Western Alliance

Academic Health Science Centre

Email: info@westernalliance.org.au

Western Alliance and the Annual Symposium

Since its establishment in 2014, Western Alliance Academic Health Science Centre has brought together health services, primary care providers and academic institutions to improve health outcomes for regional and rural populations across the western region of Victoria.

In recognition of their expertise and track record in translating health and medical research into improved health care in regional and rural areas, in 2024 Western Alliance was fully accredited as a Research Translation Centre by the National Health and Medical Research Council (NHMRC).

The Western Alliance Annual Symposium, held in a different location across Western Victoria 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.

Australian Government
National Health and Medical Research Council

NHMRC

NHMRC ACCREDITED
RESEARCH TRANSLATION
CENTRE

Venue for Symposium and networking event

The Mantra Hotel, Lorne and The Lorne Hotel Rooftop

Western Alliance Annual Symposium

ACKNOWLEDGEMENTS

The Symposium this year brings us to the town of Lorne, a town on the Great Ocean Road in Victoria. Lorne is well known for its sweeping views and popular surf beaches. The main street, Mountjoy Parade, has many shops and cafes and bustles with tourists over the summer months. The town is also known for its arts community, featuring institutions like Qdos ARTS, with its gallery and sculpture park.

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 region's 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 Mantra Hotel Lorne; The Lorne Hotel; 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
Chief Operating Officer
Western Alliance

CONTENTS

PROGRAM

Western Alliance Annual Symposium

Day One – DELIVER and STaRR Showcase

Monday 11 November, 1:00 pm to 5:00 pm

The Mantra Hotel, Lorne

12:30 – 1:00 pm	Registration
SESSION ONE: Heritage Ballroom	DELIVER Showcase
1:00 pm	Welcome Professor Warren Payne, Executive Director, Western Alliance
1:10 pm	Introduction Professor Anna Peeters, Director, DELIVER program
1:25 pm	KEYNOTE: ‘Enhancing Service Navigation for Older Adults: Lessons from Practice and Evidence-Based Solutions for Rural and Regional Home-Based Care’ A/Professor Rebecca Jessup, Director, Victorian Centre for Virtual Health Research Acting Director of Research Deputy Chair, Northern Health Research Executive Committee, Northern Health
2:00 pm	Rapid fire presentations Chair: A/Professor Anna Wong Shee, Grampians Health and Deakin Rural Health DELIVER Program Activity Highlights A/Professor Kate Huggins, DELIVER Program manager Research meets care: The power of collaborative partnerships Narelle Ryan, Grampians Region Health Service Partnership

Collaborative Pathways: Engaging Stakeholders and Consumers through Co-Design in DELIVER Research

Ishaan Ameen, DELIVER site investigator, Western District Health Service

Exploring the Integration of Research Placements in Rural Health Services: a qualitative study

Michèle Conlin, Research Translation Coordinator, East Grampians Health Service

“Do something about it”: Improvement Initiatives in Action by Supporting and Training Health Service Staff

Sue Williams, Research Translation Coordinator, Grampians Health

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2:35 pm
Ballroom laneway

Afternoon tea

Catering by The Mantra Hotel, Lorne

2:55 pm

PANEL DISCUSSION – ‘How can quality improvement and research effectively intersect to enhance evidence-based practices and foster sustainable innovation in healthcare’

Facilitator: Dr. Jaclyn Bishop, Director, Development and Improvement, East Grampians Health Service

Introduction presentation

Professor Alison Hutchinson (ZOOM)
Chair in Nursing, Centre for Quality and Patient Safety Research – Barwon Health - Deakin Partnership, Co-Director, Centre for Quality and Patient Safety Research (QPS), Deakin University

Panelists:
Tess Marotta, Consumer representative
Alice Bennett, Director Quality and Safety, Colac Area Health
Dr Michael Field, Research Translation Coordinator, Western Alliance
A/Professor Rebecca Jessup, Director, Victorian Centre for Virtual Health Research, Northen Health
A/Professor Kevin McNamara, Deputy Director, Research Deakin Rural Health

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SESSION TWO: STaRR Emerging Researcher Showcase

Heritage Ballroom

4:00 pm	**Welcome and introduction** Dr. Olivia King, Manager Research Capability Building, Western Alliance
4:10 pm	**A novel tool to communicate the needs of survivors of trauma to health professionals: A mixed methods pilot study** Holly Lewtas, Registered Nurse and Primary Care Coordinator, Barwon Health
4:20 pm	**What should we prioritise: Safety or digital literacy?** Hayley Keane, Learning and Development Coordinator, South West Healthcare
4:30 pm	**Medication Adherence Amongst People with Schizophrenia: A Qualitative Study of Barriers in Ballarat, Australia** Jeevan Bhusal, Mental Health Clinician and Psychiatric Social Worker, Grampians Health
4:40 pm	**STaRR Mentor's reflections** Cindy Needham, Research Fellow and Regional Systems Thinking Advisor, Deakin University
4:55 pm	**Closing remarks** Professor Anna Peeters, Director, DELIVER program

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 or care closer to home, 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 to subscribe to our newsletter, or visit our website at deliver.westernalliance.org.au

Contact: DELIVER Program Manager: Kate.Huggins@deakin.edu.au

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

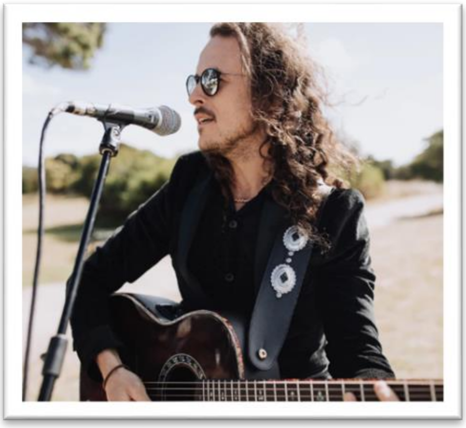
Western Alliance Annual Symposium

Networking cocktail event and entertainment

MC - Mr. Drew Aras, Chief Operating Officer, Western Alliance

Monday 11 November, 5:30 pm

The Lorne Hotel Rooftop, Lorne



Luke J

Luke J is the ultimate performer. As a guitar player, vocalist and DJ he can bring an explosive sense of energy to an event. With a vast range of genres like rock, funk, r'n'b, jazz and electronic, Luke’s adaptability to the vibe of an event and the audience he entertains is second to none.

From solo acoustic moments at wineries to rocking some of the biggest stages in the country, Luke brings excitement, vibe, versatility and pure entertainment to any event.

PROGRAM

Western Alliance Annual Symposium

Day Two

Tuesday 12 November, 9:30 am to 3:00 pm

The Mantra Hotel, Lorne

8:45 – 9.30 am	Registration and arrival tea/coffee
Heritage Ballroom	
9:30 am	Welcome to Country Ms. Ebony Hickey, a Gulidjan woman Opening address Professor Warren Payne Executive Director, Western Alliance
9:45 am	KEYNOTE: AKction in action: Co-creating community-led Aboriginal Health research Ms. Kelli Owen Kaurna, Narungga & Ngarrindjeri woman, Community Engagement Coordinator, National Indigenous Kidney Transplantation Taskforce Dr. Samantha Bateman Chief Investigator, Aboriginal Kidney Care Together Improving Outcomes Now Project KEYNOTE: Statewide reforms in South Australian stroke care: lessons learnt and gains made Professor Susan Hillier Professor of Neuroscience and Rehabilitation, University of South Australia
10:35 am Ballroom laneway	Morning tea Catering by The Mantra Hotel, Lorne

10:55 am **Regional and Rural Research Showcase – concurrent morning oral presentations**

	Session One Health services	Session Two Health services	Session Three Population health
Room	Heritage Room Two	Heritage Ballroom	Heritage Room Three
Session Chair	Dr. Olivia King Western Alliance	Ms. Alesha Sayner Western Alliance	Dr. Michael Field Western Alliance
	Ms. Nicola Lloyd Barwon Health *Designing a planning guide for evaluating public involvement in health service design* 10m	**Dr. Sammy Russell** Grampians Health *Crisis Mental Health Assessments: Scoping Review* *Application of a Clinical Confidence scale in understanding the capabilities of the current Mental Health and Wellbeing Workforce* 10m	**Ms. Tiffany Pe & Ms. Kirsty McColl** Barwon Health *Destination micro-elimination: Hepatitis C point-of-care testing uptake in the Barwon South West region* 10m
	Dr. Jaclyn Bishop East Grampians Health Service *Evaluating an integrated quality improvement and research approach: the Just Cos Initiative* 10m	**Ms. Jessica Beattie** Deakin University *Influence of a rural Longitudinal Integrated Clerkship on medical graduates' geographic and specialty decisions: a constructivist grounded theory study* 10m	**Dr. Chloe Love** Deakin University *Cumulative Incidence of Autism with Longitudinal Evaluation of Neurocognitive and Behavioural Functioning* 10m
	A/Professor Lara Fuller Deakin University *Deakin's Medical Graduates: are they working in our rural footprint?* 10m	**Ms. Stephanie Bennetts** Deakin University *Co-designing restrictive practice elimination: A systems thinking approach with mental health service users and practitioners in rural/regional Australia* 10m	**Dr. Michael Muleme** Barwon Health *Investigating the role of foxes in the epidemiology of Mycobacterium ulcerans transmission in Victoria* 10m
	Mrs. Andrea Russell Great Ocean Road Health *Organisational support for resident decision-making in falls prevention: A qualitative document analysis* 10m	**Dr. Ella Ottrey** East Grampians Health Service *Exploring the impact of Montessori methods in a rural aged care facility* 10m	**Professor Susan Brumby** Western District Health Service *Community of Practice: Sowing Seeds of Connection in Rural Health* 10m

	Miss. Natalie Bransgrove Federation University *Hospital in the Home for older people in rural Australia: A qualitative study of health professional's attitudes and experiences* *Mapping Hospital In The Home models of care utilized within Australia, a systematic review* 10m	**Miss. Kerry de Vent** Federation University *Factors associated with Length of Stay and Readmission Rates for older Hospital in the Home patients: A Systematic Review* *Are length of stay and readmissions effective indicators of healthcare performance? A systematic review* 10m	**Dr. Karen Blaney** Barwon Health *The public health response to a Highly Pathogenic Avian Influenza outbreak in poultry farms in Victoria, Australia: A success story and implications for future planning* 10m
	Miss. Chloe Brown Barwon Health *Multidisciplinary team members' experiences of supporting eating and drinking with acknowledged risk in healthcare and aged care settings at a regional health service* 10m	**Ms. Meg Barber** Barwon Health *"I am not pain, I have pain": A Pilot Study Examining iRest Yoga Nidra as a Mind-Body Intervention for Persistent Pain* 10m	**Ms. Bridgette McNamara** Barwon Health *Creation of a regional data directory – bringing together data resources for the Barwon South West to inform public health action in local communities* 10m
	Ms. Karina Demasson Grampians Health *Creating culturally safe care pathways for Aboriginal and Torres Strait Islander people in a regional Emergency Department (ED)* 5m	**Ms. Madeline Slater** Grampians Health *Paediatric Diabetes Quality Assurance Project – Consumer/Carer Surve* 5m	**A/Professor Amanda Wade** Barwon Health *One size does not fit all: healthcare worker perspectives on hepatitis B models of care in a low prevalence region in Australia* 10m
	Mr. Peter Kelly Western Alliance *STaRRlite – developing research translation capacity in rural and regional health settings using a tiered approach* 5m	**Ms. Alison Buccheri** Colac Area Health *CReW-Ace: COVID-19 & Regional Health Staff Wellbeing – Accessibility of Supports* 5m	**Mrs. Elizabeth Mullens** Federation University *Galectin 3 & 9 homologues of gastrointestinal soil transmitted helminths and the search for anti-inflammatory molecules* 5m
	Miss. Meg Murray Deakin University *Implementation and evaluation of training in a*	**Ms. Jenny Barr** Deakin University / University of Copenhagen *Understanding values, needs*	

	systems thinking methodology for health services 5m	*and preferences of people living with CKD and multimorbidity pre-dialysis: A longitudinal qualitative study.* 5m	

12:20 pm
Larder restaurant

Lunch
Catering by The Mantra Hotel, Lorne

1:00 pm — Regional and Rural Research Showcase – afternoon concurrent oral presentations

	Session One Health services	Session Two Primary care & community health	Session Three Population health
Room	Heritage Room Two	Heritage Ballroom	Heritage Room Three
Session Chair	Dr. Ella Ottrey Western Alliance	Mr. Peter Kelly Western Alliance	Ms. Jessie Adams Western Alliance
	Ms. Mary Malakellis Grampians Health *Adapting a metropolitan case management model for implementation in a rural setting* 10m	**Ms. Liz Miller** Western Victoria PHN *Collecting Outcomes and Measuring Impact in Mental Health* 10m	**Ms. Alana Kelly** Barwon Health *Investigating Buruli ulcer spread in a suburban non-coastal area of Victoria* 10m
	Dr Sarah Price Barwon Health *A Seven Week Interdisciplinary Group Intervention Program for Persisting Symptoms After Concussion* 10m	**Ms. Jo Lee** Western Victoria PHN *Community Transport Services in Rural Victoria – A partnership approach to improve access to local health services* 10m	**Dr. Rachel Morgan** Deakin University/ Barwon Health *Early life risk factors for preschool wheeze profiles in a longitudinal birth cohort study* 10m
	Ms. Sarah Wood Deakin Rural Health *Measuring Access to Sexual and Reproductive Health Services in Regional Victoria* 10m	**Miss. Madison Frith** Deakin University *Evaluation of the Priority Primary Care Centre program in the Western region of Victoria, Australia* 10m	**Dr. Stacey Bracksley-O'Grady** Violet Vines Marshman Centre for Rural Health Research, La Trobe University *Something to smile about: Ideas for oral health improvement from communities in West Wimmera* 10m

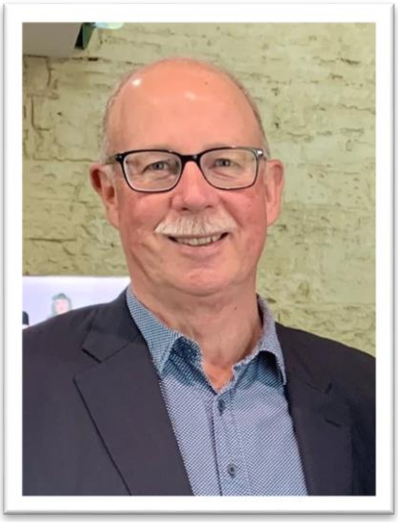
	Dr. Hannah Clarke Barwon Health *Novel model of paediatric outpatient care: GP perceptions and referral patterns* 5m	**Mrs. Gabby Schultz** Barwon Health *Making the Call: Improving timely access to community health physiotherapy services* 5m	**Dr. Christine Roder** Barwon Health *Distance and diversity: Understanding the challenges to hepatitis B care in the Barwon South West region of Victoria* 10m
	Ms. Hayley Keane South West Healthcare *What should we prioritise: Safety or digital literacy?* 5m	**Ms. Alice Grinter** Western Victoria PHN *Improving Outcomes for Women with Pelvic Pain: Kardinia Health's Pelvic Pain and Endometriosis Clinic* 5m	**Professor Peter Vuillermin** Barwon Health/Deakin University *Assessing the Reduction of Recurrent admissions using OM-85 for the treatment of preschool Wheeze (ARROW): a novel method to enable feasibility of a cost-effective, multi-centre, randomised, double-blind, placebo-controlled trial* 10m
	Dr. Jaclyn Bishop East Grampians Health Service *Supporting the wellbeing of staff caring for residents with challenging behaviours in residential aged care (Swell-RAC)* 5m	**Mr. Jamie Swann** Western Victoria PHN *Qualitative discussion of person-centred outcomes in an allied health supported chronic conditions program* 5m	
	Mr. Tim Stewart Grampians Health *Nutrition delivery in Critical Illness – The rise of the machines?* 5m	**Mr. Jake Romein** East Grampians Health Service *Developing and evaluating a toolkit to support the scaling of modified sport programs for older adults in rural areas* 5m	

FINAL PLENARY SESSION

Heritage Ballroom

2:05 pm	KEYNOTE: Expertise, Equity and Access-Multi-disciplinary, shared-care, public paediatric outpatient clinics in Geelong and Colac Dr. Lawrence Gray General paediatrician and clinician scientist, Barwon Health
	KEYNOTE: The importance of place-based translational research in rural Australia Professor Jenny May AM National Rural Health Commissioner
2.55 pm	Closing address Professor Brendan Crotty Chair, Western Alliance

SYMPOSIUM CONVENORS



Professor Warren Payne

Executive Director, Western Alliance

Professor Warren Payne has worked as an academic, researcher and executive responsible for organisational research development for over 40 years.

