Aboriginal consumers about existing group education sessions. A revised session outline was developed based on consumer input and piloted over 3 months. Pilot session attendance data and consumer satisfaction was evaluated and thematically analysed.

Results: Focus group discussion revealed immediate barriers to group session attendance. Small alterations to class design and delivery were recommended and implemented to enhance cultural competence. The co-designed group sessions were piloted with strong attendance and positive feedback.

Conclusion & Implications: Through co-designing a Physiotherapy session with Aboriginal consumers, a more culturally appropriate, appealing session was developed. There may be opportunities to consider the learnings of this project and review the cultural competence of other existing services related to antenatal Aboriginal care.

Tara Beaumont
Tara completed a Bachelor of Science (Physiotherapy) in 2001 at the University of South Australia. She has been employed at the Women’s and Children’s Hospital (WCH) since 2002. After completing a Graduate Certificate (Continence and Pelvic Floor Rehabilitation) at the University of Melbourne in 2006, she was appointed Head of Unit, Women’s Health Physiotherapy in 2007. She is currently acting Allied Health Program Manager at WCH, with a focus on coordinating and facilitating safety, quality and risk activities for the Division. Tara has interest and experience in exploring innovative service delivery initiatives that are consumer focussed, achieve clinical outcomes, promote equity and health care access and represent efficiency for the public health dollar.

EVALUATION OF PRACTICE & GROWING RESEARCH CAPACITY

Demonstrating the impact of telehealth in Spinal Assessment Clinics
Orlando, J., Beard, M., & Kumar, S., joseph.orlando@sa.gov.au, Central Adelaide Local Health Network

Telehealth is an innovative mode of service delivery that improves health care access for people living in rural and remote areas. This study aimed to measure the impact of telehealth in the Spinal Assessment Clinics. A mixed-methods design was used to analyse service process and patient experiences with telehealth.

Stage 1: A prospective audit of Spinal Assessment Clinic telehealth appointments at the Royal Adelaide Hospital was conducted over 2018. Outcomes included analysis of process of care, service activity, clinical actions and costs. From 88 appointments, 66% of patients discharged with a management plan without travelling to Adelaide for a face-to-face appointment, enabling significant savings in avoided patient travel and associated costs.

Stage 2: A systematic review was conducted to examine patient satisfaction with telehealth. Six electronic databases were searched using an inclusion criterion. 36 studies met the inclusion criteria, were critically appraised and data extracted and synthesised. Outcomes of satisfaction were categorised into system quality, information quality, service quality and overall satisfaction. There were high levels of satisfaction across all dimensions but there was a great deal of heterogeneity in defining and measuring satisfaction.

Conclusion: Telehealth, as an alternative model of care, appears to be satisfactory from a patient point of view. This coupled with its safe and efficient process and timely discharges means telehealth in South Australia can be a viable, sustainable and patient-centred model of care for people with spinal disorders in rural regions.

Joseph Orlando
Joseph is Senior Physiotherapist of the Spinal Assessment Clinics (SAC), Royal Adelaide Hospital. He has worked across CALHN since graduating in 2007. SAC is staffed by advanced practice physiotherapists whose roles are to manage the spinal surgical waitlists and screen for potential surgical candidates or cases with serious spinal pathology. Joseph’s clinical interests are in musculoskeletal and pain management, advanced practice physiotherapy and service delivery.
Reaching the Target for Stroke Swallow Screening
Havlis, J.¹, Varvounis, N.¹, Dr. Murray, J.²
jana.havlis@sa.gov.au, ¹Lyell McEwin Hospital (LMH), NALHN, ²Flinders University

Background: Swallowing difficulties are common after stroke and screening allows for early identification and management of dysphagia. As part of the 2014 Acute Stroke Care Protocol, SA Health instigated a 4-hour target timeframe for swallow screening. NALHN Speech Pathology, in partnership with the Neurology Unit implemented a 'Swallow Screen Tool' to meet these guidelines at the LMH. Compliance data collated since commencement in 2017 shows high compliance for a screen within 24 hours, but variable for the 4-hour timeframe.

Aims: 1) Conduct systematic analysis of compliance with swallow screening. 2) Determine whether barriers are present. 3) Generate potential solutions to improve compliance.

Methods: A mixed method approach is planned. Quantitative data has been extracted from medical records of stroke admissions and qualitative data will involve semi-structured interviews of the key stakeholders.

Results: Preliminary analysis of compliance data from between October 2017-August 2018 indicates that of 305 patients admitted with stroke to LMH 51% had a nurse-led swallow screen OR Speech Pathology swallow assessment within 4 hours of admission compared with 95% within 24 hours of admission.

Conclusion: LMH is largely meeting the target for swallow screen or assessment within 24 hours but compliance with nurse-led screening in the 4-hour timeframe is variable. There are hypothesized reasons for this variable compliance, but this has not been systematically analysed. By analysing quantitative and qualitative data, we aim to identify solutions, recommend changes and improve swallow screening within 4 hours of admission.

