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Academic Health Science Centre

Email: [info@westernalliance.org.au](mailto:info@westernalliance.org.au)

### Western Alliance and the Annual Symposium

Since its establishment in 2014, Western Alliance has brought together health services and academic institutions to improve health outcomes for regional and rural populations across the western region of Victoria, through high-quality, collaborative health care, research, education and training. The Annual Symposium, held in a different regional city each year, showcases research undertaken within, by and about the region, and provides an opportunity for researchers, clinicians, policy makers and members of the community to network and collaborate on matters of significance in regional and rural health care.

For more information, visit [www.westernalliance.org.au](http://www.westernalliance.org.au).

### Venue for Symposium and networking events

The Lighthouse Theatre, Warrnambool and The Pavilion Café & Bar, Warrnambool

While all care has been taken to ensure information in this program is correct, we apologise for any misspellings or other errors that may appear in the document.

# 2023 symposium

WARRNAMBOOL

20-21 Nov 2023

 **Western**  
Alliance

## Western Alliance Eighth Annual Symposium

## ACKNOWLEDGEMENTS

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The Symposium this year brings us to the city of Warrnambool, overlooking the deep blue of the Southern Ocean, known for its array of renowned restaurants, vibrant arts, culture and music scene. Warrnambool offers beautiful nature with the impressive Hopkins Falls where you can watch the whales migrate from the cold Antarctic Waters. If you're lucky you might see them calve at the sheltered whale nursery of Lady Bay.

Western Alliance would like to thank all keynote speakers, presenters, delegates, staff and volunteers for their enthusiasm and support in helping to make this event such an important and exciting part of our regional research landscape. The Annual Symposium has become a fixture in our regional calendar and a welcome opportunity to showcase high-quality research, to encourage collaboration between health services and academic researchers, and to meet face-to-face with colleagues from across the region and further afield.

In particular, we extend warm thanks to the following for their enthusiastic support:

The Lighthouse Theatre; The Pavilion Bar and Cafe; Symposium speakers, chairpersons and volunteers; Western Alliance staff members; Professor Brendan Crotty, Chair, Western Alliance Board of Directors; Members of the Western Alliance Board and Research Translation Committee and the broader membership of Western Alliance.



*Professor Warren Payne*  
Executive Director, Western Alliance



*Mr. Drew Aras*  
Executive Officer, Western Alliance

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# PROGRAM

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## Western Alliance Eighth Annual Symposium

### Day One – DELIVER and STaRR Showcase

Monday 20 November, 10:00 am to 5:00 pm

The Lighthouse Theatre, Warrnambool

9:30 – 10:00 am      **Registration**

Theatre room      **SESSION ONE: Integrating digital tools in healthcare delivered at home**  
**CHAIR: Professor Warren Payne, Executive Director, Western Alliance**

10:00 am      **Welcome**  
Professor Warren Payne, Executive Director, Western Alliance

10:10 am      **DELIVER: Research for better healthcare closer to home**  
Professor Anna Peeters, Director, DELIVER program

10:20 am      **KEYNOTE: Lessons from successes, failures and everything in between in remote patient management research**  
A/Professor Emily Seto, University of Toronto

10:55 am      **Sustaining implementation of remote patient monitoring in a regional health service**  
Michelle Wilson, Barwon Health

11:05 am      **Insights report remote patient monitoring in western Victoria health services**  
Dr. Olivia Metcalf, DELIVER Digital Health Lead, University of Melbourne, Centre for Digital Transformation of Health

11:15 am	<p><b>PANEL DISCUSSION - Virtual monitoring: funding, equity and sustainability:- ‘How can research progress the critical issues related to successful implementation and sustainability of virtual monitoring in regional and rural health services?’</b></p> <p><u>Facilitator:</u> Craig Wilding, Chief Operating Officer, Community and Aged Care, and Chief Allied Health Officer          Julie Halifax, Consumer representative          Nickola Allen, CEO Maryborough Health Service          Anna George, Registered Nurse and HARP care coordinator, Colac Area Health          Jo Stevens, Acting Divisional Director Chronic and Complex Care, Western Health</p>
12:10 pm	<p><b>Closing remarks</b></p> <p>Professor Warren Payne, Executive Director, Western Alliance</p>
12:15 pm Foyer	<p><b>Lunch</b></p> <p>Catering by Wynton Food Store &amp; Catering</p>
<b>SESSION TWO:</b> Theatre room	<p><b>DELIVER activities snapshot</b></p> <p><b>CHAIR: A/Professor Kate Huggins, DELIVER Program Manager, Deakin University</b></p>
1:15 pm	<p><b>Introduction and overview</b></p> <p>A/Professor Kate Huggins, DELIVER Program Manager, Deakin University</p>
1:25 pm	<p><b>Update from the MRFF on opportunities for rural and regional research</b></p> <p>Dr. Jordane Malaterre, Acting Director Patients and Infrastructure Section, Health and Medical Research Office, Australian Government Department of Health and Aged Care</p>
1:35 pm	<p><b>State of the evidence on barriers, benefits and enablers to Hospital in the Home for older adults in Australia</b></p> <p>Natalie Bransgrove, DELIVER PhD candidate, Federation University and East Grampians Health Service</p>
1:45 pm	<p><b>State of the evidence on barriers and enablers to the implementation of evidence-based practices in rural and regional healthcare settings</b></p> <p>Dr. Anna Chapman, DELIVER Implementation Science lead, Deakin University</p>

1:55 pm	<p><b>Grampians Watch – Lessons learned from co-designing solutions to prevent potentially avoidable hospital admissions</b></p> <p>Jade Odgers, Manager Clinical Innovation and Development, Grampians Health</p>
2:05 pm	<p><b>Local solutions to increase uptake of health service delivered home-based care programs</b></p> <p>Dr Cindy Needham, DELIVER Systems Thinking Co-design lead, Deakin University</p>
2:15 pm	<p><b>Questions</b></p>
<p><b>SESSION THREE:</b></p> <p>Theatre room</p>	<p><b>Growing research capabilities in rural Victoria</b></p> <p><b>CHAIR: A/Professor Anna Wong Shee, Grampians Health and Deakin Rural Health</b></p>
2:25 pm	<p><b>Engaging older people and carers in participatory research – a researcher’s guide</b></p> <p>Hannah Beks, Deakin Rural Health</p>
2:35 pm	<p><b>Fostering research-practice collaborations: exploring the utility of rapid evidence snapshots for health services</b></p> <p>Alison Buccheri and Michele Conlin, DELIVER Research Support Co-leads with Sophie Wathen, Better@Home Regional Project Coordinator Barwon South West Health Service Partnership</p>
2:45 pm	<p><b>Research culture and capacity in rural and regional health services</b></p> <p>Dr. Laura Alston, Colca Area Health, Dr Debbie Pu, Monash University</p>
2:55 pm	<p><b>Supporting translation of research in rural and regional health settings: Evolution of the STaRR program</b></p> <p>Dr. Olivia King, DELIVER Capacity Building Lead, Barwon Health/Western Alliance</p>
3:05 pm	<p><b>Questions</b></p>
<p>3:15 pm</p> <p>Foyer</p>	<p><b>Afternoon tea</b></p> <p>Catering by Wynton Food Store &amp; Catering</p>

**SESSION FOUR:** STaRR Emerging Researcher Showcase  
Theatre room

3:45 pm	<b>Welcome</b> Dr. Olivia King, Manager Research Capability Building, Barwon Health/Western Alliance
3:50 pm	<b>Improving the provision of prescribed food, fluid and mealtime supervision requirements in inpatient and aged care settings</b> Cara Hill, Speech Pathologist, Barwon Health, Grampians Health
4:00 pm	<b>Evaluation of Allied Health Assistant service provision in a community regional health setting</b> Karen Pengelly and Helen Turley, Allied Health Assistants, Grampians Health
4:10 pm	<b>Community-based strategies to increase the completion of Advance Care Directives: a narrative review</b> Maree Fraser, Registered Nurse and Clinical Governance Coordinator Aged Care, East Grampians Health Service
4:20 pm	<b>Barriers and Enablers to Prehabilitation prior to Breast Cancer Surgery in a Regional Health Service</b> April Chiu, Physiotherapist, Barwon Health
4:30 pm	<b>Identification of allied health professional development needs in regional and rural western Victoria</b> Michael Pang, Physiotherapist, Grampians Health
4:40 pm	<b>Close</b> Dr. Olivia King, Manager Research Capability Building, Barwon Health/Western Alliance

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## DELIVER: Delivering enhanced healthcare at home through optimising virtual tools for older people in rural and regional Australia

DELIVER is a 5-year research program (2022-2027) funded through a Medical Research Futures Fund Rapid Applied Research Translation grant rural stream.

Led by the Western Alliance Academic Health Science Centre (Western Alliance), ) and Professor Anna Peeters (Director, Institute for Health Transformation, Deakin University), in partnership with regional and rural health services, universities, healthcare consumers and primary healthcare providers across western Victoria, the project will facilitate research translation to optimise hospital-led programs of in-home care, to improve care for older people living in rural areas. Additionally, DELIVER will embed sustainable clinical and health services research capabilities to support rapid applied research translation.

The aims of DELIVER are to:

1. Perform rapid identification, prioritisation and testing of local solutions to healthcare at home that address the key challenges of delivering healthcare at home to older people in rural areas identified by our health service partners;
2. Embed the infrastructure, rapid research methods, capacity building and skills training to enable development of rapid research and translation capabilities across western Victoria through the Western Alliance, its members and partners;
3. Evaluate a sustainable model for rapid rural clinical and health services research and translation across western Victoria; and
4. Implement, evaluate and scale a region-wide healthcare at home program, building on the learnings from (1) above, that can be scaled nationally, with local adaptability.

The programs and initiatives that DELIVER can support will be developed in consultation with participating health services and communities. To follow our progress or to find out more, email [deliver@deakin.edu.au](mailto:deliver@deakin.edu.au) to subscribe to our newsletter, or visit our website at [deliver.westernalliance.org.au](http://deliver.westernalliance.org.au)

**Contact: DELIVER Program Manager: [Kate.Huggins@deakin.edu.au](mailto:Kate.Huggins@deakin.edu.au)**

*The DELIVER research program is supported by a Commonwealth funded MRFF Rapid Applied Research Translation Grant (RARUR000072)*

# Western Alliance Eighth Annual Symposium

## Networking cocktail event and entertainment

MC - Mr. Drew Aras, Executive Officer, Western Alliance

**Monday 20 November, 5:30 pm**

The Pavilion Bar & Cafe, Warrnambool



### Mr. Cristo Rook

Christo is a talented Port Fairy musician playing gigs ranging from solo to 6 piece band arrangements.

Christo plays gigs throughout western Victoria and beyond, wherever he is called to play, he will be there.

His repertoire includes a range of covers including fan favourites Crowded House, Paul Kelly, Chris Stapleton, Foo fighters, Powderfinger, Stevie Wonder and many more.

# PROGRAM

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## Western Alliance Eighth Annual Symposium

### Day Two

Tuesday 21 November, 9:30 am to 3:00 pm

The Lighthouse Theatre, Warrnambool

8:45 – 9.30 am      Registration and arrival tea/coffee

Theatre room

9:30 am      **Welcome to Country and welcome address**  
Mr. Lee Morgan  
Gunditjmara Kirrae Whurrong traditional owner

Professor Brendan Crotty  
Board Chair, Western Alliance

9:50 am      **KEYNOTE: marra ngarrgoo, marra goorri: The Victorian  
Aboriginal Health, Medical and Wellbeing Research  
Accord – update and implementation**

Ms. Olivia Payne  
Executive Manager, Research, Victorian Aboriginal  
Community Controlled Health Organisation (VACCHO)

**KEYNOTE: Translating evidence into practice - the holy  
grail**

Professor Harriet Hiscock  
Group Leader, Health Services and Economics, Centre for Community Child Health,  
Royal Children's Hospital

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10:45 am      **Morning tea**

Foyer

Catering by Wynton Food Store & Catering

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	Session One Health services and systems research	Session Two Women's health research showcase	Session Three Population and community health research
Room	Studio room	Theatre room	Meeting room
Session Chair	Dr. Laura Alston Colac Area Health	Dr. Olivia King Western Alliance	Dr. Michael Field Western Alliance
	<b>Ms. Claire Nailon</b> South West Healthcare <i>Working Towards a Better Healthcare Experience for People with Hidden Disabilities: Co-Designing Hospital Improvements to Enhance Patient Experience</i> <b>10m</b>	<b>Dr. Samantha Dawson</b> Deakin University <i>The Pregnancy Research and Translation Ecosystem: Improving the proportion of women meeting the dietary guidelines in pregnancy</i> <b>10m</b>	<b>Ms. Cecilia Fitzgerald &amp; Ms. Tracey Hatherell</b> National Centre for Farmer Health <i>Scaling up farmer health checks through collaborative partnerships</i> <b>10m</b>
	<b>Dr. Feby Savira</b> Deakin University <i>Evaluation of implementation and utilisation of telehealth services during the COVID-19 pandemic in rural Victoria, Australia</i> <b>10m</b>	<b>Dr. Luba Sominsky</b> Barwon Health/Deakin University <i>The Pregnancy Research and Translation Ecosystem: Applying Group Model Building to address the rising rates of perinatal depression and anxiety</i> <b>10m</b>	<b>Dr. Kara Holloway-Kew</b> Deakin University <i>Emergency presentations for farm-related injuries in older adults residing in south-western Victoria, Australia</i> <b>10m</b>
	<b>Dr Megan Turner</b> Deakin University <i>Healthcare workers' knowledge, attitudes, and adoption of lifestyle-based mental health care: Preliminary findings from a mixed-methods survey</i> <b>10m</b>	<b>Mrs. Rachael Cusworth</b> Deakin University <i>The Pregnancy Research and Translation Ecosystem: Robson Group audit of caesarean section rates across health services in the Barwon, South West and Grampians Regions</i> <b>5m</b>	<b>A/Professor Alison Kennedy &amp; Ms. Suzy Malseed</b> National Centre for Farmer Health <i>Back on Track: A feasibility trial of peer-led behavioural activation (BA) to improve mental health in farming communities</i> <b>10m</b>
	<b>Dr. Vidanka Vasilevski</b> Deakin University <i>Rural maternity and media discourse: Framing new narratives</i> <b>10m</b>	<b>Dr. Madeleine Ward</b> Obstetrics & Gynaecology Ballarat/Deakin University <i>Telementoring in Gynaecology Endosurgical Procedures During the</i>	<b>Dr. Virginia Dickson-Swift</b> Violet Vines Centre for Rural Health Research/La Trobe University <i>Community water fluoridation and oral health</i>