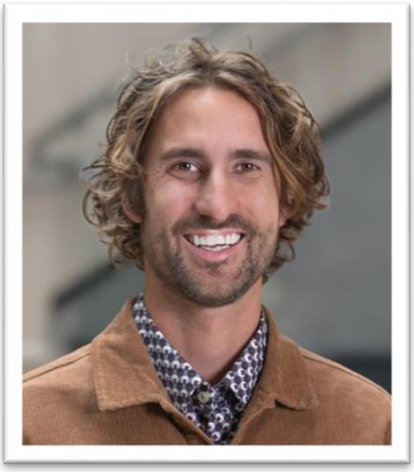
As a researcher he worked across the fields of health promotion, occupational health and safety and sports and exercise science. His research has resulted in numerous improvements to industry and government policies and procedures.

Warren is a past chair of the Victorian University's Deputy Vice-Chancellor (Research) Committee and an executive member of the Universities Australia Deputy Vice Chancellor (Research) Committee, and has been a board member and an advisor to a range of professional, industry, government, and community organisations.

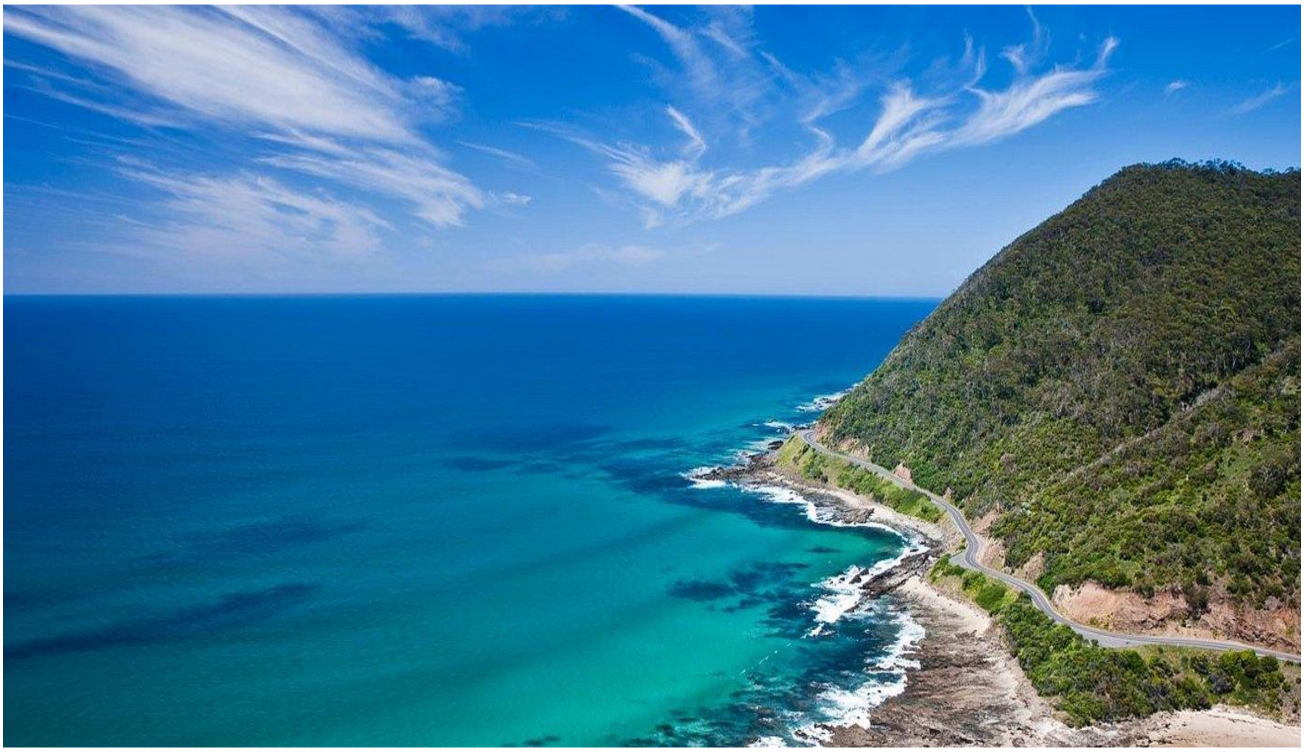
As Executive Director of Western Alliance Academic Health Science Centre since 2018, Warren has been responsible for the development and overseeing the implementation of the Alliance's strategy to improve the health and wellbeing of communities across western Victoria. The strategy has focused on supporting member health services to generate translational research and apply research evidence in their practice.

Mr. Drew Aras

Chief Operating 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.



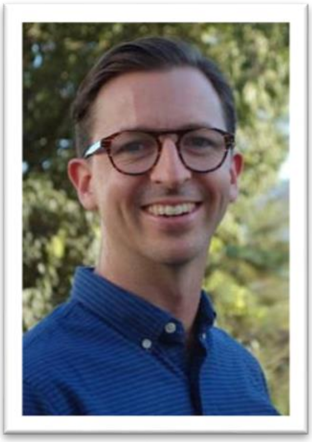
KEYNOTE SPEAKERS

Dr Samantha Bateman

Aboriginal Kidney Care Together Improving Outcomes Now Project

Dr Samantha Bateman is a white woman who lives and works on Kaurna Country. She is a nephrologist with the Central and Northern Adelaide Renal and Transplantation Service and Nunkuwarrin Yunti community-controlled health service in Adelaide. Sam is a chief investigator of the co-created and NHMRC funded Aboriginal Kidney Care Together Improving Outcomes Now [AKction] project. She is a PhD candidate at the University of Adelaide with a NHMRC post-graduate scholarship and Royal Australian College of Physicians Award for Excellence. Her body of work investigates models of care to improve access to and outcomes of kidney transplantation for Aboriginal and Torres Strait Islander people.

Her research program was formed after extensive community consultation conducted by the AKction group and has multi-level Aboriginal and Torres Strait Islander governance through her PhD supervisor team, the AKction reference group and research collective.



Dr. Lawrence Gray

Barwon Health

Dr Lawrence Gray (B.Biomed Sci., MBBS (Hons), PhD, FRACP) is a general paediatrician and clinician scientist interested in quality improvement, developmental and community paediatrics and the early-life determinants of chronic diseases and social determinants of child health. He works in regional and rural south-west Victoria where he is the lead paediatrician for general public outpatient clinics in Geelong and Colac, focusing on learning, behavioural and developmental concerns, as well as a specialist hearing loss clinic.

At Barwon Health he is the paediatric lead on Quality Improvement and Research and oversees paediatric trainee Advanced Training Research Projects, with a current focus on GP shared-care models, parental perception of outpatient care and chronic illness alert systems. He maintains an active research role contributing to the Barwon Infant Study, a large birth cohort now in its 10th year, from which he has published 17 articles (6 first author) examining the early life origins of childhood diseases. He has presented locally and internationally at conferences on subjects including innovative models of paediatric practice, quality registries, allergic disease and hearing loss.

Professor Susan Hillier

University of South Australia

Susan Hillier is Professor of Neuroscience and Rehabilitation at the University of South Australia. Her research and clinical practice particularly focus on novel models of rehabilitation and the role of the brain in recovery. She has completed many clinical trials in this space and has become particularly interested in how we can implement research findings and shape service delivery to maximise recovery after injury, in a more equitable way.

A series of long term projects in stroke care in South Australia and nationally will be showcased in her presentation.

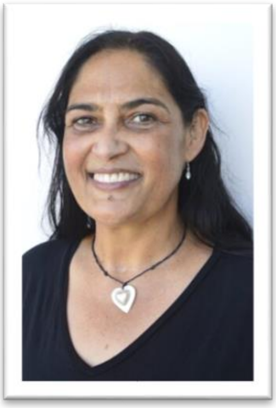
Professor Jenny May AM

National Rural Health Commissioner

Professor Jenny May AM has been passionate about rural health since her first rural medical student placement in 1980 and then as a trainee rural doctor at Tamworth Hospital in 1985.

Professor May's vast and extensive knowledge working across Australia and internationally has provided multiple opportunities to contribute through research on health workforce matters. She now calls Tamworth home and has had the incredible privilege to live and work with her doctor husband and family in a number of remote and regional locations.

Professor May holds fellowships with RACGP and ACRRM and has extensive experience in clinical practice, research, education and rural health advocacy. In 2016 she was awarded a Member of the Order of Australia (AM) for significant service to community health in rural and regional areas, as a general practitioner, member of professional medical groups, and as an educator. With over 35 years of working and supporting rural, regional and remote health care, her appointment as the third National Rural Health Commissioner has been widely welcomed.



Kelly Owen

National Indigenous Kidney Transplant Taskforce

Kelli Owen is a Kaurna, Narungga & Ngarrindjeri woman, mother of five and mutha (nana) of four. She is the Community Engagement Coordinator for the National Indigenous Kidney Transplantation Taskforce (NIKTT). In addition, Kelli is a member of South Australia's AKction (Aboriginal Kidney Care Together – Improving Outcomes Now) team, which aims to identify and respond to the needs of Aboriginal Kidney patients. Furthermore, she co-leads the Kanggawodli cultural project within CNARTS (Central Northern Adelaide Renal and Transplantation Service) as a Cultural Advisor and project manager. She is currently the CIA of COMPASS (Connecting Our Mob Patient navigators As Sustainable Supports.

Kelli's contribution to the NIKTT, AKction, COMPASS and CNARTS is enhanced by her lived experience of kidney failure. After undergoing several years on dialysis, Kelli received a donated kidney in May 2016. Her first-hand knowledge of the kidney journey, coupled with her Bachelor of Education and Master of Indigenous Language Education degrees, underpin her engagement with Indigenous communities and help to facilitate positive relationships between health professionals, patients, and their families.

ABSTRACTS

Listed alphabetically, by the surname of the presenting author.

"I am not pain, I have pain": A Pilot Study Examining iRest Yoga Nidra as a Mind-Body Intervention for Persistent Pain

Barber, M,[1] Marks, R,[2] Sheedy, J,[1] Miller, R,[3] Lopez, S,[3] O'Shea, M[2]

1 Barwon Health, 2 Deakin University, 3 iRest Institute

Presenting author: Ms. Meg Barber

Background/aim: This pilot study was the first of its kind to examine the experiences of people with persistent pain engaging in a six-week iRest for Pain group program as part of multidisciplinary pain care.

Population setting: This program was offered in a specialist outpatient pain management service within a regional public hospital in Victoria, Australia.

Methods: The present study used a qualitative, phenomenological design and reflexive thematic analysis to gain an understanding of the firsthand experience of patients who participated in the iRest for Pain group program.

Results/findings: Participants reported they experienced iRest Yoga Nidra as personal and therapeutic, that the practice facilitated deep relaxation and restoration; for some participants trauma reprocessing and integration; improved pain self-management and self-efficacy, as well as dis-identification from persisting pain as personal identity. Additionally, some participants reported motivation and confidence to use iRest instead of medication, to reduce dependence on opioid medications.

Conclusion: The iRest for Pain group program presents a cost-effective, personally therapeutic and innovative mind-body intervention, which could be offered at various phases from primary to tertiary specialised pain care.

Translational impact/implications for future practice: Refer to the conclusion.

Understanding values, needs and preferences of people living with CKD and multimorbidity pre-dialysis: A longitudinal qualitative study.

Barr, J

Deakin University, University of Copenhagen

Presenting author: Ms. Jenny Barr

Background/aim: Living with Chronic Kidney Disease (CKD) and multimorbidity is a global health problem with increase in worldwide prevalence characterised by complexity, an impactful workload of self-management for patients and growing burden on health services. Finding new ways to support patients' engagement in management of their care for better collaborative decision making is much needed. Understanding the experiences, values, needs and preferences of this cohort in the pre-dialysis period is one step towards determining needs for change towards potential empowerment through a cocreated intervention.

Population/setting: Adult patients living with CKD and multimorbidity pre-stage 5, living in the region west of Melbourne have been recruited from the Western Health Chronic Complex Care Clinic. Four males and five females are active participants.

Methods: This longitudinal qualitative study with patients living with chronic kidney disease, explores the multimorbidity journey over twelve-months pre-dialysis. The use of guided self-determination (GSD) tools as a research method promotes reflective conversations within semi-structured interviews taking place between three-five times per patient journey at self-selected timepoints, and provides an approach to elicit day-to-day experiences and insights of managing complexity of multimorbidity. This study is nested within a program using intervention mapping to codesign an intervention to empower patients in their decision- making in self-care. Qualitative data is being analysed using a reflexive thematic analysis approach.

Results/findings: Preliminary findings highlight patients' journeys of 'navigating complex uncertainty' when living with CKD and multimorbidity in the pre-dialysis period. Findings show 'uncertainty and lack of control' and 'normalising uncertainty' through the 'chronic complex cycle of multimorbidity' are processes inter-relating with patients' values and needs, and their preferences for involvement at touchpoints in their pre-dialysis CKD health journey. Health literacy skills and attributes, interactions with health professionals and patients' own insights impact on decision making and potential collaboration.

Conclusion: Not yet completed.

Translational impact/implications for future practice: GSD tools can be utilised to elicit reflections about experiences of living with multimorbidity. This qualitative longitudinal study will contribute to a new understanding of decision making and engagement in pre-dialysis CKD and inform the cocreation, with patients and health professionals, of a new intervention for empowerment and collaboration in health care.