Jana Havlis
Jana is a Senior Speech Pathologist at LMH and is the clinical lead for the acute stroke/neurology caseload. As part of her role she has been involved in implementing the nurse-led stroke swallow screen. Jana has been working as a Speech Pathologist since 1999 with her professional background primarily including broad experience with the adult population presenting with swallowing and communications disorders in the acute and community settings.

Conducting clinical research whilst getting the job done: a review of research capacity in a statewide service
Marotti, S.
Sally.marotti@sa.gov.au, SA Pharmacy, SA Health

Formed in July 2012, SA Pharmacy is a statewide service accountable for providing a contemporary, clinically led, cost-effective, professional pharmacy service. Integral to this is an ability to translate evidence into practice, and ongoing evaluation to ensure we are meeting patient’s needs. With increasing hospital activity and patient complexity, it has become difficult for pharmacists to engage in quality research activity, and yet essential in ensuring we are providing pharmaceutical care to the patients who need it most, at the time they need it.

SA Pharmacy has identified a number of barriers and enablers to support the development of a research culture where the workforce value research and actively participate in research. Not dissimilar to the literature, pharmacists find they lack time to dedicate to research, with their clinical work taking priority, a lack of skills for undertaking research, and resources to allow backfill.

SA Pharmacy is implementing a wide range of interventions to improve research capacity and capability, including the appointment of a research lead and FTE dedicated to research roles. These roles are focusing on providing suitable infrastructure required to build research capability and capacity, as well as support innovative models of collaborative multi-site research that are aimed at increasing clinician involvement in research.

Sally Marotti
Sally Marotti is the Lead Pharmacist for Experiential Learning, Training and Research for SA Pharmacy where she provides guidance and leadership to develop research capacity and capability in the pharmacy workforce. Her research interests include perioperative medicine, pharmacy practice, coagulation and workplace education. Sally completed her undergraduate pharmacy degree at the University of South Australia, Masters at The University of Queensland, is a fellow of the Society of Hospital Pharmacists and a credentialed Advanced Practice Pharmacist.
Antimicrobial prescribing in a regional hospital: impact on prescribing through collaboration with an on-site clinical pharmacy service

Tantiongco, M., Dettwiller, P. & Kowalski, S.

Mahsa.tantiongco@sa.gov.au, Port Lincoln Hospital, Country Health SA

There are well-evidenced barriers to effective establishment of Antimicrobial Stewardship (AMS) Programs in rural and remote hospitals, including: culture of independence and self-reliance by local prescribers, lack of resources including access to onsite Infectious Disease Physicians and inability to meaningfully benchmark performance. This study describes the impact of clinical pharmacy services on antimicrobial prescribing at a GP-led hospital in Port Lincoln, SA and explores areas of suboptimal antibiotic prescribing for further improvement.

A retrospective cross-sectional audit of patient medical records was conducted for antimicrobial prescriptions in all adult patients who had presented with sepsis, cellulitis, urinary tract infections and pneumonia between May and August 2015 and repeated for same time period in 2018. Appropriateness of therapy was assessed using the National Antimicrobial Prescribing Survey guidelines.

A total of 115 antibiotic orders from 2015 and 158 orders from 2018 were included in the analysis. There were no statistically and clinically significant differences in baseline characteristics between the two groups. 86% of patients in the post intervention group were reviewed by a clinical pharmacist during their admission. Appropriate therapy was increased from 66/115 (57%) in 2015 to 129/158 (82%) in 2018 (p=0.0013). Cost of antibiotic therapy per patient day was halved from $10 to $5.33, pre and post introduction of clinical pharmacy service respectively. This study demonstrates a significant improvement in antibiotic prescribing post implementation of a clinical pharmacy service in a small rural GP-led hospital and the cost benefit of AMS.

Mahsa Tantiongco

Mahsa Tantiongco holds a Bachelor of Pharmacy from the University of South Australia. She has been a Senior Pharmacist at Port Lincoln Hospital since February 2018. Prior to this she was working at Flinders Medical Centre for 10 years in various rotational and specialist clinical roles. Most recently she was the Gastroenterology, Hepatology and liver transplant pharmacist. Mahsa has a keen interest in improving patient care and medication safety. She is currently completing her Masters of Clinical Pharmacy through the University of South Australia studying Antimicrobial Stewardship in a rural setting.

Building research capacity in allied health: CALHN experience

Stiller, K.

kathy.stiller@sa.gov.au, Central Adelaide Local Health Network

Background: Building research capacity within clinical allied health departments is important but difficult due to limited time, resources and expertise. In 1995, a role was created in the RAH Physiotherapy Department whereby an individual with an interest and expertise in clinical research was identified and a proportion of their workload (12 hours/week) quarantined to undertake a research co-ordination role. The aim was to foster research and build research capacity within the RAH Physiotherapy Department. This role was expanded to all of CALHN Allied Health in 2015. This presentation summarises the achievements associated with this initiative.

Methods: A retrospective descriptive review of research-related activities was undertaken over a 23 year period.