	COVID-19 Pandemic 10m	<i>inequity: Insights from Western Victoria.</i> 10m
<b>A/Professor Mark Yates</b> Grampians Health  <i>Lessons learnt from a community driven digital social connection pilot program for people living with dementia: A qualitative interview study with key stakeholders</i> 10m	<b>Dr. Madeleine Ward</b> Obstetrics & Gynaecology Ballarat/Deakin University  <i>Women's experience of a maternal assisted caesarean section: a mixed methods study</i> 10m	<b>Ms. Dorothy McLaren</b> West Wimmera Health Service  <i>Something to Smile About: improving oral health outcomes in the Wimmera Mallee</i> 10m
<b>Ms. Eloise Simpson</b> South West Healthcare  <i>A novel group-based review method improved attendance and reduced wait times in a public health outpatient physiotherapy setting</i> 5m	<b>Dr. Russell Dalton</b> Obstetrics & Gynaecology Ballarat/Deakin University  <i>Time to hysterectomy following transcervical resection of the endometrium based on age: a retrospective cohort review</i> 10m	<b>Ms. Krista Fischer</b> Grampians Health  <i>Enhancing oral health in a regional setting: identifying strengths and opportunities</i> 10m
<b>Mrs. Gemma Siemensma</b> Grampians Health  <i>Health library support for Australian medical training programs – a content analysis</i> 5m	<b>Dr. Mikaela Jacka</b> Illawarra Shoalhaven Local Health District  <i>Heavy menstrual bleeding: Experiences &amp; Learnings from Patients Survey (HELPS)</i> 10m	<b>Dr. James Lucas</b> Deakin University  <i>When primary healthcare meets queerstory: community-based system dynamics influencing regional/rural LGBTQ+ people's access to quality primary healthcare in Australia</i> 10m
<b>Mrs. Gemma Siemensma</b> Grampians Health  <i>Government-supported clinical knowledge and information resource portals: how does western Victoria fair?</i> 5m	<b>Dr. Joelle Kelly-Comarmond</b> Grampians Health  <i>Ovarian torsion post laparoscopic hysterectomy</i> 5m	
<b>Ms. Erin Parker</b> Barwon Health  <i>When nobody else knows what to do: role of Social Work in Community Health</i>		

<b>5m</b>		
<b>Ms. Erin Parker</b> Barwon Health  <i>Healthcare gaps and barriers to service utilisation within Geelong Refugee Communities; a co-designed research and service improvement project</i> <b>5m</b>		

12:30 pm

### Lunch

Foyer

Catering by Wynton Food Store & Catering

1:15 pm

### Regional and Rural Research Showcase – afternoon concurrent oral presentations

	<b>Session One</b> Health workforce research and capability building	<b>Session Two</b> Clinical research	<b>Session Three</b> Primary care research showcase
Room	Studio room	Theatre room	Meeting room
Session Chair	Ms. Ashleigh Clarke Grampians Health	Ms. Alesha Sayner Western Alliance	A/Prof. Anna Wong Shee Grampians Health
	<b>Dr. Michael Field</b> Western Alliance  <i>A quantitative evaluation of the impact of COVID-19 case activity on the wellbeing of Victorian rural and regional health staff (The CReW Study)</i> <b>10m</b>	<b>Mr. David Brownridge</b> Grampians Health  <i>Penicillin Allergy - legit or legacy?</i> <b>10m</b>	<b>Ms. Madison Frith</b> Deakin University  <i>Evaluation of the Priority Primary Care Centre program in the Western region of Victoria, Australia</i> <b>10m</b>
	<b>Ms. Alison Buccheri</b> Colac Area Health  <i>CReW-Ace: COVID-19 &amp; Regional Health Staff Wellbeing – Accessibility of Supports</i> <b>5m</b>	<b>Dr. Jaclyn Bishop</b> East Grampians Health Service  <i>Implementing a penicillin oral challenge program in a rural health service</i> <b>10m</b>	<b>Dr. Melinda Gill</b> Western Victoria PHN  <i>Rapid cycle evaluation of a program to enhance the readiness and response to family violence in general practices</i> <b>10m</b>

<p><b>Professor Alison Hutchison</b> Barwon Health/Deakin University</p> <p><i>The impact of the COVID-19 pandemic response on the health workforce in rural and regional Australia: Lessons learned</i></p> <p><b>10m</b></p>	<p><b>Ms. Suzie Clayden</b> Deakin University</p> <p><i>I-HEART: Implementation of HEART failure guidelines in Regional Australia</i></p> <p><b>10m</b></p>	<p><b>Ms. Sarah Crowe</b> Western Victoria PHN</p> <p><i>Measuring Digital Health Maturity in General Practice</i></p> <p><b>10m</b></p>
<p><b>Mrs. Ancara Thomas</b> East Grampians Health Service</p> <p><i>Supporting the wellbeing of residential aged care staff (Swell-RAC)</i></p> <p><b>10m</b></p>	<p><b>Ms. Rutuja Sathe</b> Ballarat Austin Radiation Oncology Centre</p> <p><i>Improving Pre-Intervention Deep Inspiration Breath-Hold (DIBH) Education for Patients Undergoing Left Sided Breast Radiotherapy.</i></p> <p><b>10m</b></p>	<p><b>Mr. Jamie Swann</b> Western Victoria PHN</p> <p><i>Measuring Outcomes in Chronic Conditions</i></p> <p><b>10m</b></p>
<p><b>Dr. Olivia King</b> Barwon Health/Western Alliance</p> <p><i>Rural research translation mentoring: the experiences and perspectives of emerging researchers, mentors, and managers</i></p> <p><b>10m</b></p>	<p><b>Mrs. Jessica Thomson</b> Grampians Health</p> <p><i>Intra-infusion exercise in a regional chemotherapy day unit: a patient perspective</i></p> <p><b>10m</b></p>	<p><b>Mr. Jamie Swann</b> Western Victoria PHN</p> <p><i>Evaluation of primary care and help-seeking promotion programs to increase dementia diagnosis and early treatment</i></p> <p><b>5m</b></p>
<p><b>Mr. Michael Pang</b> Grampians Health</p> <p><i>Grampians Health Covid-19 interdisciplinary training for allied health in critical care</i></p> <p><b>5m</b></p>		<p><b>Ms. Tejal Kulkarni</b> Western Victoria PHN</p> <p><i>Understanding service needs in Residential Aged Care: A survey of providers in Western Victoria</i></p> <p><b>5m</b></p>
		<p><b>Mrs. Rachael Krepp &amp; Ms. Joanne Harris</b> Western Victoria PHN</p> <p><i>Step Thru Care, Co-Design of Place-Based Integrated Mental Health and Alcohol and other Drug Programs</i></p> <p><b>5m</b></p>

## FINAL PLENARY SESSION

Theatre room

2:15 pm

### KEYNOTE: AI for health

Professor Peter Vamplew

Professor, Information Technology, Institute of Innovation,  
Science and Sustainability, Federation University

### KEYNOTE: No one can whistle a symphony

Ms. Katherine Stanley

Consumer Advocate and Director of the Endo Help Foundation

2.55 pm

### Closing address

Professor Warren Payne

Executive Director, Western Alliance



## SYMPOSIUM CONVENORS

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**Professor Warren Payne**

**Executive Director, Western Alliance**

Professor Warren Payne has extensive experience in the tertiary sector and has researched and taught in a variety of exercise science and health promotion areas. Warren has written over 250 refereed publications, conference proceedings and major industry reports.

Warren's work with industry has resulted in significant changes to a range of industry groups, for which he has received a number of awards. Since 2003, he has been awarded grants for consultancy based research totaling over \$6 million for work in physical performance test development and health program evaluation.

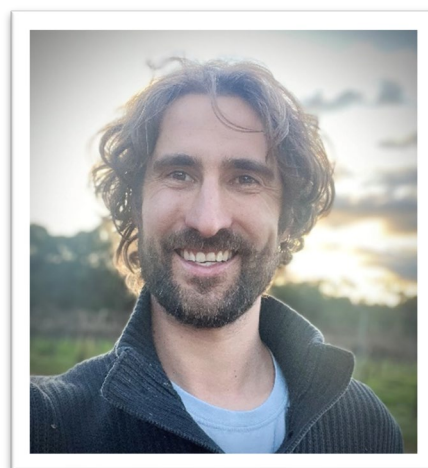
Warren is a past chair of the Victoria University's Deputy Vice-Chancellor (Research) Committee and an executive member of the Universities

Australia Deputy Vice Chancellor (Research) Committee. He has been a board member and an advisor to a range of professional, industry, government and community organisations. In particular, he was a founding executive member of the Australian Association for Exercise and Sports Science. He has held numerous board positions with Sports Medicine Australia, resulting in him being awarded a Fellowship and President's Award by Sports Medicine Australia. Warren has also received a number of academic and industry awards and he has also established a range of commercial and academic links in countries such as China, Sri Lanka, the United States and the United Kingdom.

**Mr. Drew Aras**

**Executive Officer, Western Alliance**

Mr. Drew Aras has extensive experience working within public health, commencing his career as a physiotherapist, working in Geelong, Melbourne, Sydney and the United Kingdom. Drew completed his Master of Public Health and has worked in health promotion and preventative health, health program and project management and extensively in health research and education.





## KEYNOTE SPEAKERS

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### Professor Harriet Hiscock

Royal Childrens Hospital

Professor Harriet Hiscock is a consultant paediatrician and Fellow of the Australian Academy of Health and Medical Sciences. She is Associate Director, Research at the Centre for Community Child Health, Royal Children's Hospital Health and Group Leader, Health Services at Murdoch Children's Research Institute. She is also Director of the MacHSR Future Leaders Fellowship program - a Health Services Research training fellowship program for established front-line clinical staff across 10 health services.

Professor Hiscock's research focuses on developing, testing and implementing new approaches to (i) keep children out of hospital; (ii) reduce low-value (wasteful) care; and (iii) integrate health, social and education services to improve health and wellbeing for children, including those living with family adversity.

She has published over 290 peer reviewed papers and has been awarded continuous National Health and Medical Research Council (NHMRC) funding since 2002 including a current CRE in Childhood Adversity and Mental Health. Professor Hiscock was awarded NHMRC's "10 of the Best Research Projects 2022" for her groundbreaking trials in sleep in children with ADHD and with autism.



### Ms. Olivia Payne

Victorian Aboriginal Community Controlled Health Organisation (VACCHO)

Olivia Payne is the Executive Manager for Research at the Victorian Aboriginal Community Controlled Health Organisation (VACCHO).

Under strong Aboriginal and Torres Strait Islander governance, she has led the development of *marra ngargoo, marra goorri*: The Victorian Aboriginal Health, Medical and Wellbeing Research Accord for close to three years, engaging with Community and the research sector throughout the process.

Olivia has a background in clinical and biomedical research and is looking forward to working with the sector to implement the Accord, and progress towards ethical and self-determined Aboriginal and Torres Strait Islander Research that benefits Community.



### **Ms. Katherine Stanley**

Consumer Advocate and Director of the Endo Help Foundation

Kat Stanley is a provisional psychologist and a passionate patient advocate. Kat believes that no one should endure years of pain and that every person with Endo and pelvic pain should be SEEN, BELIEVED and HEARD.

Kat is the Director of Endo Help Foundation who advocate and lobby the government to invest in pelvic pain and women's health. Endo Help Foundation also raises money to support research into pelvic pain in hope of creating further change. Kat also collaborates with Deakin University on several research projects aiming to learn more about the lived experience

of pelvic pain and to create mind-body interventions to improve the lives of those with Endo and pelvic pain.

Kat believes that collaboration between researchers, clinicians and patients is a powerful way to create meaningful change. She works to ensure that the next generation of people with Endo and pelvic pain will not suffer like she and others have.



### **Professor Peter Vamplew**

Federation University

Peter Vamplew is a Professor of Information Technology at Federation University's Mt Helen campus.

He has been involved in the development and application of artificial intelligence systems for more than 30 years. His research focuses on reinforcement learning approaches to the development of AI, with an emphasis on their applicability to problems with multiple conflicting objectives (which describes most real-world problems).

More recently he has been addressing the creation of human-aligned AI (AI which is safe, transparent, unbiased, and beneficial to society).

## ABSTRACTS

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Listed alphabetically, by the surname of the presenting author.

### Implementing a penicillin oral challenge program in a rural health service

Bishop, J, Atkinson, L, McAdie, S, Miller, J.

East Grampians Health Service

**Presenting author:** Dr. Jaclyn Bishop

**Background/aim:** Penicillin allergies are reported in approximately 10% of Australian hospital inpatients. If a penicillin antibiotic cannot be prescribed, doctors use second line antibiotics, which may be more toxic and less effective. In the long-term, this may contribute to antibiotic resistance.

Many penicillin allergies are considered false and could be disproven through an oral challenge. However, oral challenge is uncommon in rural health services due to the lack of specialist allergy resources and inexperience with such programs.

The aim of this project was to implement a penicillin oral challenge program at East Grampians Health Service (EGHS).

**Population setting:** Patients admitted to the inpatient ward at the Ararat campus of EGHS.

**Methods:** The intervention was developed and tested between 1 September 2022 and 1 July 2023 through plan, do, study, act (PDSA) cycles. Those with a low-risk penicillin allergy were identified by the pharmacist or preadmission nurse using the PENFAST scoring system. The Infection Control Coordinator sought written consent from the consumer and scheduled the penicillin oral challenge. Outcome measures included the number of; penicillin allergy assessments (PENFAST)(process), penicillin oral challenges (outcome) and penicillin allergies removed (outcome).

**Results/findings:** In the first month of program implementation (August 2023), four PENFAST assessments were completed. Two consumers were deemed ineligible because their PENFAST score was too high (that is, not a low-risk penicillin) allergy. The other two consumers received an oral penicillin challenge, resulting in their penicillin allergy being disproven and subsequently removed from their medical record.

**Conclusion:** Using quality improvement methodologies, a feasible penicillin oral challenge program was implemented in a rural health setting. By offering a penicillin oral challenge program, consumers will have certainty about their allergy and access to a greater range of antibiotics if they have an infection in the future.

**Translational impact/implications for future practice:** The model developed and tested at EGHS is translatable to other rural health services. We hope that the findings will encourage other rural health services to participate in programs that may be initially perceived as only appropriate for regional or metropolitan settings.

### Penicillin Allergy - legit or legacy?

Brownridge, D, <sup>1</sup> O'Shea, N, <sup>1</sup> Sykes, S, <sup>1</sup> Kong, D, <sup>2,3</sup> Cowan, R. <sup>4</sup>

1 Grampians Health, 2 Deakin Rural Health, 3 Deakin University, 4 Monash University

**Presenting author:** Mr. David Brownridge

**Background/aim:** Patient-reported Antibiotic Allergy Labels (AALs) are a public health issue, with an estimated 10% of hospital inpatients reporting an allergy to a penicillin. However, less than 1% will be truly allergic.



Incorrectly applied AALs create barriers to optimal antibiotic therapy, leading to increased use of restricted or inappropriate antibiotics, increased rates of readmission, increased risk of surgical site infections and increased length of stay. With appropriate antibiotic assessment and allergy testing, it may be possible to remove the inaccurate AALs. This project implemented a model of care for assessing penicillin allergies, including the offer of penicillin allergy de-labelling to patients with low-risk penicillin allergies.

**Population/setting:** Hospitalised adult inpatients with a penicillin allergy, admitted to a surgical ward.

**Methods:** From 09/2022-08/2023, Grampians Health-Ballarat participated in a breakthrough series collaborative model offered by Safer Care Victoria. PDSA (Plan, Do, Study, Act) cycle was used to determine which interventions afforded improvement in penicillin allergy assessment and de-labelling. Convenience sampling utilising small sequential samples was used for data collection.

**Results/findings:** Data were collected from 152 patients with a penicillin allergy in the intervention phase. Allergy documentation including the penicillin antibiotic, reaction, timing and severity was 5% at baseline (n=2/20), increasing to 82% (n=32/39) in the final 8 weeks of the project. 27 patients with a no-risk allergy (e.g. nausea) were identified, with 6 patients consenting to direct de-labelling. Five supervised penicillin oral challenges in inpatients with a low-risk penicillin allergy were completed with no adverse reactions. Eighty percent of patients proceeded to receive a course of penicillin following oral challenge.

**Conclusion:** A penicillin allergy de-labelling pathway can be safely implemented on an inpatient ward, utilising an antibiotic allergy assessment tool to capture key penicillin allergy information, improve documentation and identify patients who may be suitable for penicillin allergy de-labelling.