Influence of a rural Longitudinal Integrated Clerkship on medical graduates' geographic and specialty decisions: a constructivist grounded theory study

Fuller, L, Binder, M, Beks, H

Deakin University

Presenting author: Ms. Jessica Beattie

Background/aim: Like many countries, Australia is suffering from a longstanding and persistent medical workforce maldistribution with fewer doctors per capita in rural locations and a trend towards sub-specialisation. Longitudinal Integrated Clerkships (LICs), a medical education model, are more likely than other clerkship models to produce graduates who work rurally and in primary care. While this quantitative data is essential, there has been a dearth of program-specific evidence explaining how rural LIC graduates make their career decisions both in terms of medical specialty and geographic practice location

Population/setting: Graduates from Deakin University's comprehensive rural LIC (2011-2020), known as the Rural Community Clinical School (RCCS). The RCCS is a geographically dispersed medical education clerkship where students are embedded in a rural community via an attachment to a general practice and local health service for the duration of their first clinical year.

Methods: A constructivist qualitative grounded theory approach was employed to identify how rural LIC graduates made career decisions in terms of both medical specialty and geographic practice location.

Results/findings: Thirty-nine graduates participated in qualitative interviews. The Rural LIC Career Decision Making Framework was developed, postulating that an alignment of personal and program factors under the central concept of 'choosing to participate' can influence graduates' geographic and specialist career decisions, both individually and symbiotically. Once embedded in the clerkship, participation was augmented by the concepts of learning design affordance and learning in place, providing the participants with longitudinal opportunities to experience and compare medical disciplines in an integrated manner.

Conclusion: The developed framework presents contextual elements of the program that were deemed influential on graduates' subsequent career decisions. Regardless of graduates' willingness to participate in the program, a transformation occurred. Transformation was facilitated by reflection, either challenging or confirming the graduate's pre-conceived ideas about career decisions and in turn influencing professional identity formation.

Translational impact/implications for future practice: Globally, as fewer medical students are pursuing careers in primary care it is arguable that all medical students should be provided with longitudinal attachments in this setting. Such continuity can foster the development of general practitioners, through role modelling and a positive placement experience which are influential in graduates pursuing careers in this specialty.

Co-designing restrictive practice elimination: A systems thinking approach with mental health service users and practitioners in rural/regional Australia

Pepin, G,[1] Moylan, S,[3] Carolin, R,[1] Forrester-Bowling, T,[2] Mclure, J,[1] Brown, A,[2] Lucas, J[1]

1 Deakin University, 2 Barwon Health, 3 Colac Area Health

Presenting author: Ms. Stephanie Bennetts

Background/aim: This study aimed to: (1) Identify priority issues in the elimination of and use of alternative approaches to restrictive practices (seclusion and physical/mechanical restraint) in rural/regional acute adult mental healthcare services, as told by mental healthcare service users and practitioners, (2) identify the community-based, system-level feedback loops that enhance or reduce the use of restrictive practices and viable alternatives and, (3) identify potential action areas to improve system structures to increase regional mental healthcare services' ability to eliminate restrictive practices and use alternative approaches.

Population/setting: (n = 9) of mental healthcare practitioners and service users with lived experience of restrictive practice use.

Methods: Group model building (GMB) workshops were held.

Results/findings: Participants identified four key priorities in relation to eliminating restrictive practices: (1) self-advocacy, (2) continuity of care, (3) early intervention, and (4) safety for all. The study findings were distilled into a novel preliminary set of mental healthcare practitioner and service user action ideas.

Conclusion: The elimination of restrictive practices from adult acute mental healthcare services in the Geelong-Barwon region requires embedding principles of self-advocacy, continuity of care, early intervention, and safety for all within practices and service systems. This study has co-designed a novel preliminary set of action ideas from mental healthcare practitioners and service users. These should be further developed through co-design and planning within the regional health service community for implementation and potential adoption across broader mental healthcare contexts.

Translational impact/implications for future practice: The team are currently applying for funding for translating one of the co-designed strategies (the peer navigator role) within Barwon Health.

Evaluating an integrated quality improvement and research approach: the Just Cos Initiative

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East Grampians Health Service

Presenting author: Dr. Jaclyn Bishop

Background/aim: A criticism of health care systems is that they typically implement practices (e.g. new procedure, new checklist) into care because they seem like good ideas, yet may not have the evidence to support them. The Just

Cos Initiative (Just Cos) encourages staff to think critically about their work practices and provides a pathway for staff to submit queries about potentially low-value or non-evidence based/informed practice.

Based on a Learning Health System approach, Just Cos integrates internal audit data and key stakeholder experience of the practice with external research and then puts that knowledge into practice using quality improvement methods.

The aim of this study is to evaluate whether this integrated quality improvement and research approach can identify low value care/non-evidence based practices and where identified, whether these practices can be minimized.

Population setting: A rural health service in Western Victoria.

Methods: Through data available from the Just Cos submission log the evaluation will primarily collate details of the submissions over 12 months including the number: received in 12 months, that identified a necessary practice change, that resulted in a change in health service policy or practice.

Results/findings: The Just Cos Initiative was launched on 1 May 2024. To date, there have been nine submissions received.

Four of the submissions have completed the Just Cos process. A question around priming of intravenous lines when administering blood led to a policy update to state that either blood or 0.9% sodium chloride can be used. A review of two submissions on drawing up practices for 0.9% sodium chloride flushes led to the introduction of pre-filled syringes for this purpose. A review of whether nebulisation (if indicated) should occur over oxygen or air identified a lack of access to equipment that would support best practice.

Conclusion: The first five months of the Just Cos Initiative has resulted in several practice changes.

Translational impact/implications for future practice: Locally, the Just Cos Initiative supports safe and effective care which will lead to better outcomes for our consumers. The model for integrating research and quality improvement will be shared with other organisations.

Supporting rural residential aged care staff through a wellbeing initiative

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Presenting author: Dr. Jaclyn Bishop

Background/aim: Aged care is a vibrant sector with many staff choosing it as their lifelong career speciality. Residents living in aged care have complex care needs, including co-morbidities and a high prevalence of mental health disorders (Amare et al., 2020; Gibson, 2020). This may result in challenging behaviours and disruption for other residents. Aged care staff manage these behaviours for months and years, leading to sustained impacts on their wellbeing. This is further complicated in rural settings with limited alternative care options. This study sought to understand the perspectives and experiences of staff caring for residents with challenging behaviours in four residential aged care facilities at a rural health service, and to co-design and implement an initiative that promotes their wellbeing and joy at work.

Population setting: four residential aged care facilities at a rural health service.

Methods: A literature review identified interventions that improved staff wellbeing in aged care (or other relevant) settings. Semi-structured interviews with 17 aged care staff and managers explored the extent of the issue (i.e., managing challenging resident behaviours), and strategies that influence staff wellbeing. Interview transcripts were analysed thematically?? Together, the literature review and interviews informed a co-design session with 11 participants, to prioritise and design a staff wellbeing initiative.

Results/findings: The literature review identified 23 articles describing interventions to improve staff wellbeing. Overall, the studies provided low-level evidence of intervention effectiveness and no studies were conducted in rural settings.

Analysis of the interview transcripts revealed three key areas for local wellbeing initiatives: response from leadership, peer-support, and workplace structure. These informed discussion at the co-design session.

Co-design participants developed a wellbeing initiative to support rural residential aged care staff, which has been implemented across four facilities. The initiative includes a structured on-site peer support program and multidisciplinary wellbeing debrief sessions.

Conclusion: Not included.

Translational impact/implications for future practice: This study provides evidence of the impact of challenging resident behaviours and the rural context on aged care staff wellbeing, and potential strategies to better support staff working in aged care. This evidence informed development of a wellbeing initiative at our health service and may provide guidance for other rural aged care facilities looking to support staff wellbeing.

The public health response to a Highly Pathogenic Avian Influenza outbreak in poultry farms in Victoria, Australia: A success story and implications for future planning

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Presenting author: Dr. Karen Blaney

Background/aim: Avian influenza viruses represent a significant threat to global public health and have contributed to the emergence of human influenza pandemics in the past. Human cases of avian influenza represent a significant public health concern, due to the potential for severe disease, as well as the potential of dual infection with seasonal and avian influenza, which may lead to reassortment between the two viruses. An outbreak of high pathogenicity avian influenza (HPAI) was declared in Victoria following detection at a poultry farm in Golden Plains Shire on 22 May 2024.

With the increasing global threat of HPAI, in particular H5N1, this research aims to improve the response to future zoonotic disease with pandemic potential.

Population/setting: A large outbreak of avian influenza occurred in poultry farms, in Victoria, Australia in 2024. HPAI H7N3 was detected at seven premises in the Meredith region, and a separate strain HPAI H7N9 was detected at a property in the Terang region. Anyone who had attended an infected premises since the beginning of the risk period – 10 days prior to the onset of symptoms in poultry – was considered a potential contact (at risk of having been exposed to avian influenza).

Methods: A multi-agency human health response aimed to identify and manage contacts and suspected cases. Human case and contact definitions were established, with management dependent on this classification. Public health actions included provision of antivirals, seasonal influenza vaccination and active surveillance of high-risk contacts. Medical assessment and testing of suspected cases was facilitated through local health services and primary care settings.

Results/findings: A total of 212 contacts were identified, including 165 high-risk and 47 low-risk contacts. Contacts were distributed across twenty-five Victorian local government areas. Twenty suspected cases were identified, all of whom tested negative for influenza A. There were no probable or confirmed human avian influenza cases.

Conclusion: The recent HPAI outbreak in Victoria showcases the effectiveness of a coordinated, One Health approach to disease management.

Translational impact/implications for future practice: With the global threat of HPAI H5N1, governments, agriculture, and healthcare must enhance preparedness and response strategies. This outbreak response provides important learnings for preparedness and response at a regional and state level.

Something to smile about: Ideas for oral health improvement from communities in West Wimmera

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Presenting author: Dr. Stacey Bracksley-O'Grady

Background/aim: West Wimmera Health Service (WWHS) catchment experience poor oral health outcomes. To address this, WWHS health promotion team have been working with researchers at the Violet Vines Marshman Centre for Rural Health Research VVMCRHR to improve community oral health. As part of this work, community oral health profiles have been developed and oral health questions added to the annual Top5Things community survey. The insights gained from these activities were used to develop a comprehensive oral health survey. The aim of this survey is to assess the oral health knowledge, attitudes, and behaviours of communities and identify gaps and areas for improvement.

Population/setting: Communities within the West Wimmera area of Victoria.

Methods: Following ethics approval from the University Ethics Committee (HEC23254) two oral health questions were added to the Top5Things annual survey in September 2023. Using a convenience sample, a descriptive cross-sectional survey was distributed throughout the community from June-October 2024. A range of descriptive methods were used to analyse the data.

Results/findings: A total of 70 responses to the Top5Things survey were received with the community ranking oral health as very important (average rating of 8 out of 10). The top five things identified by respondents to improve oral health included having a dentist (68%), oral health education (46%), addressing costs (27%), diet and nutrition interventions (18%) and oral health policy initiatives (11%).

To date 223 responses to the community wide oral health survey have been collected. Preliminary analysis demonstrates a lack of knowledge in some key areas (fluoride, age of first dental visit, prevention, rinsing mouth, when to see a dentist). Results show that people mostly visit the dentist for a problem and many experience issues with access, transport and cost of dental services.

Conclusion: The findings to date identify key areas for improvement, providing a foundation for developing targeted interventions to enhance oral health outcomes across the region.

Translational impact/implications for future practice: The results of this work will be used by WWHS to develop a range of community-based initiatives. The findings will be presented back to the communities through workshops in 2025 and community members invited to participate in a co-design process to explore locally based solutions to improve oral health across the lifespan.

Hospital in the Home for older people in rural Australia: A qualitative study of health professional's attitudes and experiences

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1 Federation University, 2 East Grampians Health Service

Presenting author: Miss. Natalie Bransgrove

Background/aim: Hospital In The Home (HITH) provides an opportunity for patients to receive acute care in their homes. Providing HITH care to older rural people can reduce the risk of nosocomial infections and increase accessibility to acute healthcare. Yet, the literature has not considered the perspectives of rural health professionals caring for older people within HITH programs in Australia. To overcome this research gap, health professionals from a rural health service were interviewed to understand their attitudes and experiences towards HITH for older rural people.

Population setting: Health professionals who were involved in the delivery or management of HITH care for older people in a single rural area of Western Victoria.

Methods: Seven semi-structured interviews were completed online or in person between February and August of 2024. Interview questions explored the experience of health professionals, the future of rural HITH for older people, and whether the model of care has met the health care needs of this rural community. Interviews were recorded, transcribed and then analysed using the Braun and Clarke approach to determine common themes.

Results/findings: Preliminary findings will be presented on the management and delivery of HITH for older rural Victorians from the perspective of health professionals from a single rural health service in rural Victoria. These findings will explore the barriers, benefits and enablers of rural HITH for older people, how the HITH model of care has been adapted to meet the needs of this rural community, and ideas for the future of HITH for older people in rural areas.

Conclusion: The perspective of health professionals caring for rural older people through HITH is absent in the Australian literature. This study will provide greatly needed insight into current HITH service delivery from a rural perspective, and how HITH has been and could be adapted to further meet the needs of older rural people.

Translational impact/implications for future practice: Understanding the challenges and solutions utilised by this health service may assist other rural health services to improve HITH for older rural people.

Mapping Hospital In The Home models of care utilized within Australia, a systematic review

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Presenting author: Miss. Natalie Bransgrove

Background/aim: Since the implementation of Hospital In The Home (HITH) in 1994, its application has changed. The COVID-19 pandemic saw greater use of technology and remote health to meet the care needs of acute patients. To understand how HITH has adapted to meet the changing needs of Australians, mapping of the HITH models of care within Australia was completed.

Population setting: A systematic review was conducted of Australian literature from the introduction of HITH in 1994 to 2024.

Methods: Seven databases and citation searching were utilised using PRISMA guidelines. A total of 342 papers were initially identified, and after review by the authors, ten articles were deemed of high quality and described the HITH model of care delivered within Australia. Braun and Clarks thematic analysis approach was utilised to identify common themes, and results were presented as a narrative synthesis.

Results/findings: Three models of care were identified within the Australian HITH context. Models were defined by medical management, the provider of medical care, and the location where the care was delivered. The medical model included doctors and nurses providing care in the patient's home. The nursing model included the nurse providing care in the home, and patients traveling to the health service for medical care. The brokerage model included medical and nursing care being provided by a local health service while the patient remained admitted to a larger health service.

Conclusion: There are opportunities to improve the current models of care utilised within Australia to meet the needs of rural communities. Further research is required to engage rural health services to determine how models of Hospital in the Home care have been adapted to meet the needs of their communities.

Translational impact/implications for future practice: The inclusion of technology and telehealth have been suggested throughout the literature and have the potential to impact the delivery of HITH care, especially in rural areas. Understanding the HITH models of care can improve the reporting of HITH research and improve translation for health services.

Multidisciplinary team members' experiences of supporting eating and drinking with acknowledged risk in healthcare and aged care settings at a regional health service

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Presenting author: Miss. Chloe Brown

Background/aim: Speech pathologists provide assessment and support shared decision-making to optimise swallowing safety. Many people decide to continue oral intake deemed unsafe by the speech pathologist or medical team, or "eat and drink with acknowledged risk" (EDAR).

Speech Pathology Australia Guidelines indicate that local policies to support clinicians managing complex EDAR decisions are lacking. This study explores multidisciplinary team members' perceptions and experiences supporting EDAR decision-making and practice, and the resources needed to support teams and clinicians who work with people who EDAR.