Results: Successes have included numerous publications in peer-reviewed journals and presentations at national/international conferences. Most research has been clinical, across a broad range of clinical areas, and clinically relevant. A large number and diverse range of staff have been involved. Collaboration with other hospital departments and/or universities, and staff involvement in post-graduate degrees has also occurred. Difficulties have included slow recruitment rates to clinical trials, resource issues and lack of career structure for those interested in pursuing research as a career option. Failures have been infrequent but have included the need to abandon three studies due to recruitment or personnel issues.

Conclusions: Identifying a clinician with an interest and expertise in clinical research and quarantining time to enable them to fulfil a broader research co-ordination role has been successful at fostering research and building research capacity within clinical allied health departments.
PATHWAYS TO TRANSLATION

Waiting for chronic pain treatment: patient impact and service factors
anne.burke@sa.gov.au, Psychology, Central Adelaide Local Health Network

Multidisciplinary treatment is the gold standard for the management of chronic pain, but accessing it often involves very long and indefinite waits. Although these waits are almost universally condemned, their true impact is not well understood, nor is it clear exactly when long becomes too long. In fact, there is a paucity of research directly examining the impact of waiting for chronic pain treatment on patient outcomes and this has restricted advocacy efforts to focus on ethical concerns rather than evidence-based impacts.

At the commencement of this project, South Australia had the longest wait-times in the nation to access multidisciplinary treatment (>3 years for many people). We urgently needed to understand the impact of our current practices (e.g., long indefinite waitlists) on patient outcomes and to identify ways to improve access to evidence-based care. Together, these issues drove a research project that: (a) investigated the psychological impact of chronic pain and of waiting to access treatment, and (b) examined two service-related factors that are associated with treatment access – namely staff resourcing and model of care.

With a focus on translation across the clinical and research sectors, this presentation will explore how a critical clinical question drove research strategy and how research outcomes, in turn, shaped the design and delivery of health care that is delivered across this state. This project has provided critical data to inform a multi-million dollar investment in service redesign, highlighted the importance of capped national wait-time standards and informed the model of care utilised by pain services in CALHN and NALHN.

Anne Burke
Anne is a registered psychologist who holds dual endorsement in the areas of health and clinical psychology. She has over 18 years’ experience working in public health care, throughout which she has maintained a specialty interest in the management of persistent pain. Together with her colleague Kathryn Collins, Anne is the Co-Director of Psychology across Central Adelaide Local Health Network. She is also the current President of the Australian Pain Society, holds Senior Clinical Lectureships with The University of Adelaide and Flinders University, and is an invited expert contributor to numerous professional organisations and journals. An avid clinical researcher, Anne has published in the areas of forensic and clinical health psychology and recently completed a PhD exploring both the impact and drivers of poor treatment access for individuals with persistent pain.

Incorporating Individual Placement and Support (IPS) into community mental health care: Consumers, Health Professionals and Employment Specialist experiences.
Dawson, S., Muller, J., Renigers, V., Varona, L. & Kernot, J.
Suzanne.dawson@sa.gov.au, Western Community Mental Health Centre, Central Adelaide Local Health Network

People with a severe mental illness (SMI) are seriously under-represented in the workforce in Australia and worldwide. Financial concerns and social isolation are frequently experienced challenges. Employment goes a long way towards addressing these issues by providing financial security, social connection, self-worth, and meaningful activity. Most people with SMI want to work, however few achieve this. In Australia, if individuals with a SMI access traditional segregated employment services, 25% find paid work. Furthermore, this service segregation impacts upon mental health clinicians supporting individuals with their employment goals.
Individual Placement and Support (IPS) is an evidence-based intervention that co-locates an Employment Specialist in a mental health team to support people with a SMI with their goal of finding work. Whilst research has focussed on outcomes of IPS, fewer studies have explored stakeholder experiences. In this study, consumer participants (n=11), mental health professionals and an employment specialist (n=11) were interviewed about their experiences of the program, to explore how the care planning relationship supported individuals to find and maintain work. Thematic data analysis indicated that the IPS program process was a catalyst for the development of supportive environments and relationships for consumers, and supported the enactment of mental health care that was individualised, collaborative and recovery focussed. This presentation will focus on the planning, implementation, and outcomes of the IPS program, as well as the research project that evaluated early stages of program implementation.

Suzanne Dawson
Suzanne has 20 years’ experience working in senior clinical roles as an Occupational Therapist in adult community mental health settings in Australia and the UK. She currently works at the Western Community Mental Health Services as well as Inpatient Rehabilitation Services. Suzanne has recently lead the implementation of an evidence based employment program at the Western Community Mental Health Centre, and coordinated and lead a research program to evaluate implementation. Suzanne completed a Masters by research in 2013 and is currently a PhD candidate at Flinders University. She has an interest in applying research in the clinical setting to support implementation and evaluation of new initiatives, as well as established evidence based programs.

