c/o South West Healthcare
25 Ryot Street
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Western Alliance and the Annual Symposium

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

For more information, visit www.westernalliance.org.au.

Venue for Symposium and networking events

Royal Mail Hotel and Sterling Place Community Centre, Dunkeld

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

SYMPOSIUM

Reconnecting through rural and regional research

21-22 Nov 2022 | Dunkeld, Victoria

Western Alliance Seventh Annual Symposium

ACKNOWLEDGEMENTS

The Symposium this year brings us to picturesque Dunkeld, gateway to the southern Grampians. Dunkeld is located at the foot of Mount Sturgeon (Wurgarri), the southern tip of the Grampians and the Great Dividing Range, and is well known for its charming main street, amazing cafes and dining destinations as well as arts and mountain hiking trails.

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

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

The Royal Mail Hotel and Sterling Place Community Centre; Symposium speakers, chairpersons and volunteers; Western Alliance staff members; Professor Brendan Crotty, Chair, Western Alliance Board of Directors; Members of the Western Alliance Board and Research Translation Committee and the broader membership of Western Alliance.

Professor Warren Payne
Executive Director, Western Alliance

Mr. Drew Aras
Executive Officer, Western Alliance

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PROGRAM

Western Alliance Seventh Annual Symposium

Day One

Monday 21 November, 3:30 pm to 6:30 pm

Sterling Place Community Centre, Dunkeld

3:30 pm — Welcome

Memorial Hall — Dr. Olivia King, Manager, Research Capability Building Program, Western Alliance

STaRR Emerging Researcher Showcase

Mrs. Alicia Boyd St John of God, Warrnambool *Total Knee Arthroplasty (TKA): Post-Operative Swelling Assessment - a Feasibility Study utilising Bioimpedance Spectroscopy (BIS)*	**Ms. Cara Hill** Barwon Health *Improving the provision of prescribed food, fluid and mealtime supervision requirements in inpatient and aged care settings*	**Ms. Hayley Keane** South West Healthcare *The role of digital literacy in workplace e-learning – a study of low technology roles in public healthcare*
Miss. Laura Morrison Barwon Health *Implementing a Risk Feeding Guideline and Education Program for Multidisciplinary Clinicians Participating in Risk Feeding Practice at Barwon Health*	**Mr. Jake Romein** East Grampians Health Services *A community-based modified sport program for rural community-dwelling older adults: A pilot study*	**Ms. Alesha Sayner** Grampians Health *Feasibility of intra-infusion exercise in a regional chemotherapy day unit*

5:00 pm — An Introduction to DELIVER and Co-design

Memorial Hall — Professor Anna Peeters, Director, Institute for Health Information, Deakin University

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, available only for research in rural areas.

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

The aims of DELIVER are to:

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

The programs and initiatives that DELIVER can support will be developed in consultation with participating health services and communities. Programs identified by health services as potential initial targets include, but are not limited to, the Better at Home initiative, Geriatric Evaluation and Management (GEM); and initiatives such as Emergency Department in the home.

Representatives from partnering Health Services and Primary Health Network will be invited to join the **DELIVER Strategic Partnerships Group**. This group is integral for guiding the areas of focus for the program of work undertaken in DELIVER.

Representatives from external organisations will be invited to join the **DELIVER Advisory Group**. This group will provide an external lens to the program, support development of scaled implementation & translation of findings from DELIVER and identify other opportunities.

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

Western Alliance Seventh Annual Symposium

Networking event – dinner and entertainment (at capacity)

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

Monday 21 November, 7:00 pm

The Royal Mail Hotel, Dunkeld

Ms. Clare Bowditch

Ms. Clare Bowditch is a best-selling ARIA Award winning musician (Best Female), Logie nominated actor for the TV Show *Offspring*, best-selling author for her recently released memoir *Your Own Kind Of Girl*, experienced speaker, MC, broadcaster, and mother of three (including identical twin boys).