Population setting: With EDAR discussions occurring across the continuum of care, this research includes multidisciplinary team (MDT) members working in acute, inpatient rehabilitation, outpatient, community rehabilitation and residential aged care settings, in a large regional health service in western Victoria.

Methods: Semi-structured focus groups were conducted with MDT members to explore their perceptions and experiences supporting EDAR, and to identify their support and capability building needs to implement best practice.

Results/findings: Six focus groups and one interview were facilitated with 32 MDT members representing speech pathology (n=9), nursing (n=7), staff from non-clinical support services or pastoral care (n=7), dietetics (n=4), medicine (n=4), and occupational therapy (n=1). Participants worked across acute, sub-acute, community health, community rehabilitation, palliative care and residential aged care settings.

Four themes were constructed from the data: (1)dynamic shared decision-making, (2) communicating effectively to support and inform EDAR decision-making, (3) enabling EDAR in practice and (4) risks and implications for clinicians and staff.

Conclusion: Enacting best practice EDAR decision-making and implementation of best practice in healthcare is complex. Effective communication and adequate and nuanced support for staff engaging in this area is crucial, given the clinical and ethical, implications that arise when supporting people who decide to EDAR.

Translational impact/implications for future practice: The implementation of a local guideline and education package informed by the research with reference to SPA's 'Informed Choice and Shared Decision Making with People with EDAR' guideline, will allow for the MDT gain confidence to participate in EDAR practice. There is potential for other health organisations to adopt and adapt these interventions.

Community of Practice: Sowing Seeds of Connection in Rural Health

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Presenting author: Professor Sue Brumby

Background/aim: A comprehensive literature review conducted in 2021 on building community resilience in rural Victorian communities informed the establishment of a Community of Practice (CoP) funded by Agriculture Victoria and the Victorian Department of Health. This initiative supported 11 diverse project teams aimed at enhancing health outcomes and resilience in geographically distinct rural areas.

Population/setting: Picture this: six rural healthcare organisations, two local governments, two agricultural groups, two government departments, and one private metro organisation all trying to dance to the same tune. This cross-sectoral collaboration posed challenges, particularly given the short timelines for project execution and the varied priorities between organisations.

Methods: Over a span of 26 months, we conducted 21 CoP meetings (18 online sessions and 3 face-to-face gatherings) with projects covering 22 rural local government areas. Three foundational characteristics were pivotal to success:
(i) Collective Competence and learning—members shared their expertise, experiences and reflection.
(ii) Community Building— engaging in joint discussions, activities and sharing information and ideas.
(iii) Resource Development— develop a repertoire of resources to improve capacity to deliver the resilience projects through stories, novel evaluation tools e.g. most significant change and collective CoP experiences.
Post-meeting Qualtrics surveys were utilised to adapt the CoP to the evolving needs of its members and to align with the literature review findings.

Results/findings: Longitudinal results will be presented across the life of the CoP (21 meetings).

Final evaluation indicates significant engagement and positive outcomes from the CoP:

- 100% of participants reported feeling connected and engaged with their peers.
- 93% agreed that participation improved their project outcomes.
- 93% indicated they gained valuable insights applicable to their work.

Conclusion: Establishing a regular meeting schedule (same weekday and time) enhanced engagement, while face-to-face interaction strengthened relationships particularly across diverse sectors. The process of building trust, though gradual, has proven essential for successful collaborations and project outcomes as shown in results.

Translational impact/implications for future practice: Future iterations of the CoP should prioritise enhancing cross-sectoral dynamics as a key success factor. Employing evidence-based resilience methodologies helps maintain grassroots engagement ensuring the CoP remains relevant to the health needs of the rural communities we serve.

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

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

Presenting author: Ms. Alison Buccheri

Background/aim: There is extensive evidence that the mental health and wellbeing of health service staff has been impacted by the COVID-19 pandemic. Ensuring health service staff wellbeing is important for employee quality of life and workforce retention, which in turn can influence the quality of patient care and service provision.

Rural health service staff experience unique challenges in the workplace, including geographical isolation, limited access to resources, and greater likelihood of sole practitioner status. In our previous research (lead by rural and regional health services), workplace factors such as team support, leadership and staff recognition were shown to have both positive and negative influences on staff wellbeing. There is currently little evidence about how to effectively implement wellbeing support initiatives in health services to address these workplace factors, particularly in the rural Australian context.

CReW-Ace is a multi-site study that aims to identify and understand the factors that influence the provision of, and access to, wellbeing supports in rural and regional Victorian health services.

Population/setting: Participants were recruited from leadership, human resources and / or staff wellbeing teams from seven public sector health services across rural and regional communities in Victoria.

Methods: Focus groups were conducted to identify existing workplace wellbeing strategies, barriers and facilitators to provision of and access to wellbeing strategies. Focus group data was analysed thematically.

Results/findings: Sixteen participants from seven health services took part in four focus groups, held online. Preliminary analysis has identified: 1) the existence of a wide range of wellbeing strategies within health services; 2) barriers to wellbeing strategies (e.g. limited funding/infrastructure, diversity across health workforce roles, staffing challenges); 3) facilitators of wellbeing strategies (e.g. increased focus on staff wellbeing following the COVID-19 pandemic, wellbeing strategies that required minimal time commitment from staff); and 4) factors relating to obtaining staff feedback on existing and future wellbeing strategies.

Conclusion: Study not yet completed.

Translational impact/implications for future practice: Findings from this work will inform survey design for gathering data on staff wellbeing and access to wellbeing strategies across participating sites. 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.

Novel model of paediatric outpatient care: GP perceptions and referral patterns

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1 Barwon Health, Colac Area Health

Presenting author: Dr. Hannah Clarke

Background/aim: Paediatric outpatient services are overwhelmed nationwide by high referral numbers, leading to inequitable outcomes which are worse in regional and rural areas. A proposed solution is to increase rates of shared-care between paediatricians and GPs. A pilot model of outpatient paediatric care introduced in Geelong in 2022 was used for the basis of a change in the model of care at Colac from January 2024.

Population/setting: Referring general practitioners to the Colac Paediatric Clinic.

Methods: A prospective cohort study surveying referring GPs and GP registrars to the Colac Paediatric Clinic between 2nd February and the 30th June 2024. Concurrently, a prospective, non-identifiable, clinical audit of wait list numbers, time on the wait list, and appointment types was conducted to assess initial impact on GP referral patterns and access to outpatient paediatric care following change to model of care.

Results/findings: Baseline GP results suggested discomfort with care of and prescribing for children, particularly those with learning and behavioural concerns, with 81.3% citing these as factors in a decision to refer to a paediatrician. A large proportion of GPs (56.3%) expected paediatricians to take sole care of the patient, although conflictingly the majority (56.3%) also reported shared-care arrangement as the aim of their referral. Post-implementation of the new model, the proportion of patients able to be seen for learning and behavioural concerns increased from 1.9% to 14% of new appointments, reducing wait list times for these concerns.

Conclusion: GPs in Colac lack confidence in the care of complex children. A new shared- care model of care addresses critical access issues for specialist paediatric outpatient care in a rural setting. Since the clinic began, referrals of complex children have reduced. Further studies are required to assess the change in GP attitudes and referral patterns longitudinally.

Translational impact/implications for future practice: Potential affirmation of the shared care model to facilitate improved access to paediatric outpatient care, whilst upskilling pre-existing local primary health care providers.

Factors associated with Length of Stay and Readmission Rates for older Hospital in the Home patients: A Systematic Review

De vent, K, Porter, J, Larkins, J

Federation University

Presenting author: Miss. Kerry De vent

Background/aim: Readmission rates and length of stay (LOS) are commonly used as healthcare performance indicators. Measuring healthcare performance is important in the treatment of older patients who may present with complex healthcare needs and absorb considerable healthcare resources. To address these issues, a promising alternative to acute-based hospital care is to provide care at home (HITH – hospital in the home) which can replace a hospital stay or enable early discharge from acute-based setting. The purpose of this review was to describe LOS and readmissions for older patients receiving home-based treatment to appraise healthcare performance for optimal health outcomes.

Population/setting: Older/elderly patients in healthcare settings receiving HITH treatment.

Methods: A systematic review was conducted according to PRISMA guidelines using databases SCOPUS, MEDLINE, CINAHL complete, APA PsycInfo, APA PsycArticles and Web of Science. Search terms relating to HITH, older patients, LOS and readmissions were used. The initial search strategy identified 744 articles, 29 of which met inclusion criteria.

Results/findings: Most studies found that patients admitted to HITH had a shorter initial acute hospitalisation LOS than patients transferred to subacute hospital or rehabilitation ward. In evaluating LOS and readmissions for patients admitted to either home-based care versus hospital-based care, the results were inconsistent but appear related to the patients age and disease profile. Risk factors associated with LOS and readmissions were advanced age, prior hospitalisations, illness severity, geriatric-related complications, and cognitive impairment. Readmitted patients were more likely to have limited capacity for self-care and health-related decision making.

Conclusion: This systematic review highlights the benefits of home-based hospital care, and factors influencing LOS and readmission for older patients. It found that home-based care is an effective healthcare model for older patients.

Translational impact/implications for future practice: Assessing factors associated with LOS and readmissions for HITH patients aged 65 years and older, may help to inform the delivery of home-based services. Home-based health services should be considered as an effective alternative of care model for people aged over 65 years.

Are length of stay and readmissions effective indicators of healthcare performance? A systematic review

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Federation University

Presenting author: Miss. Kerry De vent

Background/aim: Effective appraisal of hospital performance assess the quality of care and can help drive service improvement. Two important indicators used to appraise hospital performance include length of stay (LOS) and readmission to hospital. This systematic review explores whether length of stay and readmission rates can serve as effective indicators of healthcare performance.

Population/setting: Patients within healthcare systems/hospitals. All ages and locations.

Methods: Searches for articles were conducted following PRISMA guidelines in the databases SCOPUS, MEDLINE, CINAHL complete, APA PsycInfo, APA PsycArticles, Web of Science and Google Scholar. Search terms included: "hospital", "performance", "quality measurement", "length of stay", "readmissions", "hospital management", and "administration". The initial search strategy identified 520 unique articles, 20 of which met inclusion criteria.

Results/findings: LOS is a commonly used indicator of care and is essential to inform hospital planning. Shorter LOS can have health and economic benefits, whereas inefficiency related to extended LOS can lead to reduced accessibility and contribute to overcrowding of healthcare facilities and delayed access to medical treatments. Hospital readmissions (particularly within 30 days of discharge) is also an important indicator and is something to be avoided. However not all readmissions reflect poor hospital performance because some readmissions may not be related to their original admission, and in some cases, readmissions may be a planned part of treatment. There is a fine balance between LOS and readmissions. Increased LOS has not only implications for the patient but is also a high economic burden on the health system, however if a patient is discharged before they are medically ready, this may increase their risk of unplanned readmission which is something to be avoided.

Conclusion: LOS and hospital readmissions are commonly used to appraise health service performance. They are promising as quality indicators, however care needs to be taken in interpreting the data. A combination of the two indicators can be used to effectively measure hospital performance.

Translational impact/implications for future practice: An understanding of LOS and rates of readmissions as performance indicators may be of interest to health-care administrators and contribute to increased health care quality and improvement.

Creating culturally safe care pathways for Aboriginal and Torres Strait Islander people in a regional Emergency Department (ED)

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Grampians Health

Presenting authors: Ms Karina Demasson

Background/aim: Aboriginal and Torres Strait Islander (herein Aboriginal) people are more likely to leave an emergency department (ED) prior to being seen or prior to treatment completion than non-indigenous people. These leave events result in incomplete and or incorrect medical treatment and are strongly associated with re-presentation and admission, impacting on ongoing medical care and increasing morbidity and mortality rates. These leave events can have a devastating impact on the individual, family and community. There are personal, structural and systemic causes for these ‘leave events’, such as experience of racism, distrust in the health system and lack of cultural safety.

A recently completed a quality improvement project to enable isolation of leave event data for Aboriginal people in the Grampians Health (GH) ED, showed that Aboriginal patients are twice as likely to leave at own risk with incomplete treatment as non-indigenous Australians. The aim of this study is to improve access to the ED for Aboriginal people through a culturally informed co-design process to adapt an existing culturally safe ED model of care to the context of the GH ED.

Population/setting: Aboriginal people requiring care and health professionals providing care at the Grampians Health ED.

Methods: This research translation project will have two phases:

Phase 1 will involve a synthesis of the evidence of culturally safe models of care and strategies for implementation. Yarning circles with community as well as co-design with Grampians Health staff/stakeholders will be conducted to adapt an evidence-based culturally safe ED model of care to the local context using the 8 ways of Aboriginal Learning and co-design frameworks.

Phase 2 will involve the implementation of the co-designed ED model of care using a recognised culturally safe implementation framework e.g. the Heart Foundation toolkit for quality improvement.

Results/findings: Study not yet completed.

Conclusion: Study not completed.

Translational impact/implications for future practice:

- Changes to local policy, clinical guidelines and models of care to create culturally safe pathways
- Improve cultural safety, competency and responsiveness of the service
- Reduce the number of leave events and improve care and outcomes for Aboriginal people
- Increased identification as Aboriginal
- Improve staff satisfaction through improved understanding and delivery of culturally and clinically competent care for our Aboriginal patients and their families

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

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Presenting author: Ms. Madison Firth

Background/aim: Priority Primary Care Centres (PPCCs), akin to Urgent Care Centre (UCC) models of care, have been recently established across Victoria, Australia, with the aim of reducing emergency department (ED) demand by providing access to free, general practitioner (GP)-led services to attend to patients who may require urgent medical attention for non-critical conditions. This qualitative evaluation explored the perceived effectiveness and impact of the PPCC model on alleviating ED/system demand and patient and clinician experiences of care in three regional Victoria locations.

Population/setting: Residents living in the Western Victorian region.

Methods: Semi-structured interviews were conducted with clinical and non-clinical PPCC staff, PPCC patients, ED clinicians, and Western Victoria Primary Health Network (WVPHN) staff during the six-month period between September 2023 to March 2024. Implementation science frameworks informed exploration across key constructs and a thematic analysis identified themes relevant to reach (current service activity), effectiveness (perceived impact on alleviating system demand), adoption (satisfaction with service and quality of care from patient and staff perspectives), implementation (facilitators and barriers), and maintenance (opportunities for improvement).

Results/findings: A total of 50 respondents participated in interviews: 27 patients (54%), 15 PPCC clinicians (30%), 3 ED clinicians (6%), 3 WVPHN staff (6%), and 2 PPCC administrative staff (4%). Findings show that PPCCs serve a diverse demographic by offering accessible, affordable care for low to moderate acuity issues. Most inappropriate visits are low acuity and more suited to general practice, with high acuity cases are less common. PPCCs help divert low to moderate acuity cases from EDs, reducing healthcare system pressure and filling gaps in areas with limited GP access and long ED wait times. Many patients felt PPCC access prevented ED visits and appreciated the convenience, welcoming environment, and no-cost service of PPCCs. While PPCCs and EDs generally collaborate well, there's room for better engagement. Community awareness is growing, but broader messaging is needed. PPCCs attract and retain staff by offering diverse cases and a broad scope of practice. Key success factors include an experienced workforce, effective planning, and collaborative partnerships, while challenges involve poor community awareness and inadequate planning. Improvements can be made through better education, marketing, streamlined pathways, and enhanced service models.