Lisa Varona
Lisa Varona, Masters Advanced Occupational Therapy, Grad. Cert Health Service Management commenced as Principal Occupational Therapist, CALHN Mental Health Directorate in 2013. Prior to this she spent 12 years in mental health leadership and occupational therapy roles within the Northern and Central Local Health Networks along with 4 years in general acute and rehabilitation occupational therapy. Throughout her career she has held a significant focus on clinical and professional leadership and implementing innovation and evidence into practice to enhance positive consumer outcomes. Her contributions in service developments, evaluation, training and research include areas of occupational therapy practice and interventions, AH mental health workforce and physical health in mental health initiative for which a People’s Choice Health Roundtable award was received.

From research to clinical practice: group Constraint Induced Movement Therapy
Garner, J., Levy, T., Hughes, R., Toma, E., Spargo, N.
jill.garner@sa.gov.au, Flinders Medical Centre/Rehabilitation, Aged and Palliative Care, SALHN

A clinical trial was held at the Repatriation General Hospital (RGH) with the aim of exploring the feasibility of group based CIMT for recovery of upper limb motor function in community stroke survivors. After the trial, a team based approach was used to begin group CIMT in Day Rehabilitation Service and inpatient stroke setting.

The group CIMT project lead by Professor Sheila Lennon used a pre post-test design. The participants (n=11) were 21.09 months (mean) post stroke. All participants had been discharged from active interventions, only 2 having some functional use of their affected arm.

The intervention consisted of six stations of CIMT. Sessions ran x 3 a week over 4 weeks totalling approximately 30 hours. Outcome measures were completed pre and post intervention and included Motor Activity Log (MAL); Wolf Motor Function Test; Stroke Self-Efficacy Questionnaire; Stroke Impact Scale, and EuroQol-5D-5L.

There were significant improvements in the scoring of the MAL AOM, MAL QOM scale. There were also non-significant improvements in stroke self-efficacy questionnaire and EuroQol-5D-5L(EQ). All participants were able to use their affected arm to some degree post intervention. Group CIMT was effective at improving motor function in stroke survivors in MAL and physical function (SIS), but it was a small sample with no control group. Group CIMT is feasible and acceptable. Group CIMT can be a resource-efficient way to deliver CIMT in practice.

Jill Garner
Jill is a senior physiotherapist working part time in rehabilitation at Flinders Medical Centre, SALHN working closely with staff and neurological patients across both inpatient and day rehabilitation services. She works part time at Flinders University as a lecturer and clinical educator. She is currently studying a Masters in Clinical Rehabilitation by research with a focus on physiotherapy neurological assessment in clinical practice.
Nadia Spargo
Nadia commenced work at the Repatriation General Hospital in 2016 as a Physiotherapist. She currently works at Flinders Medical Centre (FMC) in the Division for Rehabilitation, Aged Care and Palliative Care (RAP) in both inpatient and outpatient neurological rehabilitation. She has a particular enthusiasm for stroke rehabilitation, and has enjoyed being involved in the implementation process for inpatient CIMT.

Rhiannon Hughes
Rhiannon is a Senior Occupational Therapist in the SALHN Day Rehabilitation Service, within the RAP Division at FMC. Rhiannon commenced her career at the Repatriation General Hospital in 2006, primarily working within neurological rehabilitation and was an intervention therapist within the InTENSE trials, which focused on best practise for upper limb spasticity post stroke. Recently, she has collaborated with her RAP Physiotherapy and Occupational Therapy colleagues to implement mcIMT within inpatient and ambulatory services.

How did I get here? A pathway to a research fellowship
Netting, Merryn J, merryn.netting@sa.gov.au, Women’s and Children’s Hospital, WCHN and SAHMRI Women and Kids Theme

As a clinical paediatric dietitian, I am aware that nutritional practice may be based on opinion rather than well-conducted science, often due to gaps in the evidence base. My PhD, awarded in 2015, focused on a clinical question related to treatment of egg allergy. I applied for, and received grant funding to conduct my research and published 4 peer reviewed papers from my PhD program. In 2018 I was awarded an NHMRC Early Career (Health Practitioner) Research Fellowship and currently work 0.2FTE in the WCH Nutrition Department, and 0.8 FTE at the SAHMRI Women and Kids Theme.

Advancing the nutritional science behind the development of complex diseases such as food allergy takes time and a combination of varying research methodology. I am developing a translational research program designing, implementing and evaluating dietary strategies to prevent and better manage food allergies. The outcomes of my research have been incorporated into clinical practice and have informed development of the updated food allergy prevention guidelines both nationally and internationally.

As an active clinician researcher, my fellowship program will enable me to improve my own research, mentoring and teaching skill set while addressing knowledge gaps related to infant feeding and allergy that are relevant to practitioners worldwide.

Merryn Netting
Merryn is an experienced clinical paediatric dietitian based at the Women’s and Children’s Hospital. She graduated from Flinders University in 1987 with a Bachelor of Nutrition and Dietetics. Her PhD was awarded in 2015 for her thesis “Nutritional Strategies for Allergy Prevention, Diagnosis and Treatment, with a Specific Focus on Egg Allergy”. She is the author of 15 peer-reviewed publications and in 2018 Merryn was awarded an NHMRC Early Career Practitioner Fellowship to continue her work on food allergy management and prevention.