In 2008, whilst researching her best-selling album *The Winter I Chose Happiness*, Clare agreed to challenge her cynicism and undertake training as a Life Coach (turns out, she bloody loved it). This culminated in her forming Big Hearted Business – a company designed to teach creative people about business and business people about creativity.

In Oct 2019, Clare released her first book *Your Own Kind Of Girl* through Allen & Unwin. Its themes of shaping yourself through the stories we tell ourselves and taming your inner critic, immediately found their audience, with a debut position of #7 in the Neilsen Book Chart, #1 Best Seller on Booktopia, at Readings and Dymocks, and Audio Book #5 bestseller on Amazon. It won the 2020 ABIA "New Writer of The Year" Award and has been named as one of Audible's "Top 50 Books of All Time".

In August 2020, she released an Audible Original audio book entitled *Tame Your Inner Critic* which has remained at the top of the Audible Charts since the day of its release. It epitomises Clare's unique approach to skill-building, and story-telling, using a novel mix of humour, story-telling and science to help people have better relations with the voice of their self-doubt. It has been one of the most downloaded Audible podcasts over the course of the COVID-19 pandemic.

As a musician, Clare has toured extensively with musicians such Leonard Cohen, Paul Kelly, John Butler, Cat Power, and Gotye, to name just a few.

As the beloved host of the "Afternoons" radio show on ABC Melbourne, Clare spoke and made friends with over 250,000 listeners daily.

PROGRAM

Western Alliance Seventh Annual Symposium

Day Two

Tuesday 22 November, 9:30 am to 3:00 pm

Sterling Place Community Centre, Dunkeld

8:45 – 9.30 am	Registration
Memorial Hall	
9:30 am	Welcome to Country and welcome address Mr. Lee Morgan Gunditjmara Kirrae Whurrong traditional owner Professor Warren Payne, Executive Director, Western Alliance
9:50 am	KEYNOTE: The Victorian Aboriginal Research Accord: What Implementation means to you Ms. Sheree Lowe Executive Director, Social and Emotional Wellbeing Centre of Excellence, Victorian Aboriginal Community Controlled Health Organisation (VACCHO)
	KEYNOTE: iValidate – Improving End of Life Care in the ICU A/Professor Neil Orford Intensive Care Specialist, Barwon Health
10:45 am	Morning tea
Multi-purpose room	Catering by Sterling Place Community Centre

11:05 am Regional and Rural Research Showcase – concurrent morning oral presentations

	Session One Health Services Research	Session Two Clinical Research	Session Three Population Health and Community Research
Room	Memorial Hall	Community Gathering Space	Rooms 1-3
Session Chair	Professor Fergal Grace Federation University	Dr. Louise Greenstock Western Alliance	Dr. Ella Ottrey Western Alliance
	Ms. Jessie Adams National Centre for Farmer Health *Characteristics of presentations to Emergency Departments in rural southwest Victoria on high-heat days*	**Mrs. Alicia Beseler** Obstetrics & Gynaecology Ballarat *DuoStim: The patient experience of a follicular and luteal phase stimulation*	**Dr. Laura Alston & Miss. Nikita Wheaton** Deakin University/ Colac Area Health *Health services as change agents in rural food environments: A pilot study*
	Dr. Olivia King Western Alliance *Supporting the translation of research in rural and regional settings: What are emerging researchers' needs?*	**Mrs. Alicia Boyd** St John of God, Warrnambool *Total Knee Arthroplasty (TKA): Post-operative swelling assessment - a feasibility study utilising Bioimpedance Spectroscopy (BIS)*	**Mr. Jake Romein** East Grampians Health Service *A community-based modified sport program for rural community-dwelling older adults: A pilot study*
	A/Professor Sandeep Reddy Deakin School of Medicine *Democratising evaluation through innovative approaches*	**Mrs. Nicole Scullion** Grampians Health *Weigh to go with liquid drugs of dependence*	**Dr. Joanna Macdonald** National Centre for Farmer Health *Agriculture-dependent community resilience: Identifying evidence and translating into policy and practice*
	Dr. Michael Field Western Alliance *Research done with us, not on us: A case report of rural health service leaders co-designing research addressing an emerging health issue*	**Ms. Cara Hill** Barwon Health *Texture modifications for dysphagia in a rural residential aged care facility – recommendations vs reality*	**Ms. Sally Cunningham** National Centre for Farmer Health *Challenges, learnings and recommendations: translating co-design to a prevention-focused platform for primary*