**Translational impact/implications for future practice:** This project demonstrates a successful penicillin allergy de-labelling pathway that can be scaled to other adult inpatient wards and Grampians Health sites. Access to the pathway will facilitate optimal antibiotic prescribing and reduce morbidity associated with the use of unoptimised treatment.

## Rural maternity and media discourse: Framing new narratives

Vasilevski, V,<sup>1,4</sup> Brundell, K,<sup>1,2</sup> Farrell, T<sup>3,4</sup>, Sweet, L.<sup>1,4</sup>

1 Deakin University, 2 Federation University, 3 La Trobe University, 4 Western Health Partnership

**Presenting author:** Dr. Vidanka Vasilevski

**Background/aim:** Rural Victorian maternity service closures have impacted women and families with financial pressure, safety concerns, and emotional pressure. A narrative review, submitted for publication, was undertaken to understand how media coverage of rural maternity care, particularly closures are presented and how this might impact sustainability of rural services.

**Population/setting:** This review focused on media articles and discourse published on rural Victorian maternity services.

**Methods:** A narrative review was undertaken using thematic Analysis to examine online newspaper content published in Victoria, Australia from 2010-2021.

**Results/findings:** This review is part of backgrounding a PhD research study is ongoing and not completed. Findings yielded 30 media articles. Themes generated from analysis included 1) media influence and the Victorian maternity system, 2) community response and re-opening. Imagery used in media articles was also identified as a mechanism to denote tone of articles. Local maternity services were a source of community interest for rural people. Coverage of negative outcomes for mothers and babies were highlighted by media, however, increased content over a 12-month period focused on community support for sustainability of rural maternity services. Recent community support in newspaper articles coincided with maternity services reviews retaining some of these rural services.

**Conclusion:** Media attention about sustaining maternity services by highlighting issues and representing community voice may influence health executive to consider opportunities to maintain safe maternity care in rural settings. Community support in media may provide a protective social pressure, leading rural services to this when reviewing closure of rural maternity services.

**Translational impact/implications for future practice:** Threat of rural maternity service closure or suspension has continued to impact the Victorian health sector. Over the previous ten-year period considerable maternity service closure and suspension has occurred. This research considers influences on operational executive tasked with maintaining viable, safe locally accessible maternity care.

## CReW-Ace: COVID-19 & Regional Health Staff Wellbeing – Accessibility of Supports

Buccheri, A,<sup>1</sup> Alston, L,<sup>1</sup> Wong Shee, A,<sup>2</sup> Isaacs, A,<sup>3</sup> King, O,<sup>4</sup> Bishop, J,<sup>1</sup> Kennelly, M,<sup>6</sup> McGregor, R,<sup>7</sup> McKenzie, K,<sup>2</sup> Ottrey, E,<sup>5</sup> Jacobs, J,<sup>9</sup> Holton, S,<sup>10</sup> Rasmussen, B,<sup>10</sup> Holmes, T,<sup>9</sup> Fuller, L,<sup>9</sup> Versace, V,<sup>9</sup> Field, M.<sup>1</sup>

1 Colac Area Health, 2 Grampians Health, 3 Monash University, 4 Barwon Health, 5 East Grampians Health Service, 6 Mildura Base Public Hospital, 7 Southwest Health Care, 8 Western Health, 9 Deakin University, 10 Western Health

**Presenting author:** Ms. Alison Buccheri

**Background/aim:** Poor mental health and wellbeing in health service staff can adversely impact on workforce retention, quality of patient care and service provision. Compared to metropolitan health services, rural and regional health services are more likely to experience challenges recruiting, retaining and supporting their staff. Existing workplace wellbeing initiatives may not meet the specific needs of rural and regional health service workers, many of whom experienced psychological distress during the COVID-19 pandemic.

Our earlier research, driven by rural and regional health services, explored factors influencing health service staff wellbeing during the COVID-19 pandemic, and identified a range of community, individual, health service and broader factors. This multi-site study seeks to further explore the experiences, barriers and enablers of rural and regional Victorian health service staff in providing and accessing workplace wellbeing supports.

CReW-Ace objectives are to:

- facilitate the co-design of a survey to explore the experiences of rural and regional health service staff with workplace wellbeing supports;
- identify existing workplace wellbeing supports in rural and regional health services;
- identify barriers and enablers for rural and regional health service staff accessing and providing workplace wellbeing supports.

**Population/setting:** CReW-Ace involves seven rural and regional Victorian public health services.

**Methods:** The initial co-design phase consists of focus groups with members of health service leadership, human resources and staff wellbeing teams to discuss survey design and the needs of the participating sites. Thematic analysis of focus group responses will inform the development of an online staff survey that will gather rural and regional health service staff perceptions of existing workplace wellbeing supports, and gaps and opportunities for potential supports.

**Results/findings:** Four focus groups have been conducted (n=16) with representatives from each participating health service. Preliminary results suggest that the response to the COVID-19 pandemic has created opportunities to implement novel workplace wellbeing supports. Key areas for inclusion in the staff survey

include evaluating the effectiveness of wellbeing supports and identifying strategies to meet the diverse needs of the workforce.

**Conclusion:** Study not completed.

**Translational impact/implications for future practice:** The outcomes of this research will guide both recommendations and future intervention design for rural and regional health services to support the wellbeing of their employees.

## I-HEART: Implementation of HEART failure guidelines in Regional Australia

Driscoll, A,<sup>1</sup> Hutchinson, A,<sup>1</sup> Orellana, L,<sup>1</sup> Atherton, J,<sup>2</sup> Prior, D,<sup>3</sup> Reid, C,<sup>4</sup> Hare, DL,<sup>5</sup> Depasquale, C,<sup>6</sup> Audehm, R,<sup>7</sup> Newton, P,<sup>7</sup> Zomer, E.<sup>8</sup>

1 Deakin University, 2 Royal Womens and Brisbane Hospital, 3 St Vincents Hospital, 4 Curtin University, 5 Austin Health, 6 Flinders Medical Centre, 7 University of Newcastle, 8 Monash University

**Presenting author:** Prof. Suzie Clayden

**Background/aim:** Heart failure is one of the most frequent causes of hospitalisation in the elderly. Heart failure management is complex, encompassing non-pharmacological strategies, multiple drug classes, and intervention-based approaches (such as pacemakers). Current heart failure guidelines recommend heart failure specific pharmacotherapy and non-pharmacological interventions. However, the uptake of these interventions has remained low.

The overall aim of the I-HEART project is to improve the translation of heart failure guidelines into practice through implementing and testing a new system of care.

**Population setting:** Patients hospitalised with heart failure in one of six regional hospitals.

**Methods:** The I-HEART project is a stepped wedge RCT in six regional hospitals recruiting patients hospitalised with acute decompensated heart failure. At each site, experienced-based co-design will be used to develop decision support tools that support key recommendations from the HF guidelines and address gaps in local service delivery. Telehealth clinics will also be implemented comprising of weekly reviews with a heart failure nurse practitioner and a cardiologist for six weeks commencing in the first week of discharge.

**Results/findings:** Not completed. Interim baseline results will be discussed and decision support tools developed.

**Conclusion:** Not completed.

Keeping HF patients out of hospital is difficult. Yet it is during the immediate transitional phase post-discharge that improvement in patient outcomes can be achieved through improving the translation of clinical guidelines into practice with interventions that are cost-neutral.

**Translational impact/implications for future practice:** To date we have improved the management of heart failure at our first two sites. Clinical decision tools have been implemented and used.

## Measuring Digital Health Maturity in General Practice

Crowe, S,<sup>1</sup> Cuman, A, Blake, T.<sup>2</sup>

1 Western Victoria PHN, 2 Semantic Consulting

**Presenting author:** Ms. Sarah Crowe

**Background/aim:** Western Victoria PHN engaged Semantic Consulting to deliver a Digital Health Maturity Assessment for general practices across the region. The purpose of the Digital Health Maturity Assessment was



to better understand the spectrum of digital health maturity across general practice, to support a differentiated approach to digital health change and adoption based upon digital maturity.

**Population/setting:** The survey took place across Western Victoria, covering an area of 79,843 square km across 21 Local Government areas with a population of 714,740 (ABS, 2021). 153 practices from the Western Victoria region were surveyed, out of a total of 221 in this area.

**Methods:** Using a standard set of questions and an established scoring methodology a survey was sent to all General Practices and Aboriginal Community Controlled Health Organisations in the region. The survey was branded as the Digital Self-Assessment Tool and was typically completed by practice managers (or GPs in the case of solo GP practices). In addition, 2 webinars were held, during which a walkthrough of the survey was given, and practice managers given the opportunity to ask questions.

**Results/findings:** Key findings were as follows:

- Whilst the availability of ICT infrastructure, technology and digital health solutions is reasonably good, considerable work remains to get practices using these existing solutions to full effect.
- Knowledge and practice regarding cyber-security and disaster recovery continues to be problematic and requires specific attention to address critical vulnerabilities.
- Many practices reported staff required support when using new digital technologies. This should be considered when introducing new digital health technologies into general practices.

**Conclusion:** Western Victoria PHN should continue to develop its digital health change toolkit, enabling teams to provide change support to general practice based on their current maturity. In some instances, this may require different communications messaging and training materials depending on individual practice maturity. Western Victoria PHN should also consider extending the implementation of the digital health maturity assessment into allied health, pharmacy and commissioned services and re-running the survey in general practice in approximately 3 years, in order to determine progress.

**Translational impact/implications for future practice:** Findings from this research have been used to improve the implementation of the 2023 – 2026 WVPHN Digital Health Strategy.

## The Pregnancy Research and Translation Ecosystem: Robson Group audit of caesarean section rates across health services in the Barwon, South West and Grampians Regions.

Cusworth, R, Vuillermin, P, Hutchinson, A, Sominsky, L, Perlen, S.

Deakin University

**Presenting author:** Mrs. Rachael Cusworth

**Background/aim:** Safer Care Victoria has identified the increasing rate of caesarean sections (CS) as an area of concern, with 38.4% of women giving birth by CS in Victoria in 2020. The Pregnancy Research and Translation Ecosystem (PRT-E) is a Western Alliance Flagship Program. The PRT-E stakeholder group identified optimising this rate as a shared priority and agreed on establishing improved systems for auditing CS. The Robson classification system is recognised as the gold standard for assessing, monitoring, and comparing CS rates across patient groups and settings. The aim of this audit was to describe CS rates across participating health services, to inform decision-making and identify priorities for intervention.

**Population/setting:** All PRT-E health service partners were invited to participate in the audit (n=6). Data were collected from 4 health services in the Barwon, South West and Grampians Regions. Data related to maternal obstetric history, pregnancy and labour outcomes relevant to CS and for alignment to Robson Group classifications were included from all women who gave birth >28 weeks gestation, between 1 January and 31 December 2022.

**Methods:** Routinely collected data were extracted from perinatal Birthing Outcome System (BOS), or equivalent, databases of participating health services. Aggregation and descriptive analysis was undertaken by the PRT-E the research team.

**Results/findings:** 4342 women gave birth at the 4 participating health services. Preliminary analysis showed the overall CS rate was 40.3% (17.4% elective and 22.9% emergency CS). Robson Group (RG) 2 and 5 contributed the highest proportion of CS, 29.5% and 32.9% respectively. Remaining groups contributed between 0.6% and 9.5%.

**Conclusion:** Consistent with state-wide figures, the overall rate of CS across participating services was high, particularly among nulliparous women who are induced (RG 2) and multiparous women who have had a previous CS (RG 5). Further research is needed to identify potential factors contributing to higher CS rates within these groups. Further analysis will explore the comparative CS rates between participating health services and the impact of rural versus regional location.

**Translational impact/implications for future practice:** Further research is required to identify and test strategies to optimise CS rates, particularly among nulliparous women who undergo induction and multiparous women who have had a previous CS.

## Time to hysterectomy following transcervical resection of the endometrium based on age: a retrospective cohort review

Dalton, R,<sup>1,2</sup> Cocks, R,<sup>3</sup> Dalton, O.<sup>1,2</sup>

1 Deakin University, 2 Obstetrics & Gynaecology Ballarat, 3 Northern Health

**Presenting author:** Dr. Russell Dalton

**Background/aim:** Abnormal menstrual bleeding (AUB) affects 1 in 5 Australian women of reproductive age. Endometrial ablation (EA) is the recommended first line surgical intervention in Australia as it is a less invasive and uterine sparing procedure as compared to a hysterectomy. If EA is unsatisfactory in treating AUB further surgical intervention may be required.

**Population setting:** Retrospective audit. A single gynecology clinic in regional Victoria, Australia. A total of 1078 patients who had undergone TCRE for abnormal uterine bleeding.

**Methods:** Time to hysterectomy was summarized as a median with the 25th and 75th percentiles and compared across age groups using the Kaplan-Meier plot (log-rank test) and Cox proportional hazards regression.

**Results/findings:** The overall rate of hysterectomy was 24.2% (261 of 1078, 95% confidence interval [CI] 21.7–26.9). When age was categorized into <40 years, 40 to 44 years, 45 to 49 years, and >50 years, the rate of hysterectomy after TCRE was 32.3% (70 of 217), 29.5% (93 of 315), 19.6% (73 of 372), and 14.4% (25 of 174), respectively ( $p < .001$ ). The likelihood of hysterectomy at any time point after TCRE among those aged 45 to 49 years and older than 50 years was 43% and 59% lower, respectively, than patients under 40 years (hazard ratio, 0.57; 95% CI, 0.41–0.80, and hazard ratio, 0.41; 95% CI, 0.26–0.65, respectively). The median time to hysterectomy was 1.68 years (25th to 75th percentiles, 0.77–3.76).

**Conclusion:** This study demonstrated that patients who underwent a TCRE before the age of 45 years had a higher chance of having a hysterectomy than patients older than 45 years.

**Translational impact/implications for future practice:** This information will enable clinicians to inform patients of their chance of undergoing a hysterectomy at any time after TCRE.

## The Pregnancy Research and Translation Ecosystem: Improving the proportion of women meeting the dietary guidelines in pregnancy

Dawson, S,<sup>1</sup> O'Halloran, S<sup>1</sup>, Cusworth, R<sup>1,2</sup>, Sominsky, L<sup>1,2</sup>, Vasilevski, V<sup>1</sup>, Chapman, A<sup>1</sup>, Sweet, L,<sup>1</sup> Vuillermine, P,<sup>2</sup>

1 Deakin University, 2 Barwon Health

**Presenting author:** Dr. Samantha Dawson

**Background/aim:** A healthy prenatal diet is important for preventing diet-related pregnancy complications and optimising longer term maternal and child health. Yet over 40% of Australian women do not meet current nutritional guidelines. The Pregnancy Research and Translation Ecosystem (PRT-E) is a Western Alliance Flagship Program that aims to co-design and implement practical pregnancy care solutions to improve maternal and child health. PRT-E stakeholders identified increasing the proportion of pregnant women meeting the dietary guidelines as a research priority. We aimed to understand clinician perspectives on the factors driving poor dietary intakes during pregnancy, and the current practice around provision of dietary advice in pregnancy care, to inform intervention design.

**Population setting:** The Stakeholder Working Group included midwives, and one consumer from regional and rural health services in south-western Victoria (Barwon, South-west and Grampians regions).

**Methods:** The PRT-E investigator team facilitated three online workshops with the Stakeholder Working Group. Through Group Model Building (GMB) we developed a Causal Loop Diagram (CLD) to model and thematically analyse the common factors driving poor prenatal diet quality. Stakeholders provided co-design input into our existing prenatal dietary intervention and RCT plans.