Conclusion: Findings from this study identified key insights and opportunities to guide enhancements to improve reach, adoption and effectiveness of the PPCC model of care. PPCCs may be a key interdependent piece of the puzzle to alleviating demand across primary to tertiary services, but unlikely the sole answer to reducing ED demand. Findings also suggest that the PPCC model has been implemented with a high level of success and is a valuable resource in helping to alleviate patient demand across primary to tertiary services. Future endeavours to improve the PPCC service model should focus on enhancing planning, infrastructure, operations, workforce, and awareness to ensure the optimisation and sustainability of PPCCs to fill identified gaps in meeting growing population health needs.

Translational impact/implications for future practice: Impacts on future funding models, models of primary and secondary care.

Deakin's Medical Graduates: are they working in our rural footprint?

Fuller, L, Beattie, J, Versace, V, Rogers, G

Deakin University

Presenting author: A/Prof. Lara Fuller

Background/aim: Deakin's School of Medicine was established in 2008 to serve the communities of Western Victoria. A dedicated Rural Training Stream was established in 2022, with priority access given to students from our rural training footprint, aiming to increase the number of graduates working in our region. Having defined our rural footprint, we are now able to accurately report on the number of graduates working in this region.

Population/setting: Graduates of Deakin School of Medicine's Bachelor of Medicine Bachelor of Surgery/Doctor of Medicine course, 2011-2022 with a registered Australian Health Practitioners Regulation Agency (AHPRA) work location in 2023.

Methods: Graduates' 2023 Principal Place of Practice (PPP) and registered speciality were extracted from the AHPRA register, linked with School of Medicine administrative data, de-identified and provided to researchers for analysis. Descriptive statistics, chi-square and multivariable logistic regression were used to describe workforce outcomes.

Results/findings: Of the 1508 medicine graduates, 306 (20.3%) were working in rural Australia (Modified Monash 2-7). 120 (39.2%) of these were working in Deakin's rural footprint, 93 (30%) were working in the rest of rural Victoria and 93 (30%) in the rest of rural Australia. In the multivariable analysis, rural background (OR 3.0, 95%CI 2.0-4.6, p<.001), longitudinal clerkship/RCS training (OR 6.8, 95%CI 2.9-15.7, p<.001), RCS training (OR 4.08, 95%CI 2.6-6.4, p<.001), post-graduate year 1-3 (OR 7.2, 95% CI 3.1-16.6, p<.001) and General Practice specialty (OR 4.65, 95%CI 2.3-9.6, p<.001) were significant explanatory variables for working in the rural footprint compared with a metropolitan work location.

Conclusion: This is the first study to report on Deakin graduates working in the rural training footprint. The reduction in graduates working in the region observed between PGY 1-3 and 4-6 highlights the urgent need for specialty training pathways to be expanded within Western Victoria, to enable graduates to remain in place during this critical period of professional establishment.

Translational impact/implications for future practice: With the first cohort of RTS students graduating in 2025, these results will provide a useful baseline to evaluate the impact of this selective entry stream on graduate workforce outcomes for our region.

Improving Outcomes for Women with Pelvic Pain: Kardinia Health's Pelvic Pain and Endometriosis Clinic

Grinter, A, [1] Haugh, N, [1] Pring, C [2]

1 Western Victoria Primary Health Network, 2 Kardina Health

Presenting author: Ms. Alice Grinter

Background/aim: Nearly half of adult women in Australia have experienced pelvic pain in the last five years, with significant impacts on daily activities and quality of life. Despite this, many women do not seek treatment. Kardinia Health's Pelvic Pain and Endometriosis Clinic (GP Clinic), which is funded by Western Victoria Primary Health Network, aims to improve access to support services, resources, diagnostic, treatment, and referral pathways, while building a trained workforce to better support people with endometriosis and pelvic pain.

Population/setting: Any girl, female, or person assigned female at birth experiencing persistent pelvic pain lasting more than six months who have commenced menstruation and live in the western Victoria region.

Methods: The GP Clinic provides holistic, multidisciplinary care, incorporating GPs, pelvic health physiotherapists, pain educators, nurses, dietitians, and psychologists. Data on service delivery and patient outcomes were collected and analysed. This included the Pelvic Pain Impact Questionnaire (PPIQ), which patients completed at intake and after six months of treatment. The scored element of the questionnaire asks patients to rate the impact of their pelvic pain on eight aspects of their life from 0 (not at all) to 4 (a great deal), providing an overall score ranging from 0 to 32.

Results/findings: Between October 2023 to June 2024, 553 occasions of service were provided to 120 patients, primarily by GPs (41%) and nurses (32%). Preliminary findings from 29 patients who completed the PPIQ at baseline and six-month follow up showed a decrease in average PPIQ scores, from 20.8 to 16.3, indicating reduced life impact of pelvic pain after six months of care.

Conclusion: Early results suggest that attendance for a minimum of six months at the GP Clinic may be associated with a reduction in the impact of pelvic pain on patients' lives. However, findings are based on a small cohort of patients. The GP Clinic is being funded for another two years until 30 June 2026. During this time, further data will be collected, including a consumer experience survey, to demonstrate the impact and outcomes of the GP Clinic.

Translational impact/implications for future practice: A holistic, multidisciplinary, GP-led model demonstrates potential for improved outcomes in endometriosis and pelvic pain management.

What should we prioritise: Safety or digital literacy

Keane, H

South West Healthcare, Deakin University

Presenting author: Ms. Hayley Keane

Background/aim: Workplace safety training delivered via e-learning (mandatory training) has many documented organisational benefits including time and cost savings, and importantly, demonstrating that organisations meet their ethical and legal obligations for training their workforce in safety.

However, safety e-learning often fails to consider workers whose work role requires minimum, repetitive, and experientially learned digital skills (herein referred to as low technology roles). For many workers, building and maintaining digital literacy within low technology roles to enable comprehension of safety e-learning is not attainable and this manifests in hesitancy and avoidance of safety e-learning, increasing workplace risk of accident and/or injury. As a workplace educator at South West Healthcare, I support workers in catering, linen and environmental (cleaning and orderly) services which are classified as low technology roles. In my professional practice, I identified a discrepancy between the digital literacy low technology workers require to undertake their day-to-day work role compared to the digital literacy required to successfully complete mandatory training via e-learning. This research was developed in response to this problem in practice. This research investigates the learning and digital literacy understanding and habits of low technology workers at South West Healthcare and Colac Area Health.

My doctoral research aims to generate new knowledge about how workers in low technology roles learn at work and how they understand and engage with digital technology. This knowledge will inform improved educational practices for mandatory safety e-learning to prioritise safety over digital literacy.
How can understandings of low technology workers formal and informal learning in public health inform improved learning experiences for mandatory safety training?

Population/setting: This research investigates the learning and digital literacy understanding and habits of low technology workers at South West Healthcare and Colac Area Health.

Methods: This research was undertaken using a multi-site nested case study within an institutional ethnography that combines surveys, participant observation and interviews. It was conducted at two public hospitals, Colac Area Health and South West Healthcare both in regional Victoria.

Results/findings: The results of this research confirm that a gap exists between formal learning and experiential learning for workers in low technology roles. Additionally, voice is key to understanding learning at work, and hearing all voice takes time, reflection and considerable effort.

Conclusion: Not included.

Translational impact/implications for future practice: This research indicates a need for changed organisational practices in the design, development and delivery of suitable and effective approaches to organisational e-learning that prioritise the safety of workers over digital literacy.

Investigating Buruli ulcer spread in a suburban non-coastal area of Victoria

Kelly, A,[1] Howard, S,[1] McNamara, B,[1,2] Clarke, N,[1] Pe, T,[1] Hussain, M,[1,2] Blasdell, K,[3] Muleme, M,[1,2] O Brien, D,[1,2] Athan E[1,2]

1 Barwon Health, 2 Deakin University, 3 Australian Centre for Disease Preparedness

Presenting author: Ms. Alana Kelly

Background/aim: Buruli ulcer (BU) is a necrotising skin condition caused by the environmental pathogen Mycobacterium ulcerans. Once predominantly associated with coastal areas in Victoria, in recent years, spread into non-coastal, urban areas of Melbourne and Geelong has been observed. Understanding the extent of local acquisition in Geelong can be challenging in the context of frequent travel to surrounding coastal endemic areas.

Population/setting: In 2022, the Barwon South West Public Health Unit (BSWPHU) investigated the spread of BU in inner Geelong suburbs to inform public health action. Our analysis included all BU cases within the Barwon South West region, with a particular focus on cases with an inner Geelong suburb residential address.

Methods: We undertook detailed case interviews to collect enhanced surveillance data, focusing on travel to endemic areas and exposure risks at cases' residences. We examined changes in BU case numbers and clustering of cases within inner Geelong suburbs over the period 2011-2022. We compared data on the presence of M. ulcerans in local possum populations to the location and timing of human cases.

Results/findings: Case interviews revealed BU cases in inner Geelong suburbs with no travel to endemic areas, suggesting local acquisition. This was supported by an overall increase in BU case numbers within these suburbs (4 in 2018 to 29 in 2022). We identified clustering of cases in three neighbouring suburbs, many of whom lived within 200m of locations where M. ulcerans was detected in possum faeces collected up to 3 years prior.

Conclusion: The investigation resulted in recognition of local BU spread in inner Geelong suburbs. State-wide and local communication was undertaken via health alerts, media, and targeted communication to local health networks and at-risk communities, aiming to increase clinician and community awareness of BU and ways to prevent infection, reduce time to presentation and diagnosis, and improve treatment outcomes.

Translational impact/implications for future practice: Key learnings included the benefits of utilising a collaborative approach, the value of environmental Mycobacterium ulcerans surveillance, and the importance of local expertise in understanding community behaviours and risk exposures.

STaRRlite – developing research translation capacity in rural and regional health settings using a tiered approach

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University School of Rural Health, 6 Victorian Heart Institute, 7 Barwon Health

Presenting author: Mr. Peter Kelly

Background/aim: Developing research capacity and capability in rural and regional health settings is key to improving the translation and use of research in health practice. Western Alliance's Supporting Translation of Research in Rural and Regional Health Settings (STaRR) program was established in 2020 to develop research translation capability. STaRR is an intensive 10-week mentored training program that supports emerging practitioner-researchers develop and lead a research project.

In recognition of a cohort of practitioners motivated to develop their research knowledge but not lead a research project, we have developed STaRRlite. This study investigates the impact of STaRRlite on participants' research and quality improvement (QI) knowledge.

Population/setting: Health practitioners from rural and regional health settings in western Victoria who participated in STaRRlite.

Methods: STaRRlite is a single half-day online research workshop open to practitioners with minimal or no research training or experience that covers five domains: different forms of evidence to inform practice; steps to developing a QI or research project; developing a research question; common research designs, and resources available to support research and QI. An integrated pre- and post-workshop survey was administered immediately after the workshop. The survey was administered again after six months.

Results/findings: Sixty-three of the 96 STaRRlite participants completed the initial integrated pre- post-workshop survey. Approximately half of the survey participants represented Modified Monash (MM) 2 areas and approximately one third represented MM3-5 areas. Participants were from nursing (35%), allied health (33%), medicine (8%), program officer, mental health, and other (24%) backgrounds. Almost half held a managerial or leadership role.

Participants reported improvements in their knowledge across the five domains covered in STaRRlite. Eight STaRRlite participants have progressed to the STaRR mentored training program. The six-month post-workshop surveys are currently underway.

Conclusion: An introductory-level research training workshop, requiring comparatively low resources and commitment from participants, can improve research and QI knowledge in rural and regional practitioners.

Translational impact/implications for future practice: STaRRlite complements the more intensive and involved STaRR mentored training program and provides an accessible pathway to research training for novice practitioner-researchers. Further research investigating the mid to longer term impacts of lower versus higher resource and intensity research training is warranted.

Community Transport Services in Rural Victoria – A partnership approach to improve access to local health services

Lee, J, [1,]Syme, J [2].

1 Western Vic PHN, 2 Royal Flying Doctor Service

Presenting author: Ms. Jo Lee

Background/aim: People living in rural Victoria can face transportation barriers when accessing health care appointments which may negatively impact on health outcomes if appointments are missed or delayed.

The project aimed to implement a community transport (CT) service to support people to access the health services they need.

Population/setting: The project, led by Western Victoria Primary Health Network (WVPHN) was delivered in collaboration with Royal Flying Doctor Service Victoria (RFDS) and Murray and Gippsland Primary Health Networks (PHNs).

CT hub sites were established in eight rural Victorian locations to provide free transport for eligible community members to support their access to healthcare appointments.

The CT services are delivered by RFDS who provide volunteer drivers and administrative staff to support operations of the sites.

Methods: The selection of CT sites was based on comprehensive data analysis and analysis of criteria that focused on community need and readiness. Site development was tailored, based on market sounding with eligible communities and more detailed co-design with a range of stakeholders in selected communities.

Each site has a formal partnership arrangement in place with a local service partner (predominantly health services) to help embed the service into communities.

While the RFDS CT service facilitates access to health services it also has broader positive impacts on clients, carers, volunteer drivers, local health services and communities.

Results/findings: While final evaluation findings are pending, preliminary findings indicate the positive impact of the project on local communities. Quantitative data shows high service use with service demand continuing to grow. Qualitative data shows the service is highly valued by a range of stakeholders with very high satisfaction scores on a range of measures.

Conclusion: The CT service is helping eligible community members to access the health services they need while also providing broader benefits to communities.

Translational impact/implications for future practice: Building strong partnerships and fostering wide-ranging collaboration and engagement with a range of stakeholders from the project outset can lead to improvements in health service access that also offers broader benefits to communities.

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

Lloyd, N, [1,] Hyett, N, [2,3,4,5,6] Kenny, A [2,3,4,7].

1 Barwon Health, 2 Violet Vines Marshman Centre for Rural Health Research, 3 La Trobe Rural Health School, 4 La Trobe University, 5 Monash Rural Health, 6 Monash University, 7 University of Lincoln

Presenting author: Ms. Nicola Lloyd

Background/aim: There is an increasing emphasis on involving the public in designing (or redesigning) health services. While the potential benefits of public involvement have been documented, there is a lack of evaluation of outcomes. Our recent study of the barriers and enablers to evaluating public involvement showed that evaluation is complex and driven by stakeholders in power. Common barriers to evaluation are time, funding, data availability, expertise, ethics and governance processes, and a lack of training, evaluation tools, and measures. Interest and awareness of researchers were also significant barriers. As an outcome from this study, we aimed to develop a guide for planning evaluations of public involvement in health service design.

Population setting: Consumer advisors, health service staff, and stakeholders interested in public involvement in health service design.

Methods: As part of the development of a planning guide, three workshops were conducted with consumer advisors and health service staff using a participatory action research approach. Opinions were sought from a broader group of stakeholders who have experience with public involvement in health service design via a survey.

Results/findings: The developed planning guide documents why public involvement in health service design, what is known about public involvement in health service design, and a proposed principles-based approach to evaluation based on the 4Ps: purpose, parameters, partnership, and practicalities.

Conclusion: Further testing and input into the planning guide will strengthen its usefulness in enabling users to develop a targeted evaluation plan with a focus on safe and respectful partnerships with the public.