			producer mental health and wellbeing
	Ms. Hayley Keane South West Healthcare *What can we learn about organisational learning? – a study of learning, e-learning and learner agency in low technology roles*	**Ms. Melinda Firth** Grampians Health *Specific timely appointments for triage in a regional neurological community based setting*	**Dr. Jane Jacobs** Deakin University *Understanding weight status and dietary intakes among Australian school children by remoteness: A cross-sectional study*
	A/Professor Anna Wong Shee Grampians Health *Shaping research and research capacity building in rural health services: Context matters*	**Dr. Lachlan Brennan** Obstetrics & Gynaecology Ballarat *Training & Retaining a Rural O&G Workforce: Outcomes of a hybrid regional advanced FRANZCOG training program*	**Dr. Virginia Dickson-Swift** Violet Vines Marshman Centre for Rural Health Research *Connecting with consumers; the first Australian Rural Health Consumer Panel*
	Ms. Linda Sweet Deakin University *Receiving and providing maternity care during the COVID-19 pandemic in Australia: using lessons learned to inform models of care during and after health emergencies*	**Ms. Yingying He** West Wimmera Health Service *Thickened fluids in residential aged care facilities – Are we getting the recipe right?*	**Ms. Monique Hillenaar** Deakin University *The impact of 'shocks' on a whole of community childhood obesity prevention trial in North East Victoria*
		Mrs. Thilini Warnakulasooriya Ballarat Austin Radiation Oncology Centre *Improving patient experience and workflow by reducing treatment delays caused by suboptimal bladder preparation for pelvic radiotherapy*	**Dr. Cath Cosgrave** Cath Cosgrave Consulting *Attract Connect Stay –A community-led solution to attract and retain healthcare professionals to work and live in rural places*

12:30 pm Lunch

Multi-purpose room Catering by Sterling Place Community Centre

1:15 pm **Regional and Rural Research Showcase – afternoon concurrent oral presentations**

	Session One Health Services Research	Session Two Clinical Research	Session Three Population Health and Community Research
Room	Memorial Hall	Community Gathering Space	Rooms 1-3
Session Chair	Ms. Ashleigh Clarke Grampians Health	Dr. Michael Field Western Alliance	Dr. Olivia King Western Alliance
	Dr. Jaclyn Bishop East Grampians Health Service *The impact of a novel HMO position at a rural health service*	**Mr. Brendan Cutts** Barwon Health *Undertaking research across regional Victoria during COVID: Exploring the incidence and severity of Guillain Barre Syndrome (GBS)*	**Ms. Tamara Holmes** Deakin University/ Colac Area Health *Embedding Learning Circles (through Dadirri) in team*
	Ms. Kath Brundell Deakin University *'The best thing we do': Executive and board member perspectives on sustaining safe rural Victorian maternity services*	**Mrs. Anna Price-Smith & Dr. Madeleine Ward** Obstetrics & Gynaecology Ballarat *OGB Co-designed Approach to a Regional Endometriosis Service (CARES)*	**A/Professor Alison Kennedy & Ms. Kelly Barnes** National Centre for Farmer Health *Peer-led behavioural activation in Great South Coast farming communities: Co-designing a new model of mental health support*
	Ms. Meg Murray Deakin University *Improving the management of people at risk of frequent potentially avoidable visits to the ED – a systems thinking approach*	**Ms. Carmel Goss** Grampians Health *A Protocol on 'Clinicians' Perspectives on the Barriers and Enablers to Activity in Clinical Trials'*	**Dr. James Lucas** Deakin University *When Primary Healthcare meets Queerstory: System dynamics influencing LGBTQ+ people's access to quality primary healthcare in regional Victoria*
	A/Professor Anna Wong Shee Grampians Health *Identifying rural health and healthcare priorities to guide research and optimize health care – informed by consumers,*	**Miss. Victoria Williams** Grampians Health *Malnutrition in an acute regional hospital setting: Implications for practice based on hospital screening, prevalence and identification*	**Mr. Peter Kelly** Barwon Health *Examining a rural Victorian community's knowledge and help seeking behaviour for family violence and the role of the local public health service*