**Results/findings:** Thematic data analysis is underway. Our preliminary findings indicate a need for efficient, cost-effective solutions that support clinical teams to provide high quality dietary advice, while overcoming time barriers and discomfort due to weight-related stigma. These findings informed how our existing Bugs & Bumps smartphone app, an intervention aiming to improve prenatal diet quality, could operate within clinical service delivery. The findings were translated into a new Bugs & Bumps feature that surveys women's dietary intakes and provides feedback advice written by dietitians focused on improving diet quality (rather than weight), that can be discussed with clinicians. We were recently awarded MRFF funding to trial Bugs & Bumps within the PRT-E.

**Conclusion:** PRT-E advances the feasibility of pregnancy care research through essential co-design and was critical for attracting research funding.

**Translational impact/implications for future practice:** If efficacious, we will evaluate potential translation of Bugs & Bumps into pregnancy care within the PRT-E participating services.

## Community water fluoridation and oral health inequity: Insights from Western Victoria

Dickson-Swift, V,<sup>1</sup> Crocombe, L,<sup>1</sup> Bettiol, S,<sup>2</sup> Bracksley-O'Grady, S.<sup>1</sup>

1 Violet Vines Centre for Rural Health Research, 2 University of Tasmania

**Presenting author:** Dr. Virginia Dickson-Swift

**Background/aim:** People living in rural Australia have poorer oral health (OH) than those living in cities and OH status generally declines as remoteness increases. Internationally recognised as one of the most important public health measures, community water fluoridation is a population-based public health intervention that has the potential to ameliorate the socio-economic and geographic determinants of poor OH. Currently around 90% of Victorian communities have access to fluoridated water with major towns and cities mostly fluoridated. The

coverage outside of these areas remains patchy despite having the recommended population thresholds of over 1000. To better understand the access to community water fluoridation for rural Victorians, the aim of this study was to explore the water fluoridation status of rural Victorian towns over 1000 population and to document the oral health profile of those LGAs using publicly available Oral Health Profile data.

**Population/setting:** Towns in rural Victoria with over 1000 population and water fluoridation status.

**Methods:** Using publicly available data on water fluoridation status, ABS population data, Monash Modified Model (MMM) classifications, Oral Health Profile data and local water board data, current service gaps in the provision of community water fluoridation for rural Victorians were identified.

**Results/findings:** In total there were 175 rural Victorian towns with >1000 population identified with 57 (32%) of them not having access to fluoridated water. The majority of the towns without water fluoridation (n=57, 88%) were located in an MMM5+. In the Western Region there were 19 towns with over 1000 population that did not have access to fluoridated water.

**Conclusion:** Despite government support for community water fluoridation as a key public health measure to address poor oral health many rural Victorian communities do not have access to fluoridated water.

**Translational impact/implications for future practice:** Identifying gaps in access to community water fluoridation is important for rural communities and local governments who play a key role in the provision of supportive environments for health. The insights from this study have been used by local councils, health service providers, and community groups in policy and advocacy work to lobby for water fluoridation and to improve OH status for rural people.

## A quantitative evaluation of the impact of COVID-19 case activity on the wellbeing of Victorian rural and regional health staff (The CReW Study)

Field, M,<sup>1</sup> Alston, L,<sup>3,4</sup> Buccheri, A,<sup>2</sup> Versace, V,<sup>2</sup> Sourlos, N,<sup>2</sup> Isaacs, A,<sup>5</sup> King, O,<sup>7</sup> Imran, D,<sup>8</sup> Wong Shee, A,<sup>9</sup> Bishop J,<sup>10</sup> Kennelly, M,<sup>11</sup> Murphy, F,<sup>9</sup> Wood, E,<sup>12</sup> Jacobs, J.<sup>3</sup>

1 Western Alliance, 2 Deakin Rural Health, 3 Deakin University, 4 Colac Area Health, 5 Monash Rural Health, 6 Monash University, 7 Barwon Health, 8 South West Healthcare, 9 Grampians Health, 10 East Grampians Health Service, 11 Mildura Base Public Hospital, 12 Royal Flying Doctor's Service

**Presenting author:** Dr. Michael Field

**Background/aim:** The COVID-19 pandemic presented an unprecedented challenge to the Australian health system, and there is a dearth of evidence on the impacts on rural health staff.

This study is the quantitative arm of a broader mixed methods study, and aimed to investigate impacts of COVID-19 on the wellbeing of Victorian rural health service staff.

**Population/setting:** All paid workers at nine public sector health services in rural and regional Victoria were eligible to participate.

**Methods:** This study was repeat cross-sectional with three phases: 1) co-design of data collection tools with health service leaders; 2) anonymous online questionnaire; 3) collection of publicly-available data on COVID-19 case numbers, government restrictions and vaccination rates. The online questionnaire included validated mental health and wellbeing scales, and was conducted with rural health service staff at two timepoints (May-June and November-December 2021).

Linear mixed models will be used to assess changes in staff wellbeing across timepoints and any associations with regional COVID-19 case numbers and restrictions.

**Results/findings:** Co-design identified three wellbeing questionnaires to include in the staff survey.

Survey response rates were similar at timepoints 1 (n=452) and 2 (n= 424). A majority of participants worked part time (55%) and were employed in clinical roles (60%). Most participants reported a change in work duties due to the pandemic (74%). The most frequently reported changes were increased hours, changed duties and additional personal protective equipment requirements.

Between timepoints 1 and 2, subjective wellbeing declined overall according to The Impact of Event Scale (p=0.002). Those working in clinical roles and health service managers experienced the greatest declines. There was no significant change in the Personal Wellbeing Index or the Generalised Anxiety Disorder scale.

Analysis of correlations between wellbeing scores and COVID-19 factors is in progress.

**Conclusion:** Most rural health service staff experienced changed work duties as a result of the pandemic. A deterioration across timepoints in scores of subjective distress caused by traumatic events was observed, most pronounced among clinicians and managers.

**Translational impact/implications for future practice:** Governments and health services must consider the wellbeing of rural health staff, in particular clinicians and managers, during pandemics and other health events, and the potential impact of changing work duties.

## Enhancing oral health in a regional setting: identifying strengths and opportunities

Purcell, T,<sup>1</sup> Bloch, A<sup>1</sup>, Dickson-Swift, V,<sup>1</sup> Nolan, J<sup>2</sup>, Hicks, J,<sup>1</sup> Aldrich, R,<sup>1</sup> Sandwith, C<sup>3</sup>.

1. Grampians Public, 2 Grampians Region Health Service Partnership, 3 Edenhope oral health steering committee

**Presenting author:** Ms. Krista Fischer

**Background/aim:** Oral health is an essential component of the overall health and well-being of individuals. People living in rural areas currently experience disproportionate rates of oral disease and many communities do not have fluoridated water.

The aims of this project are to:

Work in partnership with a regional community and subject matter experts

Understand the factors contributing to local oral health outcomes

Identify strengths and assets that can be leveraged to improve outcomes in the region

Co-design interventions to enhance oral health and the associated physical, social and economic impacts across the community

**Population/setting:** The regional town of Edenhope in Western Victoria.

**Methods:** A steering community was formed to guide the development of the project. A brief desktop review was performed to assess current oral health outcomes and services available for people living in Edenhope.

Two community engagement sessions were held in Edenhope. The first explored local strengths and factors adversely impacting oral health. A second session was held where information about local health data, current oral health services and programs, and case studies were shared.

**Results/findings:** Health outcome data demonstrates that adults living in the West Wimmera region self-report

lower rates of good oral health. Children aged 0 to 5 years have higher rates of dental disease or carries and preventable hospitalisations.

Regarding service provision, Grampian Health (GH) dental department has opened a second dental school in Horsham, running Monday to Friday. GH dental has started to collate waiting list entries for the eligible adult community and has implemented their established emergency “sit and wait” program in Horsham, which is also accessible for eligible triaged patients from Edenhope.

GH dental has offered care to children at: Edenhope’s kindergarten and child care centre, Edenhope College (P-12), St Malachy’s School (P-6), Apsley public school.

The engagement and consultation process identified strengths and challenges. The engagement sessions also provided an opportunity to improve oral health knowledge among the participants.

A series of potential oral health interventions were then identified, and the steering committee selected three activities as the highest priority:

Expand the Smiles for Miles program.

Identify and empower community champions to perform screening and enhance health literacy among children.

Host a stall at a community festival to strengthen oral health literacy and offer oral health screening.

**Conclusion:** Working in partnership with the Edenhope community and oral health experts has enabled the team to better understand the factors contributing to local oral health outcomes in Edenhope and identify a series of health interventions that will be implemented over the next 12 months.

**Translational impact/implications for future practice:** Oral health literacy has been strengthened, selected interventions will be implemented, local public health units have enabled an opportunity to bring together experts and the community to co-design public health initiatives.

## Scaling up farmer health checks through collaborative partnerships

Fitzgerald, C,<sup>1,2</sup> Hatherell, T,<sup>1,2</sup> Kennedy, A.<sup>1,3</sup>

1 National Centre for Farmer Health, 2 Western District Health Service, 3 Deakin University

**Presenting authors:** Mrs. Cecilia Fitzgerald & Ms. Tracey Hatherell

**Background/aim:** As a demographic, farmers, farm workers and their families are intrinsically exposed to occupational hazards that pose significantly greater risk of injury and mortality. The “Scaling up farmer health checks” project aimed to strategically prioritise the enhancement of health, wellbeing and safety risks within agricultural communities.

The project facilitated the expansion of existing farmer health initiatives, including AgriSafe™ and Health and Lifestyle Assessments, tailored to the unique needs of farmers. These programs strive to foster a proactive culture where health, wellbeing and safety are prioritised and regarded as pivotal aspects of farming operations while also raising awareness of available support.

**Population/setting:** Farmers accessing health check programs at primary care facilities and agricultural field days across Victoria.

**Methods:** Key project components involved the training and support of health professionals in conducting farmer health checks, developing protocols for program expansion, forging collaborations with health services and assessing the impact of health checks on participating farmers.

**Results/findings:** Scaling Up Health Checks resulted in the delivery of services to 854 Victorian farmers. This presentation will provide an overview of the objectives, methods, outcomes (including follow-up evaluations)

and challenges encountered, alongside a spotlight of collaborative efforts that exemplify the dedication and commitment of the partners to prioritise access to initiatives that support the health, wellbeing and safety of farming communities.

**Conclusion:** The successful project execution owes its accomplishment to the collaborative partnerships formed with the National Centre for Farmer Health and Western District Health Service - including Primary Care Connect, Northern District Health and West Wimmera Health Service.

**Translational impact/implications for future practice:** Primary care frameworks developed through Scaling Up Health Checks are now being reviewed and adapted to meet the requirements of a national roll out of farmer health check programs.

## Evaluation of the Priority Primary Care Centre program in the Western region of Victoria, Australia

Firth, M,<sup>1</sup> Randall, S,<sup>1</sup> Savira, F,<sup>1</sup> Swann, J,<sup>2</sup> White, N,<sup>2</sup> Giddy, A,<sup>21</sup> McClean, K,<sup>3</sup> Peeters, A,<sup>3</sup> Robinson, S.<sup>3</sup>

1 Deakin University, 2 Western Victoria PHN, Grampians Heath

**Presenting author:** Ms. Madison Firth

**Background/aim:** The Victorian State Government has established Priority Primary Care Centers (PPCCs) to reduce the demand on Emergency Departments (EDs). PPCCs are general practitioner led, free of charge services that aim to provide care for conditions that require urgent attention, but do not require the high-acuity care of an ED. This study aims to evaluate the implementation and impact of the PPCC on ED demand across three sites within the Western region of Victoria.

**Population/setting:** Three PPCC sites in Western Victoria: Ballarat, Geelong and Warrnambool.

**Methods:** This is an observational mixed methods study. The quantitative component involves analysis of de-identified administrative data, comprising PPCC clinical records and ED presentation records. An interrupted time series analysis will be employed to assess the effect of PPCC on ED demand. Qualitative data collection involves semi-structured interviews to understand the experiences of PPCC patients, clinical staff, managerial and administrative staff and ED clinical staff. A documentary analysis of material relating to the implementation of the PPCC will also be conducted. Implementation science frameworks has been integrated within the study design.

**Results/findings:** Preliminary analysis of PPCC clinical records from 28 October 2022 until 1 July 2023 indicated 12,961 unique attendances, mostly in Ballarat PPCC (68%). The mean number of visits during this period was 54 per day. The greatest patient load was those younger than 15 years old (32%), and with slightly greater proportion of female patients (53%) than males. Most patients reside in regional centres (64%), followed by metropolitan regions (excluding Greater Melbourne) (22%) and small rural towns (9%). In terms of socioeconomic backgrounds, most patients live in areas classified as Quintile 3 (40%), Quintile 4 (25%) and Quintile 1 (19%). After attending the PPCC, 13% of patients were referred to general practice and 2% to the hospital/emergency department, while 80% of attendances were fully resolved. Qualitative data collection is currently underway, and synthesis of emerging themes will commence shortly.

**Conclusion:** The PPCC has reached a broad range of patients with various demographic and socioeconomic backgrounds across the region.

**Translational impact/implications for future practice:** Most attendances were resolved in the clinic, suggesting the PPCC is filling a gap of unmet need for urgent but low-acuity care



## Rapid cycle evaluation of a program to enhance the readiness and response to family violence in general practices

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1 Western Victoria PHN, 2 Western Alliance

**Presenting author:** Dr. Melinda Gill

**Background/aim:** The research evaluated an introductory-level training program to improve the readiness of general practices in Western Victoria to identify and support victim-survivors of family and domestic violence (FDV).

**Population/setting:** The research was conducted in six general practices across five shires in urban and rural Western Victoria. The five-member project team, including general practitioners and family violence specialists, also participated in the research with the transcripts of their co-design workshops included in the analysis.

**Methods:** Mixed-methods research involving post training surveys and semi-structured interviews was conducted in parallel with a co-design process to optimise the program over three iterations using a rapid-cycle evaluation (RCE) approach. RCE involves rapid testing and analysis over successive implementation cycles using short-term outcome data to enable early optimisation of the program to help maximise the desired longer-term outcomes. Ethical approval was obtained from the RACGP's Human Research Ethics Committee (MG02933).

**Results/findings:** A total of six practices and 65 practice staff, including administrative staff, nurses, and general practitioners, participated in the training sessions. Post-training surveys demonstrated significant changes in participants' perceived readiness to respond to FDV, including increased awareness and alertness to FDV and improved knowledge and confidence in identifying and supporting victim-survivors. Thematic analysis was conducted on 16 interviews with program participants and on the transcripts of five co-design workshops. Five main themes emerged from the qualitative analysis including navigating the multiple layers of complexity involved in implementing FDV training in a general practice setting, the importance of providing victim-centred care, tailoring the program to the needs of practices, the program's influence on staff, and recommendations for further program enhancement.

**Conclusion:** The research confirmed that the project achieved its aim of developing an introductory level program to improve the readiness and capacity of practices to identify and support victim-survivors of FDV which was specifically tailored to the needs of practices in regional Victoria.

**Translational impact/implications for future practice:** The findings add to nascent research about the elements of effective family violence training in primary healthcare settings. Furthermore, the program is now being scaled in Western Victoria and is also available to other PHNs across Australia to increase identification and support of victim-survivors.

## Emergency presentations for farm-related injuries in older adults residing in south-western Victoria, Australia.

Holloway-Kew, K,<sup>1</sup> Baker, T,<sup>1</sup> Sajjad, M,<sup>1</sup> Yosef, T,<sup>1,2</sup> Kotowicz, M,<sup>1,3,4</sup> Adams, J,<sup>1,5</sup>

Brumby, S,<sup>1,5</sup> Page, R,<sup>1,4,6</sup> Sutherland, A,<sup>1,7</sup> Kavanagh, B,<sup>1</sup> Brennan-Olsen, S,<sup>1</sup> Williams, L,

<sup>1</sup> Pasco, J<sup>1,3,4,8</sup>.