Merryn serves on the National Allergy Strategy Steering Committee and has held leadership positions with the Dietitians Association of Australia and the Australasian Society of Clinical Immunology and Allergy. Her work with the SAHMRI Women and Kids Theme focuses on the influence of early life nutrition on long term health, particularly infant feeding advice for prevention of food allergy.

PARTNERSHIPS & COLLABORATION

Developing an online nutrition education platform
S. Savio, N. Wright, M. Freeman, R. Battersby, N. Vanderhaak, A Sweeney, J. Fairchild, J. Miller
Stephanie.savio@sa.gov.au Women’s and Children’s Hospital, WCHN

In a 2013, a Dietetics Honours student conducted an audit of 99% of patients with Type 1 diabetes (T1D) attending a WCH diabetes clinic. Only 6% of 410 patients met international recommendations for annual dietetic review. In two subsequent honours student projects (2014-2015), follow-up surveys and focus groups were conducted to examine barriers to engagement with dietetic review, assess nutrition knowledge and determine preferred education delivery method in patients with T1D>1year and ≤18yrs.
The most common reason reported for dietitian non-attendance, was no perceived need (70%, n=26). When asked where they sought nutrition advice, 49% of respondents sought nutrition advice from the internet, but only 44% from the diabetes dietitian. Preferred methods for nutrition education delivery were phone app (66%, n= 98), Facebook (48%, n=58) and 1:1 Dietitian (36%, n=53).

Participants identified the preferred aspects of technology based information were accessibility (79%, n=86) and immediacy (48%, n=44), and expressed that technology based information should be additional to 1:1 dietitian contact. Participants identified a lack of trustworthiness and specificity with currently available technology based information.

In response to feedback, the Nutrition Department partnered with WCHN Centre for Education and Digital Media to develop a nutrition education website for young people with T1D and their families. A pilot study will run this year to evaluate the website assisted by an Honours Student.

Collaboration with Flinders University and use of dietetic student time has made it possible to conduct research within a clinical unit to improve quality of education in response to consumer preferences.

Stephanie Savio
Stephanie commenced her role as a paediatric dietitian at the Women’s and Children’s Hospital (WCH) in 2014 where she specialises in the care of young people with diabetes and endocrine disorders. In her role at WCH Stephanie’s research projects have focused on optimising nutrition education for young people with Type 1 Diabetes and their families. In 2017, Stephanie presented her research at the International Society for Paediatric and Adolescent Diabetes Conference in Austria and looks forward to furthering these projects to provide modern and patient-centred nutrition education for patients and families at the WCH.

Decision Making In A Complex Rural Environment
Wyatt, D., Jones, M., Brook, C., Jarvis, A., Wendt, S. darlene.wyatt@sa.gov.au, Country Health SA Local Health Network

This project aims to find out, within the context of rural social care, how South Australian social workers in leadership roles navigate complex situations and what assists them to exercise their professional judgement and decision-making. A simple conversation between colleagues led to a collaborative approach between Country Health SA (CHSALHN) and Flinders University to undertake this project, involving both parties in the study design and interpretation of findings.

This collaborative partnership determined a participatory research design using Social Work Living Labs. An initial focus group with social work leadership team was held in October 2018 exploring themes of professional judgement and decision making for social work leaders in CHSALHN. These themes and issues were developed into interview questions to further explore this topic amongst the social work leadership team. Research staff from Flinders University have also undertaken a literature review and this, combined with interview responses has identified key issues and trends. This analysis will inform the creation of an evidence based tool that supports decision making, quantifying the complexity involved in professional judgement in the rural environment.

This project partnership provides the ground work for developing research-based practice and practice-based research and will promote ongoing research collaboration opportunities such as hosting students and applying for future research grants to progress this initial project.

Darlene Wyatt
Darlene is currently the Clinical Placement Coordinator, Social Work for CHSALHN and the Clinical Senior Social Worker for the Flinders and Upper North Rural Region. Darlene has primarily worked in rural areas across South Australia since graduating as a social worker in 1990 and has worked in a range of fields including health, education, homelessness and child protection. Darlene has also previously worked for UniSA in the Field Education Program. Darlene is passionate about supporting students on placement and growing placement experiences for students within health. This has led to collaborative work with her colleagues in Physiotherapy and Occupational Therapy to develop a student supervision training program for allied health staff delivered by mixed mode (face to face and videoconferencing). This model of training was presented at the 2018 SARRAH conference in Darwin by Darlene on behalf of the team.
Identifying Critically Ill Patients Requiring Intensive Nutrition Therapy – Pragmatism Or Validity?
R Yandell¹, T Egan¹, J Gallagher¹, L Chapple², H Morgan¹, G Rassias¹
¹Department of Nutrition and Dietetics, Royal Adelaide Hospital; ²Intensive Care Research, RAH
rosalie.yandell@sa.gov.au, Central Adelaide Local Health Network

Background: Malnutrition is a systemic, preventable and reversible public health problem. Hospital malnutrition and its harmful health consequences are expensive to manage. Nutrition therapy can successfully prevent and treat malnutrition, and screening for malnutrition risk is the first step in identifying who will benefit from nutrition therapy.