Translational impact/implications for future practice: ‘An easy-to-use planning guide might support an increase in evaluation. Improved evaluation should increase knowledge about the outcomes and processes of public involvement in health service design. Evaluation has an important role in learning how to improve public involvement activities and in demonstrating the value of public contributions in health service design.

Cumulative Incidence of Autism with Longitudinal Evaluation of Neurocognitive and Behavioural Functioning

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1 Deakin University, 2 Florey Institute for Neuroscience and Mental Health, 3 The Minderoo Foundation, 4 Barwon Health, 5 The University of Queensland, 6 Murdoch Children's Research Institute

Presenting author: Ms. Chloe Love

Background/aim: Recent studies show an increase in autism; however, longitudinal incidence data from well-defined populations incorporating prior neurodevelopmental measures and robust case definition are needed. We aimed to estimate the cumulative incidence of autism in the Barwon region and investigate the prospective association between objective childhood neurocognitive and behavioural measures and a subsequent autism diagnosis.

Population/setting: The Barwon Infant Study (BIS) cohort was recruited between 2010 and 2013 during pregnancy.

Methods: The inception cohort consists of 1074 infants, and follow-ups occurred for 921 (86%) children at age two, 946 (88%) at age four, and 908 (85%) at age nine. The Bayley Scale of Infant and Toddler Development (Bayley-III), and the Child Behaviour Checklist (CBCL) were administered at age two. The Strengths and Difficulties Questionnaire (SDQ), and the Picture Vocabulary Task (TPVT) were assessed at age four. Eighty parents reported that their child had been diagnosed with autism or was under assessment at age nine. Two paediatricians assessed information abstracted from medical records for 79/80 (99%) children to verify that a paediatrician had diagnosed the child with autism using the DSM-5 criteria. One participant was lost to follow-up. Verification was completed by October 31st, 2023 (mean age 11.5 years).

Results/findings: The cumulative incidence of autism by 11.5 years of age was 74.8 per 1000 children (95% CI 57.6–95.5), with a male-to-female ratio of 2:1. Lower scores on the Bayley-III and TPVT, and higher problem-oriented behavioural scores (CBCL and SDQ, excluding SDQ pro-social behaviour) across two time points were associated with increased odds for a subsequent autism diagnosis (Bayley-III adjusted odds ratio (aOR) range, 0.70–0.80, CBCL aOR range, 1.05–1.51, SDQ aOR range, 1.31–1.80, TPVT aOR, 0.68).

Conclusion: Autism incidence in the Barwon region is higher than previous global estimates of 10 per 1000. Multiple validated neurodevelopmental measures at ages two and four are strongly associated with subsequent autism, indicating prior developmental vulnerabilities.

Translational impact/implications for future practice: Our findings add to the mounting evidence that autism incidence is increasing. Neurodevelopmental measures at two and four years of age may be useful for early autism detection and intervention. Need-based eligibility for early intervention funding requires evaluation.

Adapting a metropolitan case management model for implementation in a rural setting

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1 Grampians Health, 2 Colac Area Health, 3 Deakin Rural Health, 4 Deakin University

Presenting author: Ms. Mary Malakellis

Background/aim: Emergency Department (ED) overcrowding is a global public health concern and there has been increasing focus on improving the care for individuals with frequent potentially avoidable presentations to the ED, who generate a disproportionately high number of ED presentations and health resource utilisation. Patient Watch, a program utilising a case management model of care, and modelled on metropolitan model was implemented in a rural context to address frequent potentially avoidable presentations to the ED. We aimed to understand how contextual factors influenced the implementation and scale-up of Patient Watch in a rural region.

Population/setting: Members of the Patient Watch steering committee involved in the planning, implementation and scale-up of the program including representatives from health services across the region (e.g. project leads, executive and assistant directors, clinicians, the Hospital Admission Risk Program manager, lead health coach, and tele-navigator support workers).

Methods: A mixed methods approach was used to collect and synthesise data from the following sources: qualitative interviews, document review, and observation. The data were categorised into themes using thematic analysis and data source triangulation applied to enhance understanding and trustworthiness of findings.

Results/findings: Three themes were constructed from the data characterising the implementation of Patient Watch in a rural context. (1) Context drives adaptation: adaptation of the metropolitan model was essential to fit Patient Watch to the rural context and promoted novel innovation; (2) health system complexity: external factors supported implementation (e.g., funding) and influenced the delivery of Patient Watch (e.g., system integration, workforce capacity); and (3) centralised governance: provided benefits for rural areas (e.g., administrative support, training) with local autonomy important to address local needs.

Conclusion: The findings emphasised how rural contextual factors influenced the implementation and scale-up of Patient Watch and provide a greater understanding of implementing and adapting a metropolitan model in a rural context. Adaptation was an important focus to address sustainability, external factors such as funding, system integration, and workforce capacity positively and negatively influenced implementation processes, and findings highlighted the need to balance centralised governance and local autonomy. An agile rural workforce successfully implemented Patient Watch challenging the 'deficit' perspective of rural health and highlights the strengths of a rural context to achieve spread, scale-up and sustainability.

Translational impact/implications for future practice: Although, evidence-based case management models have been shown to improve care for people who have frequent potentially avoidable ED presentation, few have been adapted or developed for a rural context. Further, evidence of implementation processes for evidence-based interventions to address frequent presentations to the emergency department are scarce in rural settings. This represents a considerable evidence gap for a vulnerable population with low levels of health service access.

Creation of a regional data directory – bringing together data resources for the Barwon South West to inform public health action in local communities

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1 Barwon Health, 2 University of Melbourne, 3 Deakin University

Presenting author: Ms. Bridgette McNamara

Background/aim: Navigating existing population health data resources to obtain appropriate information has been identified as challenging by our partners. As part of the Barwon Southwest (BSW) public health strategic actions, we aim to create a population health directory that collates and highlights the scope and strengths of publicly available data resources, which can be used by local government, health and community sector partners.

Population/setting: Barwon South West region, public health ecosystem.

Methods: Data resources relating to demographics and key population health areas have been identified. Municipal Health and Wellbeing plans from the regions ten LGA's were reviewed and analysed to develop the initial catalogue. Consultations with additional stakeholders will be conducted to inform further inclusions.

Results/findings: The directory includes topic areas such as mental health, physical activity, maternal and child health, smoking and vaping, climate change, and access to services. The directory provides links for accessing publicly available data resources, highlighting strengths and data considerations for each as well as information about the lowest geographic level of data available and demographic breakdowns reported. Data resources identified use a range of data types, including census, population health surveys, administrative data collections, and modelled estimates and projections.

Conclusion: The population health data directory is valuable for supporting BSW ecosystem partners' data needs. The authors are keen to discuss and collaborate with any researchers and organisations to ensure local resources presenting publicly accessible data are captured within this directory.

Translational impact/implications for future practice: The regional population health directory will enable partners access to comprehensive local data sources to support and optimise effective public health planning, implementation and evaluation regionally.

Collecting Outcomes and Measuring Impact in Mental Health

Miller, L, Murnane, M, Kamath, A, Swann, J, Grinter, A

Western Vic PHN

Presenting author: Ms. Liz Miller

Background/aim: Patient Reported Outcome Measures help evaluate the effectiveness of health services and can inform service design and place-based commissioning strategies. Primary Health Networks are mandated by the Department of Health and Aged Care (DoHAC) to report clinical outcome measures (K10/K5/SDQ) at episode start and end for at least 70% of Treatment Concluded clients for commissioned mental health programs. Nationally, PHNs have been challenged to meet this KPI. To this end, the Western Victorian Primary Health Network (WVPHN) has implemented a novel data collection strategy to ensure DoHAC's target is met or exceeded.

Population/setting: Clients who accessed WVPHN commissioned mental health services in the WVPHN catchment between 1 July 2023 – 30 June 2024 and completed a K10 at the start and end of their episode of care and were labelled "Treatment Concluded" in the Primary Mental Health Care Minimum Data Set (PMHC-MDS) (n=1185).

Methods: 1. A methodology for improving clinical outcome measure completion rates: 1. Amend the WVPHN commissioning strategy; 2. Updated contracts; 3. Organisational shift to greater performance consideration; 4. Bespoke data systems; 5. Proactively engage providers to amend data in real time; 6. Data revision; 7. Develop a performance framework and 8. Targeted training.

2. Measure the impact: Analysis of average change in K10 scores at the start and end of episode of care.

Results/findings: Between 1 July 2023- 30 June 2024, 85.5% of clients (n=1072) completed a K10 at the start and the end of their care. This result exceeds DoHAC's target of 70% and is one of the highest completion rates among PHNs in Australia.

78% of clients (n=927) were likely to have a moderate to severe disorder. Upon conclusion 49% of clients (n=577) were likely to have a moderate to severe disorder. 42% of clients (n=386) reported an improvement in their overall mental health.

Conclusion: WVPHN's methodology to improve data collection has led to a better understanding of program performance. Preliminary results suggest that K10 scores are reduced by an average of 6.4 points at the end of an episode of care.

Translational impact/implications for future practice: Primary Health Networks could adopt WVPHN's data collection strategy to meet DoHAC reporting targets.

Early life risk factors for preschool wheeze profiles in a longitudinal birth cohort study

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1 Deakin University, 2 Barwon Health, 3 University of Melbourne, 4 University of Queensland

Presenting author: Dr. Rachel Morgan

Background/aim: Preschool wheezing leads to airway morbidity that persists to adulthood. This study aimed to define preschool wheeze profiles in a pre-birth cohort and describe the early life associations and risk of current asthma at nine years.

Population/setting: Paediatric community population in the Barwon region.

Methods: In a pre-birth cohort study (n=1074), early life exposures and wheeze episodes were collected up to nine years. Latent class analysis characterised preschool wheeze profiles. Relative risk ratios (RRR) with 95% confidence intervals (CI) were calculated using multinomial logistic regression.

Results/findings: Four preschool wheeze profiles were identified: never/infrequent (52.1%), transient (25.7%), late-onset (14.2%), and early persistent (8%). Relative to never/infrequent, the three remaining wheeze profiles significantly associated with maternal history of asthma, the strongest being with early persistent [RRR, 4.43; 95% CI, 2.73 – 7.20]. Each additional week of gestation decreased the risk of early persistent wheeze by 20%. C-section birth increased the risk of late-onset wheeze [RRR, 1.58; 1.08 – 2.31], with elective C-section (median gestation = 38 weeks) conferring a greater risk than emergency (median gestation = 39 weeks). Breastfeeding at 12 months decreased the risk of late-onset wheeze [RRR, 0.62; 0.40 – 0.95].

Food allergy associated with increased risk of late-onset wheeze [RRR, 2.77; 1.45 – 5.30], as did eczema ($p<0.01$) and food allergen sensitisation ($p<0.05$). Aeroallergen sensitisation at one year had no significant association but, at four years correlated with both late-onset and early persistent wheeze, doubling the risk for each profile. Early persistent and late-onset wheeze profiles were associated with greater risk of current asthma at nine years ($p<0.01$ for each).

Conclusion: Early life risk factors and allergic sensitisation patterns were associated with distinct preschool wheeze profiles. The persistence of two wheeze profiles to school age suggests possible long-term respiratory consequences.

Translational impact/implications for future practice: Targeted public health interventions to reduce elective C-sections and improve breastfeeding rates may have potential to influence long-term respiratory health.

Investigating the role of foxes in the epidemiology of Mycobacterium ulcerans transmission in Victoria

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1 Barwon Health, 2 Australian Centre for Disease Preparedness, 3 Centre for Infectious Diseases and Immunology, Research

Presenting author: Dr. Michael Muleme

Background/aim: The epidemiology of Mycobacterium ulcerans (MU) infections in Victoria is not fully understood, yet human cases are increasing, and the disease is spreading into new areas. Previous environmental sampling in the Mornington Peninsula identified a high proportion of fox faeces positive for MU DNA, with evidence of viability on further testing, pointing to a potential role of foxes in MU transmission. Further investigation of the role foxes may play in introducing the disease to new areas is urgently required.

Population/setting: Foxes in the Barwon South West Region

Methods: We engaged with local organisations and stakeholders involved in fox control to facilitate collection of oral and anal swabs from culled foxes, and fox faecal samples from the environment in the Victorian endemic area and surrounding non-endemic areas. The collected samples were extracted and tested for MU DNA using IS2404 PCR. We also conducted a literature review to investigate the role of foxes in transmission of other bacterial infections.

Results/findings: Two out of the 20 (10%) fox carcasses from MU endemic areas (Highton and Ocean Grove) were positive for MU DNA on oral but not on anal swabs. Two out of nine (22%) fox faecal samples were positive for MU DNA. Both positive faecal samples were also from an MU endemic area (Breamlea).

Conclusion: The detection of MU DNA in fox oral and faecal samples in endemic areas points to a potential role of foxes in MU transmission. Further investigation is required to understand infection and shedding patterns in foxes and their possible role in the introduction of MU to non-endemic areas.

Translational impact/implications for future practice: Understanding the role of foxes in Buruli Ulcer transmission will inform public health messaging and disease control interventions.

Galectin 3 and 9 homologues of gastrointestinal soil transmitted helminths and the search for anti-inflammatory molecules

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1 Federation University, 2 La Trobe University

Presenting authors: Mrs. Elizabeth Mullens

Background/aim: The search for novel treatments for chronic inflammatory conditions has led to an increased interest in gastrointestinal nematodes and the molecules they produce to evade the human immune system. Particularly, those that alter the immune response to a more anti-inflammatory profile and can establish chronic infections while the host is asymptomatic. One molecule family of interest are galectins. Carbohydrate-binding proteins that are potent, multifunctional signalling proteins for the immune system. They are also a large component of the excretory/secretory molecules nematodes produce during infection.

The aim of this research was to determine if two human infecting nematodes, Necator americanus (Hookworm) and Trichuris trichiura (Whipworm), produced functional galectin homologues of human galectin 3 and 9, and to determine if they displayed anti-inflammatory properties.

Population/setting: This research will focus on the effects of these galectin homologues on human cells and donated peripheral blood mononuclear cells (PBMCs) in vitro.

Methods: Protein databases for N. americanus and T. trichiura were analysed for potential human galectin 3 and 9 homologues. Four candidate proteins were found with significant sequence and structural similarity to human galectin 3 and 9. These proteins were expressed using E. coli, separated by nickel affinity purification, and confirmed to have carbohydrate binding capacity via interaction with a lactose column.

Results/findings: Pre-liminary results displayed increased proliferation in the human epithelial HCA-7 colon carcinoma cell line compared to untreated cells, 20% on average at 5ug/ml (p-value <0.05) but have not shown binding of hookworm-galectin-3 during localisation through confocal microscopy.

Conclusion: In-vitro results suggest that synthetic parasitic galectin molecules may interfere with host cells. Experiments to assess if these galectins to alter the cytokine expression of human immune cells in vitro are underway.

Translational impact/implications for future practice: This research may further our understanding of how nematodes alter the host immune system and provide novel research pathways for the treatment of chronic inflammatory diseases.

Implementation and evaluation of training in a systems thinking methodology for health services

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

Presenting author: Miss. Meg Murray

Background/aim: Systems thinking (ST) is an approach to problem-solving that considers 'problems' as part of an overall system, rather than as an isolated problem. The World Health Organisation advocates ST as an important approach for 'strengthening health systems'. However, a systems approach to addressing complex problems has not been routinely used within health services. Group Model Building (GMB) is a technique developed to support ST and to develop a shared understanding of the relationships within a system. This study sought to evaluate and explore how training in ST may influence consumer engagement, capability, and confidence of rural regional health service personnel to utilise ST thinking methodologies, such as GMB, within their organisation.