1 Deakin University, 2 Mizan-Tepi University, 3 Western Health, The University of Melbourne, 4 Barwon Health, 5 National Centre for Farmer Health/Western District Health Service, 6 St John of God Hospital, 7 South West Healthcare, 8 Monash University

**Presenting author:** Dr. Kara Holloway-Kew



**Background/aim:** Farm workers are at high risk for injuries, and epidemiological data are needed to plan resource allocation. This study aimed to identify regions with high farm-related injury rates in the Barwon South West region of Victoria, Australia, by mapping emergency presentations in residents aged  $\geq 50$ yr.

This case study aims to describe how meaningful co-design between rural health service leaders and a health service-embedded research unit can identify emerging research priorities and optimise translation.

**Population/setting:** Emergency presentation data for individuals aged  $\geq 50$  years, residing in Local Government Areas (LGA) included in the Barwon South West region.

**Methods:** Electronic medical records were used to obtain emergency presentations data for all injuries in individuals aged over 50 years, occurring during 2017-2019 inclusive. For each Local Government Area (LGA) in the study region, age-standardised incidence rates (per 1,000 population/year) were calculated.

**Results/findings:** Across the whole study region, for men and women combined, there were 31,218 emergency presentations for any injury, and 1,150 (3.7%) of these were farm-related. The overall age-standardised rate (per 1,000 population/year) for farm-related injury presentations was 2.6 (95%CI 2.4-2.7); men had a higher rate than women (4.1, 95%CI 3.9-4.4 versus 1.2, 95%CI 1.0-1.3, respectively).

For individual LGAs, the highest rates of farm-related emergency presentations occurred in Moyne and Southern Grampians, both rural LGAs.

Approximately two-thirds of farm-related injuries occurred during work activities (65.0%), and most individuals arrived at the hospital by transport classified as “other” (including private car, 83.3%). There were also several common injury causes identified: “other animal related injury” (20.2%), “cutting, piercing object” (19.5%), “fall <1m” (13.1%), and “struck by or collision with object” (12.5%). Few injuries were caused by machinery (1.7%) and these occurred mainly in the LGA of Moyne (65%).

**Conclusion:** This study provides data to inform future research and resource allocation for the prevention of farm-related injuries. These strategies may target specific types of injury and focus where rates of emergency presentations were higher.

**Translational impact/implications for future practice:** WorkSafe Victoria released the “Agriculture Strategy 2020-23” describing the dangers and a plan to improve safety in agricultural settings, which requires contemporary evidence and data. This work provides data to help guide and support preventative strategies against injuries in a farming environment.

## The impact of the COVID-19 pandemic response on the health workforce in rural and regional Australia: Lessons learned

Hutchison, A,<sup>1</sup> Watkins, V,<sup>2</sup> Wong Shee, A,<sup>2,3</sup> Field, M,<sup>5,6</sup> Alston, A,<sup>1,5</sup> Hills, D,<sup>4</sup>

Albrecht, S,<sup>7</sup> Ockerby, C<sup>8</sup>.

1 Deakin University, 2 Barwon Health, 3 Grampians Health, 4 Deakin Rural Health, 5

Colac Area Health, 6 Western Alliance, 7 Federation University, 8 Monash Health

**Presenting author:** Professor Alison Hutchison

**Background/aim:** Delivery of healthcare in rural and regional areas is challenged by geographic spread, low population density and limited infrastructure. During the COVID-19 global pandemic, emergency powers were enacted to slow the transmission of the virus. This research explored the impact of the COVID-19 pandemic emergency response on regional and rural healthcare workforces, identified lessons learned, and informed recommendations for healthcare policy.

**Population/setting:** The study included health service staff in executive-level, clinical leadership, and administration roles.

**Methods:** One regional and one rural health service in Victoria were purposively selected as case sites. In-depth individual interviews were conducted with key leaders from each site to explore the impact of organisational initiatives implemented to support the healthcare workforce during the COVID-19 pandemic. Interview data were inductively coded and analysed thematically.

**Results/findings:** Across the two organisations, 33 health service staff participated in an interview. Six major themes were identified: Working towards a common goal, Delivery of care, Education and training, Organisational governance and leadership, Personal and psychological impacts, and Working with the Local Community. Collectively, the themes comprised 17 sub-themes. The sub-themes of 'Working towards a common goal' were collaboration, communication, teamwork, and trust and respect. The theme 'Delivery of care' included the pandemic response and maintaining business as usual as sub-themes. The 'Education and training' theme included sub-themes: upskilling the workforce, education and training requirements, and undergraduate students. The sub-themes of 'Organisational governance and leadership' were leadership, governance, and managing the workforce. The theme 'Personal and psychological impacts' comprised personal impacts and psychological impacts as sub-themes. Sub-themes of the 'Working with the local community' theme were community leaders, local risk areas, and vulnerable populations. A conceptual model was developed to reflect the themes across all healthcare system levels.

**Conclusion:** Understanding the context was key to a nuanced response, and accommodating the need for flexibility in responses was necessary to ensure the healthcare system could continue to perform and meet the routine needs of its community while also responding to the pandemic emergency.

**Translational impact/implications for future practice:** The findings led to 11 recommendations relating to practice, education, policy and research, spanning the rural and regional health system's micro, meso and macro levels.

## Heavy menstrual bleeding: Experiences & Learnings from Patients Survey (HELPS)

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1, Illawarra Shoalhaven Local Health District, 2 Obstetrics & Gynaecology Surfcoast and Ballarat

**Presenting author:** Dr. Mikaela Jaka

**Background/aim:** Heavy menstrual bleeding (HMB) affects 1 in 5 women. It can be very debilitating for those experiencing it, with resulting negative impacts on quality of life. Prompted by a national call for better insights into the management of HMB, the authors sought to collect patient feedback regarding access to HMB treatment alongside satisfaction with care, including treatment side effects, decision regret and the alignment of patient and clinician treatment goals.

**Aim:** To collect information on the experiences of patients seeking care for the management of heavy menstrual bleeding

**Population/setting:** Patients of OGB over the age of eighteen who have received treatment for HMB.

**Methods:** A retrospective recall survey was distributed to eligible participants in the OGB clinical database.

**Results/findings:** There were 152 respondents to this survey, with 50% reporting having had a hysterectomy, 48% endometrial ablation, 54% used oral hormones, 18% used other non-oral hormones, and 47% Mirena. Regarding control of HMB, 97% of hysterectomy patients were satisfied, 64% of endometrial ablation patients, 39% oral contraceptive, 63% non-oral contraceptive, and 48 % Mirena. Side effects were reported as "intolerable" in 9% of hysterectomy patients, 12% endometrial ablation, 47% oral hormones, 63 % non-oral

hormones, and 42% Mirena. Treatment regret was experienced in 8% following hysterectomy, 12% endometrial ablation, 18% oral hormones, 42 % non-oral hormones, and 27% Mirena. Overall, 88% of patients who were treated for HMB at OGB felt that their clinician's treatment recommendations were consistent with their own goals and needs.

**Conclusion:** Most patients were satisfied with the degree of symptom control after hysterectomy and, to a lesser extent, endometrial ablation, both of which were found to have low levels of intolerable side-effects and minimal treatment regret. Oral and non-oral hormonal measures and Mirena provided less control of HMB, more intolerable side effects, and more treatment regret – highlighting the need for alignment of patient and clinician treatment goals, to ensure patients continue to receive care best suited to their individual needs.

**Translational impact/implications for future practice:** The results of this study may lead to improvement of treatment of women experiencing heavy menstrual bleeding through knowledge of patient preferences, and rates of adequate control of symptoms with various treatments.

## Ovarian torsion post laparoscopic hysterectomy

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1 Obstetrics and Gynaecology Ballarat, 2 Grampians Health

**Presenting author:** Dr. Joelle Kelly-Comarmond

**Background/aim:** Adnexal torsion is a common gynaecological emergency in which the adnexa twists on its supportive ligaments leading to disruption of its blood supply and, ultimately necrosis if not promptly treated. Unfortunately, diagnosis can be challenging due to its non-specific presentation. Large ovarian size and ovarian cysts are well accepted risks factors. Hysterectomy was not considered a risk factor until 2004, when Mashiach et al. found 7 cases of adnexal torsion post laparoscopic hysterectomy suggesting a possible link. Its mechanism is not fully understood yet. The literature shows that compared to other hysterectomy approaches, the laparoscopic one creates less adhesions. Consequently, it has been theorised that with minimal adhesions, the ovaries are more mobile, increasing the likelihood of torsion. The literature on adnexal torsion post laparoscopic hysterectomy is still limited. In addition to Mashiach et al., only two studies, namely a retrospective cohort study and a nested case-control study with 8 and 46 cases of torsions respectively, found laparoscopic hysterectomy to be a risk factor for adnexal torsion. The rest of the publications are case reports. Our study aims to assess whether there really is a link between laparoscopic hysterectomy and ovarian torsion.

**Population/setting:** A single regional, Victorian, Australian clinic, with records of ovarian torsion diagnosed at laparoscopy after a previous laparoscopic hysterectomy across 20 years.

**Methods:** Retrospective cohort study evaluating the number of ovarian torsions after laparoscopic hysterectomy from existing database.

**Results/findings:** The prevalence of ovarian torsion in our study population was 0.63% (18/2874).

**Conclusion:** Our study showed that women were significantly more likely ( $p < 0.05$ ) to experience ovarian torsion after a laparoscopic hysterectomy as compared to the population risk and to all other types of hysterectomy.

**Translational impact/implications for future practice:** Our study provides further support for an association between ovarian torsion and a laparoscopic approach to hysterectomy. Further prospective studies should be undertaken, and consideration given for the role of prophylactic ovarian fixation at the time of hysterectomy.

## Back on Track: A feasibility trial of peer-led behavioural activation (BA) to improve mental health in farming communities.

Kennedy, A,<sup>1,5</sup> Gray, R,<sup>2</sup> Jones, M,<sup>3</sup> Gunn, K,<sup>3</sup> Brumby, S,<sup>4,5</sup> Versace, V,<sup>1</sup> Malseed, S<sup>1</sup>.

1 Deakin University, 2 La Trobe University, 3 University of South Australia, 4 National Centre for Farmer Health, 5 Western District Health Service

**Presenting author:** A/Professor Alison Kennedy and Ms. Suzy Malseed

**Background/aim:** Previous research and community consultation has identified gaps in rural mental health support—requiring a tailored, proactive approach and a need for trusted support providers with an understanding of farming life and work. Following a review of the evidence and an extensive co-design phase with farmers and community stakeholders, behavioural activation (BA) has shown promise as a solution to increasing accessibility to evidence-based, appropriate and acceptable support for farmers experiencing low mood. ‘Back on Track’ (BoT) aims to test the feasibility of delivering peer-led BA in Victorian farming communities.

**Population setting:** Members of three Victorian farming communities in Gippsland, Southwest Victoria and Northern Victoria. Specific locations determined through community and stakeholder consultation.

**Methods:** Community consultation will inform the place-based adaption of BoT in three communities—informing engagement, project promotion and recruitment. Nine peer ‘navigators’—community members selected for their experience of farming life and work, and ability to effectively engage in a trusted way with farming community peers—will undergo training in peer-work and the delivery of BoT. Forty community members experiencing low mood will be randomly assigned to either BoT (intervention, n=20) or provided self-directed psychoeducation material (control, n=20). ‘Drivers’ (community members in intervention group) will participate in 10 weekly sessions supported by a peer ‘navigator’. ‘Navigators’ will be remunerated and supported in their role through regular one-on-one and group supervision with a qualified psychologist.

**Results/findings:** An 18-month ‘Back on Track’ feasibility trial commenced in October 2023, with funding from the Geoffery Gardiner Foundation.

**Conclusion:** Findings (not completed) will inform the development of a full-scale research trial for broader implementation across rural and regional Australia.

**Translational impact/implications for future practice:** ‘Back on Track’ aligns with many of the recommendations from the 2019 ‘Royal Commission into Victoria’s Mental Health System’ and the ‘National Suicide prevention Strategy for Australia’s Health System 2020 -23’. Led by the National Centre for Farmer Health (NCFH), ‘Back on Track’ has the potential to fill significant gaps in rural mental health support, in a way that is scalable and tailored to the needs of Australia’s farming communities.

## Rural research translation mentoring: the experiences and perspectives of emerging researchers, mentors, and managers

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1 Western Alliance, 2 Monash Centre for Scholarship in Health Education, 3 Deakin Rural Health, 4 Grampians Health, 5 Monash University School of Rural Health, 6 Victorian Heart Institute, 7 Deakin University, 8 Western Health, 9 Deakin University

**Presenting author:** Dr. Olivia King

**Background/aim:** Research translation capacity and capability building is crucial for increasing the implementation of research into health practice and improving health outcomes. Translating evidence into

practice is particularly important in rural and regional settings to address the complex problems impacting these communities. Research capacity building programs typically involve training and mentoring; however, little is known about the characteristics and influence of mentorships on emerging researchers working in rural and regional healthcare settings.

Research translation mentorships are an integral part of the Supporting Translation Research in Rural and Regional settings (STaRR) program that was developed and delivered in Western Victoria from 2020 - 2021. Our qualitative study explored how mentorships for rural and regional emerging researchers functioned, developed, and contributed to research translation capacity and capability building.

**Population/setting:** Participants included emerging researchers (n=9), mentors (n=5), and managers (n=4), from five health services and two universities.

**Methods:** Interviews were conducted approximately 12 months after the inaugural program and explored participants' experiences of the mentored training. Telephone interviews were audio-recorded, and transcribed. Data were analysed using a five-stage framework approach, drawing on the four research translation domains of the Translating Allied Health Knowledge (TAHK) framework.

**Results/findings:** We identified four themes: (1) Mentors play an educative role; (2) Mentoring is enhanced by a collaborative environment; (3) Organisational challenges can influence mentorships, and (4) Mentorships help develop research networks and collective research and translation capacity. These themes aligned with one or more of the TAHK domains: doing research translation, social capital for research translation, inclusive, and sustaining research translation.

**Conclusion:** Mentorships contributed to research translation capability development. The building of research translation knowledge and skills and the expansion and strengthening of research networks were central to capability development across all three participant groups. The alignment of these capabilities with the TAHK framework suggests the mentoring element of the STaRR program is helping address the elements of research translation in a complex and comprehensive way.

**Translational impact/implications for future practice:** These findings have informed the development of resources to support mentors and emerging researchers as they engage and participate in the STaRR program.

## Step Thru Care, Co-Design of Place-Based Integrated Mental Health and Alcohol and Other Drug Programs

Krepp, R, Kamath, A, Murnane, M, Haugh, N.

Western Victoria PHN

**Presenting author:** Mrs. Rachael Krepp & Ms. Joanne Harris

**Background/aim:** Historically, Western Victoria Primary Health Network (WVPHN) commissioned separate Mental Health and Alcohol and Other Drugs (MH and AOD) Programs. Key reform recommendations including the Victorian Mental Health Royal Commission, WVPHN's place-based commissioning strategy and co-design led WVPHN to develop the Step Thru Care (STC) Service Delivery Model (the Model), a collaborative shared care approach to support consumers both with co-occurring and independent MH and AOD support needs.

**Population/setting:** STC is a place-based partnership-led approach to blended MH and AOD service delivery across the four WVPHN sub-regions in Southwest Victoria (Ballarat Goldfields, Wimmera Grampians, Great South Coast and Geelong Otway).