Aim: To compare the feasibility of using the modified Nutrition Risk in the Critically Ill (mNUTRIC) and the Malnutrition Universal Screening Tool (MUST) to screen for malnutrition risk in non-invasively mechanically-ventilated critically ill patients.

Methods: Prospective descriptive study conducted in the Royal Adelaide Hospital (RAH) Intensive Care Unit (ICU). Twenty critically ill patients aged 18 y or older; excluding patients who are invasively mechanically ventilated, or have an ICU length of stay > 24h at screening will be recruited. The mNUTRIC score and the MUST scores will be calculated for all participants. Primary outcomes will include the number and proportion of eligible patients screened, the time taken to screen for malnutrition risk and the barriers to completion of the screening tools.

Conclusion: The study outcomes will inform a change in current practice to ensure that patients admitted to the RAH ICU are appropriately screened for malnutrition risk.

Impact statement: Patients at high risk of malnutrition will be provided nutrition therapy to prevent the development and/or progression of hospital acquired malnutrition. When provided appropriately this nutrition therapy has the potential to improve patient outcomes and save money.

Rosalie Yandell
Rosalie is the senior critical care and trauma dietitian at the Royal Adelaide Hospital where she co-leads a team of clinicians in dietetic service delivery to several inpatient functional units. She completed her PhD at The University of Adelaide on the topic of nutritional physiology. She works across clinical, research and education foci to design, conduct, implement and disseminate the findings of research on nutritional interventions and dietetic service delivery for critically ill and trauma patients. She is involved in student clinical and research training. She has worked in clinical, academic and education roles at the Royal Adelaide, Lyell McEwin and Westmead Hospitals, Flinders University and for the Australasian Society for Parenteral and Enteral Nutrition. She is a member of the Dietitian’s Association of Australia and the Australasian Society for Parenteral and Enteral Nutrition (AuSPEN). She holds academic titles at the University of Adelaide and Flinders University, sits on the AuSPEN education committee and is a recent previous member of the CALHN allied health research committee.

Post-traumatic amnesia testing in the acute setting: Clinical practice patterns across Australia
Vo, E., Gatley, A., Lister, S., Pryor, L.
emma.vo@sa.gov.au, Speech Pathology, Royal Adelaide Hospital, Central Adelaide Local Health Network

Background: Accurate measurement of the duration of Post-Traumatic Amnesia (PTA) following a Traumatic Brain Injury (TBI) is essential as length is an indicator of long-term deficits and rehabilitation needs. Early education of family and friends regarding PTA is recommended for support and assistance with the management of their loved ones. Although a number of local and state guidelines exist for the assessment of PTA, little has been reported about the current practices within acute settings across Australia.

Aims & Method: The purpose of the current study was to describe current clinical practice patterns across Australia in relation to PTA testing in the acute setting.

Method: A purpose-built survey was distributed to Speech Pathology and Occupational Therapy national and statewide interest groups, containing 15 questions relating to the assessment and management of PTA.
Results: 95 respondent surveys were included in data analysis. Majority of respondents indicated that they used the Westmead PTA assessment and the Abbreviated Westmead PTA assessment. Majority indicated that PTA assessment was being completed in the Emergency Department and patients who experienced a concussion/mild TBI received discharge education and/or suitable follow-up following hospital discharge. Common themes regarding challenges with PTA testing emerged and are discussed.

Conclusion: The study highlights clinical practices with PTA testing within acute settings across Australia. A multidisciplinary, patient-specific, and holistic approach to the assessment and management of PTA is being implemented across Australia.

Emma Vo
Emma Vo is a Senior Speech Pathologist who works at the Royal Adelaide Hospital. Areas of interest in include Post-Traumatic Amnesia assessment in the acute setting, concussion, as well as dysphagia amongst the Burn Injury, Trauma and Neurosurgical populations.

Anne Gatley
Anne Gatley is a Senior Speech Pathologist, working at the Royal Adelaide Hospital. Her areas of interest include Dysphagia, Tracheostomy management and Post Traumatic Amnesia assessment in the Intensive Care Unit, Trauma and Neurosurgical populations.

Identifying service gaps contributing to vascular admissions for plantar ulceration
Keane, H., Derry, C., & McAuley, M.
Hannah.keane@sa.gov.au, Royal Adelaide Hospital (RAH), Central Adelaide Local Health Network

Background: The cost of diabetic foot care and resultant amputation leads to a significant financial burden on the health care system. Appropriate, evidence based offloading of diabetic plantar foot ulcers in essential for wound healing. Access to plantar offloading before admission to the RAH for ulcer management is varied and not previously reported.

Aim & Method: Identify what offloading treatment had been provided or recommended for this episode of care. Patients admitted to the RAH vascular unit with a diabetic plantar ulcer were surveyed to determine trends and areas for development.