Population/setting: A two-day ST training program, held at Grampians Health, was conducted with 24 staff from local rural and regional health services.

Methods: Participants completed two online questionnaires (pre- and post- training), along with a follow up interview exploring their perceptions of the training and its impact. The questionnaire was developed using the Kirkpatrick model of training evaluation and highlighted potential areas for improvement, overall training effectiveness, and its impact upon participants confidence with implementing GMB within their organisation.

Results/findings: Preliminary coding of interview data revealed a positive reaction to the training, with participants expressing a desire to implement GMB in practice. However, they emphasized the importance of gaining further practical experience. Limited capacity and resources were highlighted as key constraints to implementation.

Conclusion: Training in ST was found to have improved the confidence, engagement and capability of rural and regional health service staff.

Translational impact/implications for future practice: This study addresses several gaps in evidence relating to the potential feasibility and effectiveness of ST in health services. It also highlighted the importance of providing opportunities for the practical application of learned skills, in order to maximize the effectiveness of the training.

Exploring the impact of Montessori methods in a rural aged care facility

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1 East Grampians Health Service, 2 Western District Health Service

Presenting author: Dr. Ella Ottrey

Background/aim: The Montessori approach encourages residential care home residents to make meaningful contributions to their community in the capacity that they are able. There is little in the literature to inform Montessori approaches encompassing whole facilities in the rural context. This study aimed to evaluate the introduction of Montessori methods on residents' social care related quality of life in a rural residential care home.

Population/setting: A 24-bed residential care home located in a rural community in Western Victoria which implemented Montessori in 2021.

Methods: This was a single-centre exploratory study incorporating quantitative and qualitative methods. Participating residents completed a social care related quality of life (SCRQoL) survey (ASCOT SCT4) at three time points (baseline, then 4 months and 7 months after implementation). Thirteen residents, staff and family/support persons also participated in semi-structured interviews, exploring their views and experiences of the introduction of Montessori, and the impacts on residents. Quantitative data were analysed using descriptive and inferential statistics. Qualitative data were analysed using a team-based framework approach.

Results/findings: There were 16, 23 and 23 SCRQoL scores available for analysis each timepoint respectively. There was a non-significant increase in SCRQoL between the first and last survey (0.855 v 0.912, p=0.16). Preliminary analysis of interview data revealed that Montessori methods positively impact resident quality of life through: enabling independence and choice, supporting connections and a sense of belonging, and contributing to the facility community. However, the success of the program is influenced by: leadership and facilitation support and resources, staff knowledge and engagement, and the ability to tailor strategies according to resident interests and care needs.

Conclusion: Montessori methods were found to support resident social care related quality of life in a variety of ways, however there were challenges experienced when implementing Montessori approaches in a rural residential care home.

Translational impact/implications for future practice: The findings will inform local strategies to maximise the engagement with Montessori methods as a mechanism to improve the quality of life for older people living in rural care homes, and provide guidance for others interested in implementing similar approaches.

Destination micro-elimination: Hepatitis C point-of-care testing uptake in the Barwon South West region

Pe, T, [1] Roder, C, [1] McColl, K, [1] Tribe, I, [1] Richmond, J, [2] Harvey, C, [1] Bryant, M, [2] Athan, E, [1] Hellard, M, [2]
Scott, N, [2] Pedrana, A, [2] Doyle, J [2], Wade, A [1]

1 Barwon Health, 2 Burnet Institution

Presenting author: Ms. Tiffany Pe

Background/aim: Increased hepatitis C virus (HCV) testing is required to achieve elimination targets, and simplifying diagnosis is key. Barwon South West (BSW), in regional Victoria, is aiming for HCV micro-elimination. This study aims to assess the care cascade of a HCV RNA point-of-care (PoC) testing and financial incentive program.

Population/setting: People who inject drugs (PWID) were eligible for enrollment at community-based study sites in BSW.

Methods: A viral hepatitis outreach nurse visits community-based services in BSW to provide testing, treatment and support. HCV RNA PoC testing was offered to PWID who had not had a complete test event (HCV RNA test or a negative HCV antibody test) in the previous six months. Venepuncture for treatment work-up and cure assessment was associated with a $20 incentive.

Results/findings: Findings from the first 12 months are presented. Since August 2023, six study sites have been recruited. 119 people received HCV RNA PoC testing; 87/117 (74%) reported injecting in the last six months, and 63/114 (55%) reported prior HCV treatment. 9/116 (8%) reported no prior test, including five people who currently inject drugs. For 26 people, it was their first test to follow up prior treatment; 23/26 were cured (range 5 weeks – 30 years post-treatment), 3/26 were not (range 4 – 7 years post-treatment). 13/119 (11%) people had HCV RNA detected, indicating current infection. 5/13 (38%) had not had a complete test event previously. To date, 10/13 (69%) have initiated treatment. Of those that initiated treatment, 4/10 (40%) have documented cure (sustained virological response).

Conclusion: HCV PoC testing identified an RNA prevalence of 11% - of whom 38% had not had a complete test event previously. These data underscore the need for regular screening and rescreening of individuals at risk of infection and linking them to care to achieve elimination.

Translational impact/implications for future practice: This study highlights the potential of PoC testing and financial incentives in community-based settings to enhance HCV diagnosis and linkage to care. Data from this study will contribute to the broader EC West Cascade study, which aims to establish a comprehensive model of the HCV care cascade in BSW, enabling the region to take a data-driven approach to achieve micro-elimination.

A Seven Week Interdisciplinary Group Intervention Program for Persisting Symptoms After Concussion

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Barwon Health

Presenting author: Dr. Sarah Price

Background/aim: Although most people recovery from concussion within weeks to months, a minority experience persistent symptoms after concussion (PSaC). Symptoms are non-specific, vary widely, and are common in non-head injury populations. Thus, treatment for PSaC can be challenging. This study evaluated the efficacy of seven-week interdisciplinary group intervention for PSaC. The program focused on achieving meaningful goals aligned with consumers' values, supporting gradual return to activities, reframing illness-related thoughts, enhancing psychological coping and managing fatigue.

Population/setting: Fifteen participants, aged 30-74 years (80% female) with injury duration ranging from 1 month to 12 years, took part in the intervention.

Methods: The program comprised six weekly two-hour sessions followed by a booster session. A pre-versus-post design was used to assess outcomes

Results/findings: Results showed significant reductions in concussion symptom frequency ($p < 0.05$, ES = 0.69) and functional disability ($p < 0.01$, ES = 0.59). Participants reported improved symptom control ($p < 0.01$, ES = 0.68), reduced expected symptom duration ($p < 0.01$, ES = 0.84), and less concern about symptoms ($p < 0.01$, ES = 0.77). Additionally, there was a significant decrease in avoidance of exercise ($p < 0.03$, ES = 0.65), increased life engagement ($p < 0.01$, ES = 0.82) and high activity levels ($p < 0.01$, ES = 0.66).

Conclusion: Despite the absence of a comparison group and a small sample, the results suggest that interdisciplinary group intervention is feasible and effective.

Translational impact/implications for future practice: The findings from this study suggest that effective concussion therapy should integrate interdisciplinary expertise and peer support, grounded in a values-based approach that emphasizes a holistic focus on overall well-being, including psychological, physical, and cognitive functioning.

Distance and diversity: Understanding the challenges to hepatitis B care in the Barwon South West region of Victoria

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1 Barwon Health, 2 Burnet Institute, 3 Epworth Private

Presenting author: Dr. Christine Roder

Background/aim: The Barwon South-West (BSW) region (population~440,370) has an estimated 1,541 people living with hepatitis B virus (HBV); 13% engaged in care and 24% who need treatment accessing it. Engagement and treatment rates fall short of the national elimination goals. Understanding the distribution of populations that need HBV testing and care will guide the development of improved care pathways

Population/setting: Setting: Barwon South West region of Victoria

Population: population in need of HBV testing (born in a country with an HBV prevalence ≥2%; identifying as Aboriginal and/or Torres Strait Islander)

Methods: We provide a descriptive geographic spatial analysis of: populations in need of a test (2021 ABS Census) by clustered postal area (cPOA), estimated rates of initial HBV surface antigen (HBsAg) testing (pathology services) by cPOA, HBV notification rates (Department of Health Victoria) by Local Government Area (LGA), and HBV care services, from 2015-2022 in BSW. HBsAg test rates excluded antenatal tests.

Results/findings: Across BSW 57/1000 people needed a test; overseas-born 43/1000 population (migrating from 24 countries), and Aboriginal people 14/1000 population. The five POAs with the highest proportion of people born overseas were located in Greater Geelong (GG) (64/1000 – 126/1000 population). Four of the five POA with the highest Aboriginal population were in GG (388-702 people). HBsAg testing rates for BSW were 24.7 individuals/1000 population/year. The five POA with the highest proportion of people born overseas had testing rates of 57.7-24.2 individuals/1000 population/year. The LGA with the highest notification rate was GG (0.1 notifications/1000 population/year). Care services in GG included one public clinic, private gastroenterology services, an outreach nurse and three S100 GPs. Outside GG there was one private gastroenterology service, the outreach nurse and one S100 GP.

Conclusion: In the BSW region, HBV prevalence is low. The population in need of HBV care is culturally and linguistically diverse. Innovative solutions are required to link people living with HBV into the limited health services available.

Translational impact/implications for future practice: Interventions should be evidence-based and tailored to inform micro-elimination strategies that meet the specific needs of the HBV population and the capacity of local services.

Developing and evaluating a toolkit to support the scaling of modified sport programs for older adults in rural areas

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1 East Grampians Health Service, 2 Western Alliance, 3 La Trobe University

Presenting author: Mr. Jake Romein

Background/aim: Australians are aging, with an estimated 23% of the population expected to be over the age of 65 years by 2066. Currently only 25% of older adults meet the recommended guidelines for physical activity and this is further reduced to 10% in rural Victoria. This demonstrates a need for new and innovate ways to engage older adults in physical activity. In our pilot study, modified sport was feasible and engaged older adults in physical activity in rural areas. However, other research data is limited. We aim to design a toolkit informed by the learnings from our pilot study and partner with a rural health service to implement a modified sport program utilising the toolkit and assist in its evaluation and refinement.

Population/setting: North-West Victoria.

Methods: Facilitators from a partner rural health service will implement a modified sport program in their rural community, guided by the toolkit. To enable rapid feedback on the components of the toolkit, a series of Plan, Do, Study, Act (PDSA) cycles will be utilised, framed around four coaching and feedback sessions scheduled with the facilitator throughout the implementation process. This will enable refinement of the toolkit's content to ensure that it includes relevant content for implementing modified sport in a rural setting, and that it is user-friendly. Facilitators from the partner rural health service will also be invited to participate in a final evaluation interview to gain further feedback regarding the overall experience of using the toolkit.

Results/findings: Ethical approval, Engaged a partner health service, Toolkit created.

Conclusion: Project not yet completed.

Translational impact/implications for future practice: Once finalised, we intend to make the toolkit accessible so that more rural communities can feel confident in implementing a modified sport program with the guidance from the toolkit. We also intend to engage a peak body to promote the toolkit, supporting the broader implementation of modified sport for older adults in rural communities.

Crisis Mental Health Assessments: Scoping Review

Russell, S, [1,2] Cole, D [1]

1 Grampians Health, 2 Deakin University

Presenting author: Dr. Sammy Russell

Background/aim: Background: There is no one size fits all approach for mental health assessments in the emergency department setting, particularly in regional and rural settings. In October 2023 the Grampians Mental Health and Wellbeing Service (GMHWS) Working Group for Recovery Oriented Practice presented a summary of findings regarding Intake Assessment. It concluded that the current practice, model, process, and documentation could be improved to enhance the experience for people using the service, increasing the likelihood of more meaningful engagement. The Working Group made recommendations for a scoping review to be conducted in relation to mental health assessments.

Aim: To conduct a scoping review of mental health crisis assessments in the emergency department to further explore the current evidence base and best practice.

Population/setting: Mental Health, Emergency Department

Methods: Method: A systematic search of Embase, MEDLINE Complete, PsycINFO, and CINAHL has been conducted to identify mental health crisis assessments in the emergency department. Data will be screened and extracted by 6 independent reviewers. Literature will be searched from the creation of the databases until 15th of July 2024. Risk of bias will be assessed using the appropriate tools.

Results/findings: Preliminary Results: 2624 articles were identified for title and abstract screening, of these 59 studies were selected for full text review which is currently underway. Twenty-five articles are currently being extracted and assessed for risk of bias and a narrative synthesis will be reported.

Conclusion: Project not yet completed.

Translational impact/implications for future practice: Following through on recommendations from the Working Group, the scoping review will help to provide education to Grampians Mental Health and Well being Services around the current evidence base for crisis mental health assessments.

Application of a Clinical Confidence scale in understanding the capabilities of the current Mental Health and Wellbeing Workforce

Russell, S, [1,2] Cole, D, [1]

1 Grampians Health, 2 Deakin University

Presenting author: Dr. Sammy Russell

Background: Background: 'Our Workforce, our future: A capability framework for the mental health and wellbeing workforce' was developed by the State of Victoria, Department of Health, in response to recommendations from the Royal Commission into Victoria's Mental Health System (RCVMHS). Released in September 2023, the framework provides a foundational tool to which services are invited to build upon toward ensuring the workforce has the right capabilities, size, diversity, and support for their practice.

Aim: Grampians Mental Health and Wellbeing Services (GMHWS) aimed to establish a baseline of the confidence levels of current clinical staff in relation to the fifteen (15) capabilities as outlined in the framework.

Population/setting: Grampians Health, Mental Health Clinicians

Methods: The validated evidence-based practice confidence scale (EPIC) was adapted to measure Clinicians self-reported confidence levels of the capabilities. Over four (4) months, three (3) pilots were conducted to test the adaptation, an anonymous and confidential paper-based survey with eighteen (18) questions. The final survey was then distributed to the remainder of staff in collaboration with Clinical Nurse Educators (CNE) across all GMHWS sites.

Results/findings: Preliminary Results: a total of 174 responses were received.

Conclusion: Project not yet completed.

Translational impact/implications for future practice: Having a large number of clinicians participating in the survey is building research capacity. Results of the survey will assist GMHWS to establish priorities for learning and development needs in 2025. The survey also increases overall organisational awareness of the RCVMHS recommendations around expectations for the workforce and how to support it.

Organisational support for resident decision-making in falls prevention: A qualitative document analysis

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1 Great Ocean Road Health, 2 Deakin University, 3 Barwon Health

Presenting author: Mrs. Andrea Russell

Background/aim: Falls and the associated harms remain a significant problem within Residential Aged Care (RAC). There appears to be a patriarchal protective approach within RAC, with a reluctance to enable risk. This approach likely stems from a desire to prevent resident harm and may be attributed to a lack of available guidance for the RAC workforce. To enable resident choice in falls prevention, the workforce needs to be supported and have the capability and confidence to promote consumer choice and to support decision-making.

The purpose of this study is to review the current guidance provided to the aged care workforce on supported decision-making, choice and risk enablement relating to falls prevention.