**Methods:** Through extensive research and literary reviews, WVPHN identified that blended MH and AOD care improved consumer outcomes. This led to co-design and market sounding with providers, community, people with lived experience and their families to develop the Model.

The Model's key components are a stepped care approach allowing streamlined step up/ down of care based on current needs, simplified referral, intake, and assessment processes aligning to national intake architecture, and a collaborative shared care approach to co-occurring needs.

Through a competitive tender process, partnerships comprising agencies with expertise delivering MH and AOD programs were commissioned, with delivery of services commencing on 1 July 2023 seeing strong demand.

**Results/findings:** Evaluation aligned to the quintuple aim will monitor and evaluate the Model, and its impact on consumer health and wellbeing including outcome measures such as K10, WHOQOL and AUDIT/DUDIT.

**Conclusion:** In thin provider markets, a partnership approach to blended MH and AOD care streamlines the consumer journey and supports workforce recruitment and retention in rural areas.

It is too early to provide evaluation outcomes of the Model, but it is hoped that the evaluation will confirm improved outcomes for consumers under a blended model of care.

**Translational impact/implications for future practice:** Embedding a partnership approach to deliver blended MH and AOD services supports improved integration across the local system of care. Providers have established stronger relationships and developed a better understanding of local service options and referral pathways. This is integral to reducing fragmentation and duplication within the system and supports opportunities for future joint or co-commissioning.

## Understanding service needs in Residential Aged Care: A survey of providers in Western Victoria

Kulkarni, T, Franks, J.

Western Victoria PHN

**Presenting author:** Ms. Tejal Kulkarni

**Background/aim:** The Royal Commission into Aged Care Quality and Safety examined the complex issues senior Australians face while accessing primary health care within aged care systems that lead to poorer outcomes and increased pressure on the health system.

In 2022, Western Victoria Primary Health Network invited residential aged care facilities within our catchment to complete the "Telehealth and After-hours in Residential Aged Care Facilities (RACFs) in Western Victoria" survey to establish a baseline understanding of pathways of care, telehealth and after-hours capabilities and capacities and explore associated infrastructures, aspirations as well as barriers to these services.

**Population/setting:** Out of the 144 RACFs in the WVPHN region, 44 responses covering 50 facilities were received.

**Methods:** The survey was comprised of a combination of closed and open-ended questions, with 90 questions in total covering 9 topic areas: facility information, current model of care pathways, telehealth, infrastructure, IT support, software, My Health Record (MYHR), electronic medication and after-hours care.

All responses were evaluated first as a whole and then separately using 2 groupings – location (i.e., whether the RACF was regional or rural) and funding model (whether the RACF was primarily government funded, not-for-profit or privately run) to assess whether either grouping had an impact on barriers faced in care pathways and telehealth settings.

**Results/findings:** Not completed. Some key findings were:

- The need to increase awareness through education and training around telehealth and remote patient monitoring as valuable resources, especially for after-hours care.
- The importance of reliable digital infrastructure for telehealth to adequately meet the primary care needs of residents.

- Although there is a general increase in demand for telehealth, there are certain limitations to it in the RACF context that are independent of the facility's capacity to meet that demand.

**Conclusion:** Not completed. Based on the results, a list of recommendations has been provided around improving and promoting telehealth literacy and usage amongst RACF staff and residents as well as upgrading digital infrastructure and improving or maintaining digital connectivity to support increasing telehealth usage.

**Translational impact/implications for future practice:** Not yet known.

## When primary healthcare meets queerstory: community-based system dynamics influencing regional/rural LGBTQ+ people's access to quality primary healthcare in Australia

Lucas, J, Afrouz, R, Brown, A, Epstein, S, Ryan, J, Hayward, J, Brennan-Olsen, S.

Deakin University

**Presenting author:** Dr. James Lucas

**Background/aim:** Lesbian, gay, bisexual, transgender, queer, and people of any other minority sexuality or gender identity (LGBTQ+/"Queer") are often marginalised from accessing quality primary healthcare in their local community. This is largely due to Queerphobic systems pathologising Queer life and identities.

The aims in this study were to:

- (1) identify key priorities for increasing Queer people's access to quality primary healthcare as told by Queer people themselves
- (2) identify the feedback loops in Geelong-Barwon communities that reduce or support Queer people's access to quality primary healthcare in the local community, and
- (3) identify potential action areas to improve system structures to increase Queer people's access to quality primary healthcare.

**Population/setting:** Queer people in the Geelong-Barwon region with lived experience of using primary healthcare services.

**Methods:** Group Model Building (GMB) workshops using Deakin University's online platform: STICKE (Systems Thinking in Community Knowledge Exchange) were held with a small group (n=8) of LGBTQ+ people in the Geelong-Barwon region. This

approach permits exploration and visual mapping of local structures causing behaviour patterns of community concern over time – in this case, Queer people's ability to access quality primary healthcare in the Geelong-Barwon region. This is the first study that specially applies GMB in Queer primary healthcare in the Geelong-Barwon region.

**Results/findings:** Key priorities were: (a) providers' level of Queer Literacy, (b) the responsibility of Queer Advocacy (at individual, systemic, and collective levels), (c) support from safe Queer Spaces, (d) strength from a Queer Presence, and (e) power from Intersectional Queer Life. These priorities interconnected, creating system-level feedback loops reinforcing and inhibiting Queer people's access to quality primary healthcare in the Geelong-Barwon region; with potential action areas identified.

**Conclusion:** Improving Queer people's access to quality primary healthcare in the Geelong-Barwon region requires embedding principles of Queer Literacy, Queer Advocacy, Queer Space, Queer Presence, and Intersectional Queer Life within practices and service systems.

**Translational impact/implications for future practice:** The study findings were distilled into a novel, preliminary set of Queer Equity Principles. These need to be taken back to regional Queer communities for further co-design and



planning for translation across primary healthcare practices and systems, with potential applicability in other areas of the healthcare spectrum.

## Something to Smile About: improving oral health outcomes in the Wimmera Mallee

McLaren, D,<sup>1</sup> Ghadheri, H,<sup>1</sup> Dickson-Swift, V<sup>2</sup>.

1 West Wimmera Health Service, 2 Violet Vines Marshman Centre for Rural Health Research

**Presenting author:** Ms. Dorothy McLaren

**Background/aim:** In general, rural Australians experience poorer health than their urban counterparts. Improving rural health is a key priority within Australia due to complex access and equity issues associated with geographic distance, social disadvantage, lack of health professionals, scant resources and poorer health outcomes across many indicators. This inequity is particularly exacerbated in the West Wimmera, Southern Mallee region with regard to oral health due to factors such as lack of water fluoridation, scarcity of dental care, and need to travel long distance to dental care. The recent development of Community Health and Wellbeing profiles for the WWHS catchment has highlighted the need to address oral health in innovative ways. Following strategic discussions with the Violet Vines Marshman Centre, an Oral Health Promotion Officer has been employed by West Wimmera Health Service to address the identified needs of local communities.

The aim of this project is to work closely with communities within the Wimmera and Southern Mallee sub region to codesign place-based oral health promotion initiatives in each community. Each local response will be supported through the partnerships already developed by the West Wimmera Health Services' Health Promotion team and with added partners identified during the co-design process.

**Population/setting:** Towns within the Wimmera and Southern Mallee sub-region including Natimuk, Goroke, Kaniva, Nhill, Jeparit, Rainbow, Minyip, Murtoa, Rupanyup will be involved. A range of existing community groups will support the development of local oral health initiatives.

**Methods:** A range of community-based participatory research (CBPR) methods will be utilised. This will ensure that the oral health initiatives are defined by and best serve, each local community. Our approach will build on existing community networks and resources and support reciprocal learnings for community, health service and academic partners. Utilising this approach will result in community-based interventions that strengthen multi-actor partnerships as stewards of oral health promoting strategies.

**Results/findings:** Analysis and evaluation plans will be developed with each community based on the key principles of evaluation and CBPR highlighting key impacts and outcomes for each community.

**Conclusion:** Not completed.

**Translational impact/implications for future practice:** Oral health will be considered as part of general health, improved oral health literacy and development of community oral health plans.

## Working Towards a Better Healthcare Experience for People with Hidden Disabilities: Co-Designing Hospital Improvements to Enhance Patient Experience

Ms Claire Nailon,<sup>1</sup> Benson, R,<sup>2</sup> Zygier, T,<sup>2</sup> Jones, S,<sup>2</sup> Seedat, N,<sup>2</sup> Ahuja, M,<sup>2</sup> North, A,<sup>1</sup> Lenehan, K,<sup>1</sup> Standen, J,<sup>2</sup> Roberts, K.<sup>2</sup>

1 Southwest Healthcare, 2 Alfred Health

**Presenting authors:** Ms. Claire Nailon

**Background/aim:** Background/Introduction: Individuals with “hidden” disabilities, including autism, intellectual disability, and communication disability, often experience challenges, poorer outcomes and disparities in



hospital care compared to the general population. To address these issues, a co-design project was initiated to develop hospital improvements with and for people with disabilities (PWD).

**Purpose:** To improve hospital services and experiences for PWD by collaborating with individuals with lived experience of 'hidden' disabilities and their support people.

**Population/setting:** People with Disabilities / Hospital.

**Methods:** o-design workshops were conducted with 41 PWD and 12 support people from metropolitan and regional locations in Victoria, to explore hospital experiences, barriers, and opportunities for service improvement. The workshops were facilitated by people with lived experience of disability to create 'safe' spaces for participants. Workshop discussions and activity outputs were collated and themed.

**Results/findings:** The findings revealed that individuals with hidden disabilities often have negative hospital experiences due to a lack of respect and compassion from hospital staff and poor knowledge about disability and support needs. Other key themes highlighted included the overwhelming sensory environments in hospitals, challenges with patient-staff communication and the lack of partnering with support people who hold vital knowledge about supporting PWD.

**Conclusion:** Participants felt that PWD did not receive equitable care and that lack of disability awareness amongst hospital staff leads to increased risk. The co-design approach was effective in identifying service design initiatives that can assist hospitals in making changes to meet the needs of PWD. This presentation will outline recommendations for enhancing the healthcare experience of PWD in hospitals.

**Translational impact/implications for future practice:** This work is the foundation of an in-development interactive education module designed specifically for healthcare workers to help improve the hospital experience for people with hidden disability.

"A Guide for Accessible Co-design - tips for designing with people who have diverse ways of thinking, communicating and sharing ideas" is a published guide to support future co-design with the disability community.

## Grampians Health Covid-19 interdisciplinary training for allied health in critical care

Pang, M, Orr, E, Halliburton, N, Ainslie, E.

Grampians Health

**Presenting author:** Mr. Michael Pang

**Background/aim:** Develop a sustainable education framework to improve capacities in managing acutely unwell and critically unwell COVID-19 across Grampians Health. Developing capacities will improve current skills and expertise to foster collaboration, communication as well as site-based independence in preparation for management of COVID-19 and critical care surges.

**Population/setting:** Allied health professionals employed under the disciplines of Dietetics, Physiotherapy, and Speech Pathology. Across Grampians Health acute sites of Ballarat Base Hospital, Stawell Regional Hospital & Wimmera Base Hospital.

**Methods:** Evaluation of 8 interprofessional blending learning modules designed to prepare clinicians for managing critical care patients during the COVID-19 pandemic.

The education packages were evaluated using the New World Kirkpatrick Model. Level 1 (Reaction) was evaluated by module engagement and completion. Level 2 (Knowledge) analysed changes to participant pre/post knowledge quiz scores and self-efficacy questionnaires. Level 3 (Behaviour) was evaluated through workplace observational assessments. Level 4 (Results) consisted of an online survey.

**Results/findings:** In total, 48 modules were completed by 21 individual clinicians. The mean growth in knowledge was 26% on quizzes (SD 12%, Range 11-47%). The mean growth in participant self-efficacy was reported as 32% (SD 13%, Range 12-46%). Enhanced preparedness was perceived by staff to work in critical care (somewhat agree 55.47%, strongly agree 17.03%) and acute care (somewhat agree 55.72%, strongly agree 19.46%).

**Conclusion:** The education modules appeared effective in knowledge acquisition, clinician self-efficacy and clinician preparedness for management of patients with critical care needs. This project demonstrated feasibility in internal development of technology enhanced learning opportunities by allied health staff across the geographical diversity of the Grampians Health organisation.

**Translational impact/implications for future practice:** Demonstrated value of internally developed and delivered workplace learning relevant to context. Capabilities of Allied Health staff to develop online learning modules

## When nobody else knows what to do: role of Social Work in Community Health

E, Parker, Dodemaide, P, Haines, S, Wilkinson, E, Crabbe, M, Kristof, R.

Barwon Health

**Presenting author:** Ms. Erin Parker

**Background/aim:** When a referral is placed to social work, there may be beliefs and expectations around what the social worker will do, and how they will do it. The aim of this research was to contribute to interprofessional knowledge of allied health clinicians working in community health. We examined the perceptions of allied health clinicians in relation to the scope of practice of social work. Of interest was also how clinician's develop their understanding of the social work role.

**Population/setting:** All clinician's working in community health for Barwon Health in Geelong were invited to participate. 54 participants provided a response.

**Methods:** A survey was distributed using RedCaps. Thematic analysis was completed to summarise themes in the data.

**Results/findings:** 5 themes were developed:

1. Navigate systems and support access: Social Work has both a practical and informational role. Social Workers support awareness of systems / supports and facilitate access to these as required.
2. Dual focus on social and emotional wellbeing: a psychosocial lens is applied to work with consumers.
3. Social workers respond to risk: the social work role requires intervention when people are exposed to risk (family violence, child abuse or neglect, homelessness, declining mental health).
4. Communication skills: patience, empathy and critical thinking are recognised as core social work skills
5. Interprofessional practice: working with social workers (ie. when sharing care of clients) increases allied health clinicians' confidence in understanding the social work role. Clinicians' welcome additional information for further clarity.

**Conclusion:** Many allied health clinicians' welcome additional education on the role of Social Work in order to enhance the team's ability to provide effective patient care. It will be beneficial for Social Workers to provide formal education to the allied health clinicians as a group, using examples of interventions to provide clear guidance. Social Workers can also meet with new employees in order to build a good understanding of the role when clinicians first start working in community health.

**Translational impact/implications for future practice:** This research showed that continued information and education about the social work role is warranted.

## Healthcare gaps and barriers to service utilisation within Geelong Refugee Communities; a co-designed research and service improvement project.

Parker, E,<sup>1</sup> Daffy, J, Esghaei, M, Haines, S, Moo Htay Thu, EB, Sallam, A, Young, T.

1 Barwon Health, 2 Corio Community Health Centre

**Presenting author:** Ms. Erin Parker

**Background/aim:** Barwon Health recently received funding to employ bicultural workers within its Northern Primary Care team and the goal of their work was to facilitate engagement in healthcare for refugee communities in Geelong. As such, a research project was developed to investigate the barriers to healthcare for local refugee populations. The aim was to conduct 4 focus groups, with Karen women and men, then Afghan women and men, to discuss the local barriers to healthcare.

**Population/setting:** People from Afghan and Karen communities in Geelong were invited to participate. Focus groups were held at the Corio Community Health Centre.

**Methods:** 4 groups were held, firstly, Karen women (n=8), then Karen men (n=4), followed by Afghan women (n=10) and Afghan men (n=5). Accredited interpreters were in attendance for each focus group; all questions asked by facilitators were translated live, and all responses translated also. This was to ensure that not being able to speak English was not a barrier to participation. A thematic analysis of responses was completed.