Results: 50 patients were surveyed upon admission for diabetic plantar foot ulcers to the RAH with a mean age of 63 and a higher percentage of males (66%) than females (34%). Analysis revealed that: 1) Patients without access to a multi-disciplinary team (MDT) are unlikely to access any offloading (14% offloaded). 2) Patients being seen by a MDT with access to an Orthotist were more likely to receive offloading (100% offloaded) compared to without (43% offloaded). 3) In MDTs where an Orthotist was present, prescription of removable cast walkers (RCWs) was significantly higher.

Conclusion: Appropriately resourced MDTs are essential for decreasing the financial burden of diabetic foot related disease and ensuring best outcomes for patients. Education is needed to community services in regards to the management of the diabetic foot and referral pathways to multi-disciplinary foot clinics.

Hannah Keane
Originally from the small town of Woolsthorpe in Victoria, Hannah currently works as the Orthotic Lead within CALHN. After graduating from La Trobe University in 2010 with a Bachelor of Prosthetics and Orthotics, Hannah developed an interest in barriers to evidence based care and completed a Masters in Clinical Rehabilitation through Flinders University in 2016 completing a project focused on the effects of education on adherence to best practice recommendations and guidelines. Hannah is a member of the Australian Orthotic and Prosthetic Association’s continuing professional development committee where she works on the accreditation of training courses and programs for the profession. Clinically, Hannah has an interest in the orthotic management of neuromuscular conditions and implementing new technology and materials to improve patient outcomes.
Early Mobilisation in Paediatric Intensive Care: A Safety and Quality Intervention – Identifying the Clinical Problem and Project Protocol
Muir, C., Tsiros, M., Ganu, S., Maki, K., Keeley, S., Esterman, A., Ward, E. catherine.muir@sa.gov.au, Paediatric Intensive Care Unit, Women’s and Children’s Hospital Network

Background: The mortality rates in Australian Paediatric Intensive Care Units (PICU) have improved (overall 2.5%); but there is significant morbidity following critical illness. There is shift in demand in PICU care to consider the long-term outcomes for children, and incorporating early mobilisation into care as soon as is safe and feasible. The aim of this study is to assess the impact of the implementation of an ‘Early Mobilisation Screening Checklist’ at ward rounds with aim of increasing developmentally appropriate early mobilisation in PICU.

Method: All PICU patients admitted for ≥48 hours will be included. Case notes of all included patients admitted to PICU over a 6 month time period will be retrospectively audited (approximately 120). Data on when and if mobility was commenced in PICU and number of PICU days the patient was mobilised will be collected. Following implementation of the checklist, corresponding data will be collected through prospective case note review. Information on any adverse events and feasibility will also be collected.

Discussion: This will be the first study to investigate the effectiveness of routine patient screening for readiness to participate in mobility in PICU. The results will provide information about the potential benefits of a single intervention in reducing time to commencing mobility and frequency of mobility interventions.

Catherine Muir
Catherine is Senior Physiotherapist, Paediatric Intensive Care Unit for the Women’s and Children’s Health Network. She has a special interest in Early Mobilisation in Paediatric Intensive Care and has presented at Australia New Zealand Intensive Care Society ASM on Barriers to Early Mobilisation in Paediatric Intensive Care in 2018. Catherine is the recipient of a UniSA/SA Health Research Collaboration Grant for the project Early Mobilisation in Paediatric Intensive Care: A Safety and Quality Intervention.

Prevalence and outcome of acute postpartum urinary retention
Beaumont, T., tara.beaumont@sa.gov.au, Women’s and Children’s Hospital, WCHN

Objective: Postpartum urinary retention is thought to be a potentially significant complication of childbirth. A universal postpartum void review process has been in place since 2008 at this tertiary obstetric hospital to screen for voiding dysfunction. Procedure compliance audits were undertaken on implementation but local prevalence and clinical outcomes of acute postpartum urinary retention had not been documented for our cohort to date.

Design: A clinical audit was undertaken to review the medical files for all women who birthed between January 1st 2016 – March 31st 2016 (n = 1108 cases) to determine the prevalence of acute postpartum urinary retention. Measurement and findings: An overall 3.8% baseline prevalence of acute postpartum urinary retention was observed retrospectively (n = 42/1108) in a 3 month period, with 28.6% of these experiencing significant bladder over distension (n = 12/42). Following urinary catheterisation, and often a period of bladder rest, 100% of women who failed their first void review were able to successfully void on catheter removal.

Key conclusions: The existing postpartum void review process appears to be a reliable framework for the early detection and management of postpartum urinary retention, with timely intervention appearing to prevent ongoing voiding dysfunction for those who fail their first void review.

Implications for practice: In spite of a universal void review framework for postnatal void review, urinary retention and bladder overdistension still occurs. Staff education to encourage compliance with the framework and to facilitate timely clinical reasoning and decision making may improve prevalence rates.