Population/setting: Policy and procedure documents from X RAC facilities within Victoria were sourced via the PROMPT document management system.

Methods: Purposive selection of RAC facilities, varying in size and location (rural, regional and metropolitan) were included to include broad representation. Using an audit tool based on the national decision-making principles, information was extracted from the documents to assess the extent of written organisational guidance for decision-making.

Results: Preliminary findings reveal a mixed picture regarding the information provided to the aged care workforce. Guidance was often dispersed across several different documents; guidance for decision-making was often found within consent policies, with little guidance on how to provide support to individuals during the capacity assessment process. There was minimal guidance specifically on choice and risk enablement in falls prevention. Study not completed

Conclusion: The current guidance appears insufficient in supporting the aged care workforce to enable resident choice in falls prevention. To address this gap, there is a need for clear, accessible guidelines specifically tailored to falls prevention.

This would enhance the workforce's ability to provide person-centered care while managing fall risks effectively.

Translational impact/implications for future practice: This study represents the first in a broader research program focused on consumer choice in falls prevention. Future studies will engage RAC consumers, family members and the aged care workforce to gather diverse perspectives. The ultimate goal of this research program is to develop a guidance resource that will facilitating choice in falls prevention within Australian RAC settings.

Making the Call: Improving timely access to community health physiotherapy services

Schultz, G, McDonald, J, Jones, D, King, O, Schoch, P, Kelley, S,

Barwon health

Presenting author: Mrs. Gabby Schultz

Background/aim: Primary care services in community health play an integral role in supporting clients with chronic and complex health conditions to self-manage in the community. Clients accessing primary care services are often at high risk of clinical deterioration and functional decline, contributing to an increased risk of hospitalisation and demand on finite healthcare services. Current community health intake and triage systems involve non-specific triage and prioritisation processes which are labour intensive, involve largely administrative activity and have been shown to make little difference to waiting times. Existing models of triage are inconsistent in involving clients in the process as recommended by the literature.

This research sought to investigate and analyse the impact of implementing a discipline specific initial phone/telehealth-based (TH) physiotherapy consult on community health physiotherapy (CHP) services, including waiting times, length of episode of care and non-attendance rates. It also sought to explore clinician experiences of the proposed model of access to CHP to identify factors that may impact outcomes of consults, and to ascertain clinician's view and uptake of the new model of care.

Population/setting: This research is being undertaken across 5 community health sites at Barwon Health, involving all clients referred to CHP. There are no exclusion criterion and include all referral reasons and age groups (minimum 15 years old).

Methods: A mixed method approach was utilised including a cohort study for a current practice period, followed by implementation period comparing quantitative measures of access and engagement with CHP sites, and an online survey sent to CHP clinicians to provide feedback on their experiences of conducting phone / telehealth initial consultations.

Results/findings: Data analysis shows this initiative reduced waiting times, reduced non-attendance and reduced amount of time spent in appointments. The number of total appointments did increase; however this may indicate the level of engagement of clients active in service. Further in-depth analysis is currently underway.

Conclusion: This research highlights the importance of engaging clients throughout the care continuum, and the value of robust triage systems to support increased demand on a resource poor health service.

Translational impact/implications for future practice: This research has been implemented across all CHP sites and may be considered for other outpatient settings.

Paediatric Diabetes Quality Assurance Project – Consumer/Carer Survey

Slater, M, Odgers, J, Thurling, E, Sayner, A, Demasson, K

Grampians Health

Presenting author: Ms. Madeline Slater

Background/aim: High-quality healthcare for children with diabetes is crucial for improving outcomes and reducing complications of this chronic condition (Pihoker et al., 2014). Research indicates a positive correlation between patient experience and clinical outcomes, where patients can distinguish between clinical effectiveness, safety, and their overall experiences (Kingsley & Patel, 2017). However, limited data exists on consumer experience within the GH Ballarat Health Paediatric Diabetes Service.

This study aims to explore the current experiences of consumers in the Grampians Health Paediatric Diabetes Service through a survey targeting carers. The findings will guide quality improvement initiatives and establish a benchmark for future assessments post-implementation. This study seeks to collect survey feedback from carers of children with Type 1 Diabetes Mellitus (T1DM) within the GH Ballarat Paediatric Diabetes Service. It aims to assess consumer experiences to inform quality improvement activities and best care guidelines.

1. What is the current experience of carers within the Paediatric Diabetes Service?
2. What changes do carers suggest to enhance care quality?

Population/setting: consumers in the Grampians Health Paediatric Diabetes Service.

Methods: The survey was a Quality Assurance project conducted at Grampians Health Ballarat. Primary carers of children under 18, diagnosed with T1DM and receiving care from GH Ballarat were invited to participate. Feedback was collected anonymously through a text message link to a survey sent to all consumers with an active referral.

The questions were framed based on existing Patient Reported Experience Measures (PREMs) which capture patients' perceptions of their care experiences (Sherwani et al., 2016). Evidence shows that enhanced patient experience aligns with person-centred care principles, such as increased shared decision-making, better communication with providers, and improved care coordination (Sherwani et al., 2016).

Results/findings: Survey results indicated that 60% of respondents desired increased access to clinicians, while 20% requested reduced wait times while attending appointments. Additional suggestions included integrating telehealth and psychological support into the service. Most feedback highlighted the quality of clinicians but noted inconsistencies in diabetes care across the GH Ballarat service.

Conclusion: Not included.

Translational impact/implications for future practice: Findings will inform targeted interventions to improve care quality and allow for future assessments of intervention effectiveness. The ultimate goal is to enhance the overall experience for paediatric diabetes patients and their carers, supporting better health outcomes.

Nutrition delivery in Critical Illness – The rise of the machines?

Stewart, T

Grampians Health

Presenting author: Mr. Tim Stewart

Background/aim: In 2021, Grampians Health – Ballarat obtained a QNRG+ Indirect Calorimetry (IC) machine to use within our ICU department. Over the past 3 years, this has been used on a weekly basis for mechanically ventilated (MV) patients. This provides the ICU team with a patients Resting Energy Expenditure (REE) through the O2/VO2 exchange through the ventilator

The aim was to compare the IC measurements with the predictive equations that are commonly used as a Dietitian and to determine the accuracy of the predictive equation when compared to the IC measurements.

Population/setting: Mechanically ventilated patients with a critical illness.

Methods: QI project rather than this being a published article.

Retrospective evaluation of the data over the past 3 years comparing the IC measurements with the predictive equation that is standard practice at GH-Ballarat.

Results/findings: We found that over the past 3 years, there was likely to be more risk of overfeeding an MV patient, likely due to the factors impacting a patient's metabolic rate .eg. The amount and type of sedation being used, was the patient paralysed. There was improved glycaemic control, reducing the risk of hyperglycaemia and the ability to help resolve TPN related liver damage due to overfeeding.

Conclusion: The use of IC measurements to determine a patient's energy requirement has highlighted the benefits through reducing the risk of overfeeding and the associated complications with overfeeding.

Translational impact/implications for future practice: Changes include individualised nutrition delivery with precision and reducing complications associated with overfeeding. Enabled GH-Ballarat to provide best practice as per the recently revised ESPN guidelines. Plan is for guidelines to be developed for Australia and New Zealand in how to best use this in clinical practice.

Qualitative discussion of person-centred outcomes in an allied health supported chronic conditions program

Swann, J, Thomas, S, Haugh, N

Western Vic PHN

Presenting author: Mr. Jamie Swann

Background/aim: Your Care Path (YCP) is a WVPHN-commissioned program supporting access to allied health services for people with chronic conditions. The chronic conditions program is in its second iteration, having been established in 2015 and redesigned in 2022.

Since 2022, two patient-centred outcome measures have been used to identify the efficacy of the program in improving consumers' health. This presentation focuses on learnings from implementation and use.

Population/setting: People with, or at risk of developing, chronic conditions living in rural & remote Western Victoria.

Methods: Goal Attainment Scaling (GAS), asks consumers to identify a goal of treatment, such as improvement in nutrition/diet. Goals are reviewed every six months and consumers are asked to rate whether they have met, exceeded, or failed to meet their goal on a 5-point scale.

Quality of Life (QOL) survey, based on the World Health Organization's QOL-BREF. The survey used for MCP is a 6-item subset of the full scale and asks consumers to rate their QOL in six dimensions: overall QOL, health, mobility, energy, daily living tasks, and social isolation. The survey is given every six months.

Results/findings: Goals are routinely set as part of a consumer's treatment, which makes identifying and setting goals easy. However, clinicians can find it difficult to interpret the 5-point scale, which means the scale is less standardised than intended.

Whilst QOL is an appropriate construct for service offering varied care types, the survey can be time consuming to administer and enter as data. Furthermore, average Time One scores on QoL were high, as many clients were already in the middle of this or other treatments. This also suggests the sub-set of QoL items may be incorrect.

Conclusion: While GAS and QOL both attempt to standardise outcomes, this presentation highlights difficulties in the implementation of measures to support person-centred values-based (PCVB) healthcare.

Translational impact/implications for future practice: As the health system moves focus to PCVB healthcare, there will be a wider range of goals and dimensions of a person's QOL that are important to them. Clearer guidelines in interpreting the GAS would be useful to keep it as a standardised outcome measure incorporating a wide variety of goals.

Assessing the Reduction of Recurrent admissions using OM-85 for the treatment of preschool Wheeze (ARROW): a novel method to enable feasibility of a cost-effective, multi-centre, randomised, double-blind, placebo-controlled trial

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Presenting author: Professor Peter Vuillermin

Background/aim: Acute wheezing illnesses are the most common reason that preschool-aged children require hospitalisation in Australasia, and readmission is common. Current strategies to prevent re-admissions are ineffective. OM-85 is an orally administered bacterial lysate that stimulates anti-viral immune responses and reduces excessive airway inflammation. OM-85 may be effective in preventing hospital readmissions due to preschool wheeze, but large randomised controlled trials are needed. Few clinical trials are undertaken in hospital general paediatric wards, primarily because of high patient turnover and clinical workload. The

Children's Inpatient Research Collaboration of Australia and New Zealand (CIRCAN) was established to address this gap. Methodologically, CIRCAN's ARROW trial aims to implement a novel method of recruitment that enables busy clinical teams to participate and refer with minimal burden.

Population/setting: Children aged between 1 and < 6 years of age who in the 12 months before enrolment have had a hospital admission with acute wheeze and at least 2 other wheeze episodes

Methods: ARROW is a randomised, double-blind, placebo-controlled trial that will determine the efficacy of OM-85 for the prevention of hospital admissions in children with recurrent preschool wheeze. Teams from 43 hospitals participating in CIRCAN refer potentially eligible children using a web referral application. Parents may also self-refer. The central ARROW team undertake enrolment, randomisation, distribution of the trial medication, safety monitoring and follow-up remotely. Participants are treated with OM-85 or placebo for 12 months. Data is collected via weekly electronic diaries. The primary outcome is whether the child has a hospital admission due to an acute wheezing illness during the 12-month treatment period.

Results/findings: ARROW's novel methodology is proving highly effective, with over 550 children enrolled in the trial, placing us on target to complete recruitment of 1088 children by late 2025.

Conclusion: CIRCAN's ARROW trial demonstrates a new, cost-efficient, pragmatic, and feasible method of undertaking large-scale clinical trials targeting inpatient general paediatric patients, and improving access in regional, rural and remote settings.

Translational impact/implications for future practice: If OM-85 is effective is reducing hospital admissions among children with preschool wheeze/asthma, the end-user engagement across over 43 centres will facilitate rapid translation of OM-85 into practice and policy, and improved health outcomes in Australasia and internationally.

One size does not fit all: healthcare worker perspectives on hepatitis B models of care in a low prevalence region in Australia

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Presenting author: A/Professor Amanda Wade

Background/aim: Australia is not on track to achieve the hepatitis B elimination care targets. Many low prevalence Australian regions have disproportionately lower care uptake rates compared to high prevalence Australian regions. This study aimed to determine barriers to providing care in a low prevalence region of Australia.

Population/setting: Barwon South West (BSW) region is a low hepatitis B prevalence area with an estimated 1,609 people infected; 18.3% engaged in care, and 8.9% of people who need treatment accessing it. In 2023, hepatitis B care was delivered through a specialist-led, tertiary hospital outpatient clinic in Geelong. There were private specialist services providing care in Geelong and Warrnambool. Six general practitioners (GPs) were authorised to prescribe hepatitis B treatment (four GPs were newly authorised in 2022-23) and no nurse practitioners provided hepatitis B care. The BSW is serviced by a government funded viral hepatitis outreach nurse. The outreach nurse, based at the tertiary hospital, travels throughout the region to provide testing and treatment services, clinical guidance for GPs, and advocacy for local delivery of care.

Methods: Semi-structured interviews were conducted with healthcare workers in the BSW region, to identify their perspectives on hepatitis B care and service delivery.

Results/findings: Between August and November 2023, 20 participants were interviewed including nine GPs, four nurses, three specialists, three interpreters and one refugee social worker. Hepatitis B was described as a rare, complex condition. The increasing pressure on GPs to manage specialist health conditions was overwhelming and affected their willingness to manage hepatitis B. Enablers included specialist nurses providing case management and developing systematic links between specialist clinic staff and GPs. A localised community of practice would build GP confidence.

Conclusion: Low prevalence regions have unique hepatitis B care challenges. Infrequent exposure challenges skill maintenance. Disease prevalence needs to be considered when implementing decentralised models of care.

Translational impact/implications for future practice: The model for community-based hepatitis B care should be guided by prevalence.

Measuring Access to Sexual and Reproductive Health Services in Regional Victoria

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Background: Access to sexual and reproductive health (SRH) services is fundamental to universal health coverage. Despite Australia's reputation for advanced healthcare infrastructure, complex barriers exist when accessing SRH services in rural areas. A regional women's health service engaged the Centre for Australian Research into Access (CARA) to examine SRH service access within the Barwon South West (BSW) region to inform a regional SRH strategy. This project aimed to map and analyse SRH service gaps to support strategic planning and advocacy.

Population/setting: Women living within the BSW region of Victoria.

Methods: A spatial analysis involving time accessibility modelling at the address level was undertaken using ArcGIS Pro. Using address-level intelligence, travel times were calculated from the health service location to every address location along a road network in the BSW region.

Results/findings: Analysing travel times in the BSW region highlighted significant disparities in access, particularly in primary care services. The average travel time to GP services was 5 minutes (min 0; max 41 mins). However, higher travel times were observed with access to specific services, such as long-acting reversible contraceptives. For instance, access to health services providing intrauterine device (IUD) insertions showed an average travel time of 16 minutes (min 3; max 59 mins). Areas such as Glenelg Shire showed longer travel times, averaging 50 minutes, with some residents requiring travel up to 101 minutes.

Conclusion: Critical service gaps were identified across the region. Residents from disadvantaged regions consistently had longer travel times, demonstrating inequity in access across the BSW. This will require further inquiry at the local level to understand community needs and specific barriers to access.

Translational impact/implications for future practice: Results from this project will inform the development of a regional SRH strategy. This project had two recommendations for future actions: [1] Engage in community consultations with women living in the regions with limited access to specific SRH services and [2] Capacity building with healthcare providers in the region to understand service delivery access barriers.

Notes