**Results/findings:** Four themes were identified:

Language barrier: Participants unanimously identified language barrier as the biggest challenge when accessing healthcare. Not all healthcare providers routinely use interpreters. This impacts participants' ability to access services and understand their own healthcare.

Health literacy: There was limited knowledge of health services. Participants requested support to improve health literacy.

One size fits all approach: participants described the limitations experienced when health services do not modify their systems to ensure accessibility for those who are culturally and linguistically diverse.

Capacity building: Participants described a willingness to improve health within their communities. There was a strong preference to learn together, sharing knowledge so all community members will benefit.

**Conclusion:** It is beneficial to consider developing flexible and innovative models of care to ensure refugees and people who are culturally and linguistically diverse have equitable access to healthcare. Employing bicultural workers is one way to do this. The barriers reported in the literature are consistent and longstanding, thus the sharing of innovative, successful approaches to effectively engage refugees and CALD consumers is warranted.

**Translational impact/implications for future practice:** Services can use the information gathered to understand the barriers refugee people are experiencing when accessing healthcare to consider service improvements to encourage ease of access.

## Improving Pre-Intervention Deep Inspiration Breath-Hold (DIBH) Education for Patients Undergoing Left Sided Breast Radiotherapy.

Sathe, R, Thomas, K, Natoli, L, Braybrook, M.

Austin Health

**Presenting author:** Ms. Rutuja Sathe

**Background/aim:** Radiation Therapy (RT) is a treatment for cancer that involves delivering radiation to the tumour to destroy cancer cells. Patients that undergo radiotherapy for their left-sided breast cancer have adjacent healthy organs, at risk of receiving a high dose of radiation, the most significant of which are the left lung and heart due to their proximity to the left breast. A higher dose increases the chances of the organs being damaged due to RT. Therefore, left-sided breast patients undergo DIBH, which involves acquiring their planning scan whilst the patient takes a deep breath and holds it during radiation delivery. This enables expansion of the lung, pushing the breast away from the heart and assisting in reducing radiation dose to both organs at risk. This project aims to develop an education tool to support left-sided breast patients understand and practice this breath-hold technique prior to receiving their daily RT treatment.

**Population/setting:** 20 patients with left-sided breast cancer prescribed radiotherapy treatment at Ballarat Austin Radiation Oncology Centre were recruited for this project.

**Methods:** Patients were offered a 6-minute video to watch as an educational tool. Following this, they proceeded to their radiotherapy planning simulation during which the position of each patient determined, and a CT scan then acquired, whilst the patient maintained a deep inspiration breath hold. After completion of simulation, the patients completed a feedback sheet regarding their opinion about the video, its content, and value. When they returned for their 15 days of treatment, the consistency and the length of their breath-holds were tracked and analysed. This data is to be compared to the breath-holds of 20 retrospective patients that did not watch the video.

**Results/findings:** The patient feedback sheets indicated a positive response; patients were satisfied with the information provided in the video. The findings of the breath-hold analyses are not completed.

**Conclusion:** Not completed.

**Translational impact/implications for future practice:** After reviewing results of the surveys, the researchers determined that there is benefit to showing this video to all left-sided breast cancer patients prior to CT Simulation at Ballarat Austin Radiation Oncology Centre.

## Evaluation of implementation and utilisation of telehealth services during the COVID-19 pandemic in rural Victoria, Australia

Savira, F,<sup>1</sup> Orellana, L,<sup>1</sup> Hensher, M,<sup>2</sup> Gao, L,<sup>1</sup> Sanigorski, A,<sup>1</sup> Mc Namara, K,<sup>3</sup> Versace, V,<sup>3</sup> Szakiel, J,<sup>4</sup> Swann, J,<sup>4</sup> Manias, E,<sup>5</sup> Peeters, A.<sup>1</sup>

1 Deakin University, 2 University of Tasmania, 3 Deakin Rural Health, 4 Western Victoria PHN, 5 Monash University

**Presenting author:** Dr. Feby Savira

**Background/aim:** In March 2020, the Australian Government expanded the availability of telehealth services in response to the COVID-19 pandemic. This study sought to evaluate the implementation and utilisation of telehealth services in rural Victoria, Australia, before and during the pandemic

**Population/setting:** Primary care setting in the Western region of Victoria, Australia.

**Methods:** To evaluate the implementation of telehealth, we conducted semi-structured interviews with practice managers working in general practices across rural Victoria, Australia. Interview data was coded to the Consolidated Framework for Implementation Research and emerging themes were synthesised. To evaluate the utilisation of telehealth, we examined longitudinal Medicare claims data from July 2019 to June 2021 from approximately 140 general practices in rural Victoria. The patterns of monthly proportion of general practitioner and nurse consultations, overall and by type of consultation (videoconference vs. telephone), were analysed descriptively. Further, the pattern of consultations stratified by consumer characteristics and length of consultation was estimated using generalised linear mixed models.

**Results/findings:** Analysis of interview data suggests that the implementation of telehealth was challenging due to 1) multiple rapid changes in rulings for telehealth use in primary care, 2) staff difficulty in adapting to sudden workflow changes, and 3) a lack of support from the government. Infrastructure and clinician motivation determined the availability of video services within the general practice. In terms of utilisation, telehealth represented one in four general practice consultations over the two-year period (July 2019 until June 2021). The introduction of the telehealth expansion policy in March 2020 led to an unprecedented and rapid uptake in telehealth services. This was followed by a steady decline until January 2021, and by June 2021, telehealth utilisation had stabilised. Telephone services and shorter consultations were the most dominant form. The proportion of video consultations was higher during periods with government-imposed lockdown, and higher in the most socioeconomically advantaged areas compared to less socioeconomically advantaged areas.

**Conclusion:** Our findings support the continuation of telehealth use in rural and regional Australia post-pandemic.

**Translational impact/implications for future practice:** Future policy must identify mechanisms to reduce existing equity gaps in video consultations and consider of patient- and system-level implications of the dominant use of shorter telephone consultations. Governments must ensure sufficient financial and infrastructure support to improve efficiency of telehealth implementation and use in rural areas of Australia.

## Health library support for Australian medical training programs – a content analysis.

Siemensma, G, <sup>1</sup> Griffith, A, <sup>2</sup> Anderson, A, <sup>3</sup> Smith, A <sup>4</sup>.

1 Grampians Health, 2 Albury Wodonga Health Care, 3 Monash Health, 4 Hunter New England Local Health District

**Presenting author:** Mrs. Gemma Siemensma

**Background/aim:** Health libraries play a critical role in supporting medical training in Australia. Accreditation is an important means of ensuring a program of study and the education provider suitably equips trainees with the knowledge, skills and professional attributes necessary to practise in the profession. This study identifies a lack of consistency and specificity in Australian medical colleges accreditation requirements as they pertain to health libraries.

**Population/setting:** The Australian context.

**Methods:** Accreditation standards from 52 medical colleges and associations supporting Australian medical training programs were reviewed. Information extracted from accreditation documents was entered into a working text spreadsheet. Data was organised under three key categories; Collections, Services and Space. Additional categories were added to record the use of the noun Library and expectations for journal access. A data extraction tool was created in Microsoft Excel to note the requirements of each provider for libraries and collections, services and spaces.

**Results/findings:** The results of the content analysis highlight a lack of consistency in accreditation providers' expectations for library collections, services and spaces. Most providers (87% n=45) required host organisations to provide access to collections. Requirements for library space were mandated by 54% of providers (n=28). Less than 50% of providers (n=22) specified library services as requirements.

**Conclusion:** This content analysis highlights the role of health libraries in supporting medical education, research and evidence-based practice. It also reinforces the need for improved specificity, consistency and clarity in accreditation requirements for health libraries in post-graduate medical training.

**Translational impact/implications for future practice:** The recommended benchmark accreditation standard developed in this study is a step toward addressing these issues and ensuring equity of access to library services and facilities for all medical trainees in Australia, with the potential of additional support for those in regional and rural areas.

## Government-supported clinical knowledge and information resource portals: how does western Victoria fair?

Siemensma, G,<sup>1</sup> Anderson, A,<sup>1</sup> Gorton, C<sup>2</sup>.

1 Grampians Health, 2 Monash Health

**Presenting author:** Ms. Gemma Siemensma

**Background/aim:** The aim of this study was to describe Australia's government-supported clinical knowledge and information resource portals and their alignment with government policies for digital health within an Australian context, and to clarify the role of hospital libraries in the public health system as an adjunct to state and territory portals.

**Population/setting:** The Australian context.

**Methods:** Government supported clinical resource portals in Australian states and territories were examined and benchmarked. A comprehensive search of Australian state, territory, and federal government websites was conducted for strategies, policies, and projects relating to medical research, digital health, and health workforce education. These documents were screened for reference to clinical knowledge and information resource portals, clinical decision support tools, hospital libraries, or educational resources for the health workforce. Additionally, information was derived from relevant published Australian studies to provide context and additional information about access to evidence in public hospitals.

**Results/findings:** There are inconsistencies in these portals due to differences in policy, funding, and strategy between Australia's states and territories. Libraries in the healthcare sector play a key role in ensuring centralised clinical knowledge and information resource portals are easily available to clinicians, and by building on the initial portal collection to curate bespoke library collections for their individual organisations.

**Conclusion:** This investigation highlights the importance of government-supported clinical knowledge and information resource portals and the role they play in the provision of safe, quality, evidence-based health care. These portals, in conjunction with hospital library activities, are an integral part of the clinical governance framework.

**Translational impact/implications for future practice:** Without access to a breadth of evidence-based resources clinicians will be limited in their ability to perform their roles and this will adversely impact the cost and quality of healthcare for Australians. This is of significance to those in the south-west and Grampians region of Victoria as Victoria has the least amount of resources state wide and many hospitals in this region do not have access to library services for supplementary resources.

## A novel group-based review method improved attendance and reduced wait times in a public health outpatient physiotherapy setting

Simpson, E.

Southwest Health Care

**Presenting author:** Ms. Eliose Simpson

**Background/aim:** Demand for outpatient physiotherapy services exceeds availability of physiotherapists. Extended wait times were leading to high rates of non-attendance and the development of secondary complications. This research aimed to trial an individualised, group-based approach for those likely to progress quickly or who need additional oversight to prevent the limited 1:1 review appointments being utilised for uncomplicated program reviews. This could allow patients to be seen more frequently while accounting for the high non-attendance rate by seeing multiple people within the session.

**Population/setting:** 6-month trial of “Progression Group” was initiated at South West Healthcare’s Warrnambool campus for eligible patients (paediatrics, or adults who hold a pension or healthcare card).

**Methods:** An audit of attendance rates and physiotherapist patient-facing time was completed for the 6-month trial. The data collected from the group was then compared to the predicted number of patient contacts and patient-facing time.

**Results/findings:** Typical wait time for a review appointment was 2.5 months immediately prior to the trial. The overall non-attendance rate was 25% for individual appointments and 20% for Progression Group participants. 48 individual review appointments would have been possible, with 37 likely to have attended. In this time, 68 people were seen in Progression Group. A total of 3,060 minutes of direct patient time was completed, above the 1,050 minutes expected from the available individual review times. One paediatric patient was flagged and escalated back for urgent care which would likely have gone unnoticed otherwise.

**Conclusion:** Implementation of a novel method for non-complex physiotherapy reviews in a group setting reduced rates on non-attendance, increased patient-facing time, allowed more timely patient review and facilitated earlier escalation of care without any adverse outcomes or events.

**Translational impact/implications for future practice:** Use of a similar model may offer improved use of healthcare resources in public health settings. The program has since expanded to include an Exercise Physiology led group, raising questions of which other allied health settings this may be appropriate in. Feedback from group participants mostly related to group times, so the 3-4pm time was changed to avoid conflicting with school pick-up.

## The Pregnancy Research and Translation Ecosystem: Applying Group Model Building to address the rising rates of perinatal depression and anxiety

Sominsky, L,<sup>1,2</sup> O'Halloran, S,<sup>2</sup> Cusworth, R,<sup>2</sup> Sunder, P,<sup>2</sup> Dawson, S,<sup>2</sup> Vuillermin, P<sup>1,2</sup>.

1 Barwon Health, 2 Deakin University

**Presenting author:** Dr. Luba Sominsky

**Background:** Perinatal depression and anxiety (PNDA) is a complex health condition affecting one in five Australian mothers. The causes of PNDA are not well understood and no proven prevention exists. The aim of this study was to understand the clinician perspectives of the common drivers contributing to the increasing rates of PNDA amongst women from regional and rural areas in Australia's south-east (Barwon, Southwest and Grampians regions of Victoria). We also sought to identify current clinical practice related to PNDA, associated challenges and potential areas for action and intervention.



**Population/setting:** The Pregnancy Research and Translation Ecosystem (PRT-E) is a Western Alliance Flagship Program, the goal of which is to generate and implement best evidence to improve maternal and infant health. We assembled the PRT-E PNDA Stakeholder Working Group, comprising health professionals from regional/rural health services delivering pregnancy care in southwest Victoria, Australia.

**Methods:** We conducted four online workshops with the Stakeholder Working Group, facilitated by the PRT-E investigator team. Group Model Building (GMB) and causal loop diagramming (CLD) were used to capture a shared understanding of the key drivers of PNDA rates within the Western Alliance health system. The CLD was thematically analysed where common variables were grouped. GMB workshop transcriptions were read for content familiarisation and thematically analysed using NVivo version 12, where themes were identified and organised via an inductive process.

**Results/findings:** The analyses identified common themes among the drivers of the increasing rates of PNDA in the region. These primarily focused on the women's psychosocial determinants of health and health system issues. To address these drivers, stakeholders identified three key intervention themes aimed at improved collaboration between health services and departments, increased training availability and increased continuity of care.

**Conclusion:** A key shared priority identified from stakeholder workshops was the development of collaborative initiatives between health services, particularly partnerships and sharing of resources between large regional and rural services.

**Translational impact/implications for future practice:** This project provided critical insights that will be foundational in the development of innovative and meaningful interventions to address a critical public health concern: the rise in PNDA in the region.

## Measuring Outcomes in Chronic Conditions

Swann, J, Thomas, S, Haugh, N.

Western Victoria PHN

**Presenting author:** Mr. Jamie Swann

**Background/aim:** During 22/23, the Western Victoria Primary Health Network (WVPHN) Chronic Conditions Model of Care (CCMC) program delivered primary care and support services to around 5000 Western Victorians, most of whom had multiple Chronic Conditions. Across 11 rural health services and 1 general practice, clients individually and in groups received services such as exercise sessions, nutrition coaching and occupation therapy. In order to properly capture the diversity of client outcomes, WVPHN trialed two new outcome measures across the financial year. This presentation outlines preliminary results and considerations going forward.

**Population/setting:** The CCMC (now redesigned to "Your Care Path") was delivered across 11 rural health services and 1 general practice across the Western Victoria region, which covers an area of 79,843 square km across 21 Local Government Areas with a population of 714,740 (ABS, 2021). The service is designed and commissioned by WVPHN and is funded by the Commonwealth. Most clients come from either GP (45%) or self (29%) referral, with the most common chronic conditions being diabetes (29%), musculoskeletal (28%) and cardiovascular (26%).

**Methods:** Allied health clinicians administered the Goal Attainment Scale (GAS) and a sub-set of the World Health Organisation Quality of Life Scale (WHO-QOL). The GAS allows clients and clinicians to set their own goals in addition to what successful and less successful outcomes might look like. It is rated on an anchored scale from -2 to +2. In addition, five items from the WHO-QOL were administered at the start and end of treatment, covering general mental and physical health, symptoms, day-to-day activities and social isolation. The research also considered feedback from clinicians around the use of the instrument.