Tara Beaumont
Tara completed a Bachelor of Science (Physiotherapy) in 2001 at the University of South Australia. She has been employed at the Women’s and Children’s Hospital (WCH) since 2002. After completing a Graduate Certificate (Continence and Pelvic Floor Rehabilitation) at the University of Melbourne in 2006, she was appointed Head of Unit, Women’s Health Physiotherapy in 2007. She is currently acting Allied Health Program Manager at WCH, with a focus on coordinating and facilitating safety, quality and risk activities for the Division. Tara has interest and experience in exploring innovative service delivery initiatives that are consumer focussed, achieve clinical outcomes, promote equity and health care access and represent efficiency for the public health dollar.
Using Augmented Performance Feedback (APF) Activities During Lokomat® Therapy Results in Moderate Intensity Cardiovascular Exercise in Subacute Stroke Patients.

Prideaux, N., Barr, C., Drummond, C., & van den Berg, M.  
nicole.prideaux@sa.gov.au, Modbury ACRPC Division, Northern Adelaide Local Health Network

Background & Aim: Stroke precedes low cardiovascular (CV) fitness reported to limit successful participation in activities. Conventional subacute stroke rehabilitation does not meet National Stroke Guidelines for CV exercise, particularly in non-ambulant patients. The Lokomat® robotic potentially provides a way to achieve CV exercise with these patients. This study aims to determine whether moderate intensity CV exercise can be achieved using the Lokomat® APF activities in mobility-dependent adults with subacute stroke.

Method: Ten subacute stroke patients, mean (SD) age of 63.4 (13) years, participated in six 20-minute Lokomat® therapy sessions. Per session they completed three APF activities in randomised order (5 minutes each). Metabolic data was collected using the COSMED K5 and participants rated their perceived exertion on the CR-10 BORG scale. In addition, corresponding Lokomat® settings were recorded.

Results: Moderate intensity CV exercise was achieved in all three APF activities, demonstrated with a mean (SD) VO2 of 8.0 (3.8) ml/kg/min (estimated 52% VO2 max) and mean (SD) MET of 3.1 (1.3). This was supported by BORG scores of 3-5. VO2 and MET were not affected by type of APF activity (p=0.110 and 0.240) and VO2, MET and BORG results were maintained over 15 minutes. Although Lokomat® BWS and GF significantly progressed (p<0.05) as per clinical practice, no significant changes in VO2 or MET were observed over the six sessions (p=0.380 and 0.527).

Conclusions: The Lokomat® APF activities, can be used to achieve moderate intensity CV exercise in mobility-dependent subacute adult stroke patients, in line with recommended guidelines.

Nicole Prideaux
Nicole has been the Manager of Physiotherapy at the Aged Care, Rehabilitation and Palliative Care Division, NALHN since May 2018. Prior to this she was a rehabilitation physiotherapist primarily working on the Lokomat® within SALHN. Through her career Nicole has been involved with other research projects relating to patient care in stroke including investigating circuit group therapy in stroke in the acute setting and self-management in stroke in the community. In 2016 she commenced the Masters in Clinical Rehabilitation with Flinders University completing the current project on cardiovascular exercise on the Lokomat® robotic in stroke patients.

Evaluation of a Digital Health Resource Providing Physiotherapy Information for Postnatal Women in a Tertiary Public Hospital in Australia

Goode, K.  
Kate.phillips3@sa.gov.au, Physiotherapy Department, Women’s and Children’s Health Network

Background: Reduced length of postnatal hospital stay has impacted the ability of Physiotherapy staff to provide early intervention and education on postnatal recovery and rehabilitation. A novel method of providing Physiotherapy education to postnatal women was implemented to meet consumer needs in the changing hospital environment. The digital health resource was evaluated to determine consumer satisfaction and access.

Methods: Postnatal women were invited to participate in a survey of the digital health resource during a 17-day recruitment period. A participant information sheet was provided to the patient and a signed consent form collected from those willing to participate. Online surveys were emailed to women at approximately two weeks postnatal and a thematic analysis of the responses was completed.

Results: 88 women were recruited to the study during a 17 day recruitment period with a 30% response rate (n = 27/88) to an online survey sent at approximately 2 weeks postpartum. Of the 27 respondents, 33% had watched the digital health resource and were able to provide feedback. Survey responses indicated the resource was viewed only after discharge from hospital and most commonly on a mobile device. Most women engaged with the resource to learn more about their recovery, and all women found the advice on pelvic floor exercise useful.

Conclusion: This quality assurance project demonstrated the existing digital health resource provides useful information to women following discharge from the postnatal ward but strategies to improve awareness of the resource should be investigated further.
Kate Phillips (nee Goode)
Kate Phillips (nee Goode) is the co-Head of Unit, Women’s Health Physiotherapy Unit at the Women’s and Children’s Hospital (WCH), and has acted in this role since 2013. Kate completed her Bachelor of Physiotherapy at the University of South Australia and her Master of Physiotherapy at the University of Melbourne where she completed post-graduate studies in Pelvic Floor Physiotherapy, Women’s Health and Paediatric Physiotherapy. Kate is a member of the Continence Foundation of Australia and the Australian Physiotherapy Association, where she sits on the committee for the Women’s, Men’s and Pelvic Health Special Interest Group. She is passionate about improving the health and wellbeing of women of all ages and has a particular interest in helping women with pelvic pain conditions.
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