**Results:** Some improvement was found during the program, although the measurement of this improvement was confounded by unexpectedly high Time One scores on the WHO-QOL. Clinicians report finding the WHO-QOL as being useful and reasonably practical to integrate into treatment. Implications of only using a sub-set of the WHO-QOL are discussed.

**Conclusion:** The use of the GAS and WHO-QOL provide good general measures to capture the full scope of chronic conditions and services provided. However, the general nature of both instruments does present some challenges in capturing successful outcomes. Ceiling effects for the WHO-QOL are also discussed.

**Translational impact/implications for future practice:** WVPHN will look at modifying the measurement instruments to address any limitations. WVPHN are looking at implementing WHO QOL across multiple funded programs including AOD and MH as a standardised outcome measure.

## Evaluation of primary care and help-seeking promotion programs to increase dementia diagnosis and early treatment

Swann, J,<sup>1</sup> Low, LF<sup>2</sup>, Barcenilla-Wong, A<sup>2</sup>.

1 Western Victoria PHN, 2 University of Sydney

**Presenting author:** Mr. Jamie Swann

**Background/aim:** It is conservatively estimated that 50% of Australians with dementia are undiagnosed (i.e. between 231,720 to 283,200 people). Two key reasons are delayed help-seeking because of stigma, and suboptimal detection and diagnosis in primary care. There is an international knowledge gap on how to increase help-seeking for dementia

diagnosis. Low dementia literacy, fear and shame are particular issues in culturally and linguistically diverse (CALD) communities, including in Chinese Australians. While >80% of Australians recognise the symptoms of mild dementia, there is a gap of

1.9 years between noticing symptoms and first doctor's appointment.

The aim of this investigation is to evaluate a public help-seeking and stigma reduction campaign and primary care practice change program on dementia diagnosis and treatment.

**Population/setting:** The interventions will be delivered in primary healthcare networks (PHNs) in three regions – Adelaide (help-seeking campaign), Western Victoria (primary care practice change), and Western Sydney (both interventions) with non-intervention PHN regions acting as controls. The research will compare samples of English-speaking and Chinese-speaking communities.

**Methods:** The research will evaluate two main interventions, a public help-seeking campaign and practice-based education and training.

Both interventions will follow a similar methodology comprising three phases including qualitative research, community-based co-design, and campaign testing and campaign delivery. Results will be evaluated using a mix of survey and practice data.

**Results/findings:** Not completed.

**Conclusion:** Not completed.

**Translational impact/implications for future practice:** This research, if implemented, will result in timelier diagnosis and increased treatments and supports post-diagnosis for people with dementia and carers, improving the quality of life for sufferers and reducing the burden of this disease.

## Supporting the wellbeing of residential aged care staff (Swell-RAC)

Thomas, A, <sup>1</sup> Fraser, M, <sup>1</sup> Teh, R, <sup>1</sup> Hitch, D, <sup>2</sup> Ottrey, E, <sup>1</sup> Bishop, J <sup>1</sup>.

1 East Grampians Health Service, 2 Deakin University

**Presenting author:** Mrs. Ancara Thomas

**Background/aim:** Aged care residents have complex care needs which may result in challenging behaviours, such as verbal and physical abuse towards staff. Aged care staff manage these behaviours for months or years, leading to sustained negative impacts on staff wellbeing. Rurally, there has been limited focus on staff wellbeing in aged care. This study sought to understand the perspectives of staff caring for residents with challenging behaviours in rural aged care facilities, and to co-design an initiative/s that promotes their wellbeing.

**Population/setting:** Four residential aged care facilities at a medium size rural health service in Victoria, Australia.

**Methods:** A literature review using a systematic approach was completed to identify interventions which have improved staff wellbeing in aged care (or other relevant) settings. Semi-structured interviews with local aged care staff and Executive explored the extent of the issue, and current and future strategies which impact wellbeing. These interviews were analysed using a framework analysis. The literature review and interviews informed a co-design session (using the World Café approach) to prioritise and design future initiatives.

**Results/findings:** The literature review identified 23 articles which focused on interventions impacting staff wellbeing in aged care (and other relevant care settings). No studies identified were from rural settings. Most studies involved education as the intervention to impact staff wellbeing.

Seventeen semi-structured interviews were completed exploring participants' experiences with challenging behaviours, and strategies to support their wellbeing. Three major focus areas evolved: response from leadership, peer-support, and workplace structure.

The outcomes of the 'World Café' co-design (n=11) are currently being analysed.

**Conclusion:** There is limited published literature on wellbeing supports for staff working in rural aged care and caring for residents with challenging behaviours. Our interviews captured the rural experience, identifying three focus areas which participants considered important components of wellbeing initiatives (leadership, peer support and workplace structure).

**Translational impact/implications for future practice:** This research will support the direct translation of the findings into local policies and programs for staff wellbeing in aged care. Relevance and applicability beyond the initial rural health setting will be explored for future scaling of the intervention and translation of the findings.

## Intra-infusion exercise in a regional chemotherapy day unit: a patient perspective

Thomson, J, <sup>1</sup> Seater, J, <sup>1</sup> Charity, M, <sup>1</sup> Duggan, T, <sup>1</sup> Evans, L, <sup>1</sup> Sayner, A, <sup>1,2</sup> Wong Shee, A, <sup>1,2</sup> Faisal, W, <sup>1,3</sup> Hodges, R <sup>1</sup>.

1 Grampians Health, 2 Deakin Rural Health, 3 La Trobe University

**Presenting author:** Mrs. Jessica Thomson

**Background/aim:** The benefits of exercise during cancer treatment are well documented, however exercising at the same time as systemic anti-cancer treatment (SACT), or intra-infusion exercise, remains relatively novel. Patients are routinely sedentary for lengthy periods while receiving their SACT infusion. This time could be used to increase physical activity (PA) and patient confidence that it is safe to engage in PA, even with a cancer

diagnosis. Exploring the patient perspective on intra-infusion exercise has not previously been explored. Recent implementation of seated cycling during SACT infusion at Grampians Health Ballarat demonstrated high acceptability from nursing staff.

This project aimed to investigate the patient perspective of exercise physiologist implemented and nursing-supervised, low-intensity exercise during SACT in a regional health service.

**Population/setting:** Large regional health service

**Methods:** This study forms part of a larger mixed methods project looking at overall patient outcomes and feasibility of implementation of exercise during SACT. This phase of the project adopted a qualitative approach with individual interviews conducted by seven participants with thematic analysis undertaken.

**Results/findings:** Four key themes were identified and labelled. Firstly, overall the program was perceived positively in many facets; patients reported enjoyment in their participation, it helped to pass the time/decrease boredom, and an improvement in overall symptom management was noted. Secondly, staff involvement facilitates exercise; patients felt supported by nurses and valued the EP education provided. Thirdly, procedures and paperwork were burdensome; questionnaires and screening were lengthy, and many steps were required in order to commence the research project. Finally, uptake was seen to be low; with low participation observed and patients acting as advocates for increasing participation.

**Conclusion:** Overall, intra-infusion exercise was viewed positively by patients. Indicators for maintaining or improving exercise self-efficacy and symptomatic management, as well as managing boredom during SACT were strong themes, however streamlining processes would be of benefit.

**Translational impact/implications for future practice:** Intra-infusion exercise is well received by patients and nurses, and is a safe intervention that can be implemented in line with exercise guidelines. Preliminary evaluation of acceptability allows for potential expansion of service provision and monitoring of outcomes for exercise during SACT to be embedded as part of standard care within the organisation.

## Healthcare workers' knowledge, attitudes, and adoption of lifestyle-based mental health care: Preliminary findings from a mixed-methods survey

Turner, M, O'Shea, McHerron, D, Garvin, T.

Deakin University

**Presenting author:** Dr. Megan Turner

**Background/aim:** Evidence suggests that lifestyle interventions such as dietary change, exercise, and yoga have potential in the treatment and prevention of mental health distress (Mahli et al., 2020; Marx et al., 2022; O'Shea et al., 2022) and there have been recent calls to integrate lifestyle interventions into practice, to better meet consumer needs (Thomson-Casey, Adams & McIntyre, 2022). However, we have limited data on the knowledge and attitudes of health professionals towards lifestyle interventions in Australia (Kardakis et al., 2014). Studies suggest that health professionals generally perceive lifestyle interventions to be beneficial and low risk (e.g., Kong et al., 2013), but adoption of these interventions is low, possibly due to limited education regarding these interventions during their training (Abbott et al., 2011). The research gap regarding healthcare workers' perception and knowledge of lifestyle interventions within mental health care has significant clinical and policy implications with regards to interprofessional collaboration, education, and health promotion. The incorporation of lifestyle interventions into mental health care also raises important questions as to the competence of various health professionals to deliver these interventions or to understanding which professionals may be better qualified to do so. As such, we sought to address this research gap by surveying a range of Australian healthcare workers about their knowledge and attitudes towards lifestyle based mental health care.

They were also asked to comment on perceived benefits and risks of lifestyle interventions.

**Population/setting:** Any Australian healthcare worker who works in, or refers people to, mental health services, was eligible to participate in the study.

**Methods:** Mixed methods. Quantitative data will be reported descriptively and responses across disciplines will be compared using z-scores. Content analysis will be applied to qualitative data.

**Results/findings:** Preliminary findings suggest that healthcare workers have knowledge of lifestyle interventions and perceive that they have utility in mental health care. Psychologists are more likely to be applying specific interventions than other healthcare workers. Perceived risks and benefits varied across the interventions.

**Conclusion:** Healthcare workers from a range of backgrounds have positive perceptions of the value of lifestyle-based mental health care for consumers.

**Translational impact/implications for future practice:** Healthcare workers may benefit from education in specific lifestyle practices, in order that they feel skilled to deliver the interventions or feel confident in making recommendations and referring on. Promotion of perceived benefits (e.g., positive impacts on both physical and mental wellbeing), and mitigation of perceived risks (e.g., unqualified people delivering interventions) are indicated.

## Women's experience of a maternal assisted caesarean section: a mixed methods study.

Brennan, L, Slater, J, Thompson, K, Bardsley, M, Sweet, L.

Obstetrics and Gynecology Ballarat, Deakin University, Western Health Partnership, Institute for Health Transformation

**Presenting author:** Dr. Madeleine Ward

**Background:** Maternal assisted caesarean section (MAC) is used to describe the technique whereby a mother birthing by caesarean section, lifts her baby from the surgical field directly onto her chest. The primary intention of a maternal assisted caesarean section is to improve the mother's birth experience. Using a birth storytelling methodology we sought to answer the question: 'How does birthing via a maternal assisted caesarean section impact on matrescence?'

**Population/setting:** Women who had birthed via a MAC at a single regional maternity hospital were invited to participate.

**Methods:** A mixed-methods approach was used with a birth satisfaction survey and individual storytelling interviews. Patient satisfaction indicators were quantitatively evaluated and (birth) storytelling analysis methods were used to explore the lived experiences of women who birthed via a MAC.

**Results/findings:** Twelve women completed the birth satisfaction survey. Most women (n=8) were birthing their second or subsequent child and most (5/8) had experienced a previous caesarean section birth. All selected the highest impact score for questions exploring the impact of MAC on their emotional well-being and bonding experience with their child. Nine women shared their stories. Mothers overwhelmingly reported that having MAC contributed positively to their birth experience.

**Conclusion:** Data and storytelling themes from the mothers in this study provide evidence that being more physically involved in a caesarean section birth has benefits. We believe this simple technical change in how a baby is born at caesarean section can contribute positively to matrescence.

**Translational impact/implications for future practice:** Matrescence, a term first described by Dana Raphael, encompasses the physical, psychological, and emotional changes people go through in becoming a mother. It is highly important to women but has been a neglected aspect of modern maternity care. The birthing environment and

experience can impact positively or negatively on matrescence, and the practice of MAC has the potential to benefit this transition.

## Telementoring in Gynaecology Endosurgical Procedures During the COVID-19 Pandemic

Ward, M,<sup>1,2</sup> Bardsley, M,<sup>2</sup> Carter, M,<sup>2</sup> Dalton, R<sup>2</sup>.

1 Deakin University, 2 Obstetrics & Gynecology Ballarat

**Presenting author:** Dr. Madelene Ward

**Background/aim:** OGB is an established gynaecology practice in western regional Victoria and training site for advanced gynaecological surgical training. In response to the unprecedented impact the COVID-19 pandemic had on surgical training, OGB aimed to implement and evaluated the utility of telementoring in their training program.

Telementoring utilises information and communication technology (ICT) platforms to connect and transfer knowledge between an experienced surgeon and an expert surgeon during real time operating. Intra-operative mentoring has proven benefits for effective and safe surgical practices.

**Population/setting:** Eight hospital sites in regional Victoria, both public and private, with gynaecology endosurgery theatres were recruited into the study. The pilot spanned over 6 months, and included all scheduled theatre lists with available telementoring equipment.

**Methods:** A post-participation survey was collected from surgical mentees about their experience.

**Results/findings:** Participant Demographics

- A total of 23 mentored sessions were conducted as part of this study.
- Primary surgeons were: 52% consultants, 39% senior registrars, and in 9% of cases, both a consultant and senior registrar jointly performed the procedure.

Acceptability and Feasibility

- No participant reported the telementoring to be significantly inconvenient or distracting.
- All 23 participants reported that they enjoyed being involved in the telementoring sessions and expressed willingness to participate again in the future.

Utility of Telementoring

- All participants found telementoring to be useful for their surgical procedures.
- None of the participants felt that telementoring had a negative impact on their procedural skills, and 96% believed that it had a positive effect.

**Conclusion:** In response to the COVID-19 pandemic's disruption of surgical training, we explored using Virtual Interactive Presence and Augmented Reality (VIPAR) for remote mentoring in gynaecology endosurgery. VIPAR showed high acceptance, feasibility, and utility.

**Translational impact/implications for future practice:** Beyond pandemic challenges, this pilot program opens doors to improved surgical mentoring in rural Victoria. We're committed to advancing surgical mentoring through innovative technologies like VIPAR for current and future surgeons, ensuring excellence in regional gynaecology patient care.

## Lessons learnt from a community driven digital social connection pilot program for people living with dementia: A qualitative interview study with key stakeholders

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**Background/aim:** In response to COVID 19 and mandated physical distancing, a new digital social connection program was developed and implemented by the local community in a large regional town in Victoria, Australia. This pilot program, the Digital Inclusion-Social Connections (DI-SC) program, aimed to support people living with dementia to use a digital device to access social connection activities. The objective of this study is to inform the local community implementing the DI-SC program of key stakeholder experience of DI-SC process and outcomes to support future development and potential translation of digital social connections programs for people living with dementia.

**Population/setting:** People involved in the development and implementation of the DI-SC program and the persons living with dementia and their care partners who participated in the DI-SC program.

**Methods:** Qualitative study design. Three semi-structured focus groups and two interviews were conducted with a total of fifteen participants. Data was transcribed verbatim and thematically analysed.

**Results/findings:** Three main themes were identified describing factors as influencing the process and outcomes of the DI-SC program: understanding dementia; personal choice and control; and service planning and coordination. Six sub-themes were identified: matching capability; establishing a relationship; creating opportunities for different interactions; ownership of the device, program coordination and defining the volunteer digital mentor role.

**Conclusion:** Key stakeholders perceived the DI-SC program as an acceptable way of supporting people living with dementia to engage in activities they found enjoyable promoting social connection with care partners and others. DI-SC program outcomes were impacted by inappropriate training and a lack of program coordination.

**Translational impact/implications for future practice:** The findings of this study may inform future development and implementation of digital social connection programs for vulnerable populations at risk of social isolation.

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## Notes

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## Notes

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