	health professionals and researchers		
	Dr. Vidanka Vasilevski Deakin University/ Western Health *Barriers and enablers for antenatal care access of women engaged with social work services at Barwon Health*	**Miss. Laura Morrison** Barwon Health *Implementing a Risk Feeding Guideline and Education Program for multidisciplinary clinicians participating in risk feeding practice at Barwon Health*	**Ms. Sarah Wood** Deakin University *The application of spatial measures to analyse health service accessibility in Australia: a systematic review*
		Dr. Laura Alston Deakin University/ Colac Area Health *Using innovative methods to identity patients at risk of malnutrition in a rural health service*	
		Mrs. Karen Benson St. John of God Hospital Warrnambool *The effect of ceasing and resuming group hydrotherapy due to COVID-19 pool closure restrictions*	

FINAL PLENARY SESSION

Memorial Hall

2:15 pm

KEYNOTE: Australia's Health Reimagined: The journey to a connected and confident consumer

Professor Suzanne Robinson
Director, Deakin Health Economics, Deakin University

KEYNOTE: A rural clinician's journey into the world of research…and where it led!

A/Professor Gabrielle O'Kane
Former CEO, National Rural Health Alliance

2.55 pm

Closing address

Professor Warren Payne
Executive Director, Western Alliance Board of Directors

SYMPOSIUM CONVENORS

Professor Warren Payne

Executive Director, Western Alliance

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

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

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

Mr. Drew Aras

Executive Officer, Western Alliance

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

KEYNOTE SPEAKERS

Ms. Sheree Lowe

Victorian Aboriginal Community Controlled Health Organisation (VACCHO)

Sheree Lowe is a Djab Wurrung and Gunditjmara person living on Wada wurrung country in regional Victoria. Growing up Aboriginal, her family and community has shaped her life and identity as a proud Aboriginal woman living in a world of diverse life experiences. Like many, her identity and experiences have been, and continue to be, impacted by the legacy of colonisation. She has spent her personal and professional life living, supporting, and advocating for Aboriginal people to be seen and heard across a range of different injustices including justice, education, health and wellbeing.

Sheree has experience in working in the community, government and private sector. Sheree is an Executive Director at the Victorian Aboriginal Community Controlled Health Organisation (VACCHO) and leads the Balit Durn Durn Centre (The Centre for Excellence in Aboriginal Social and Emotional Wellbeing)

VACCHO is the peak body for Aboriginal and Torres Strait Islander health and wellbeing in Victoria, with a membership of 32 Community-controlled organisations. The VACCHO Policy & Research Unit (PRU) advocates for policy, program and systems change to achieve health equity for all Aboriginal and Torres Strait Islander people in Victoria. Within the PRU, there are several teams focused on policy, strategy & systems, research and government relations. These teams sit across different portfolios, such as economic reform, disability, aged care and mental health

A/Professor Neil Orford

Barwon Health

Neil is a senior staff specialist in Intensive Care at University Hospital Geelong. His interests include clinical leadership, communication. clinical research, philanthropy, and writing for the public about the human side of healthcare.

Neil was Director of UHG ICU from 2008-2020, overseeing the move into the new 24-bed ICU, the development and commencement of the Paediatric ICU and ECMO service, and the iValidate program. Neil is a Board Director of the College of Intensive Care Medicine of Australia and New Zealand, and his roles include Lead of the Culture in ICU program, Deputy Chair of the Hospital Accreditation Committee, and Deputy Censor.

His research interests include long-term outcomes, particularly critical illness induced osteoporosis, and shared decision-making. Neil's philanthropic interests include providing Intensive Care Specialist support for Open Heart International, a volunteer program that provides cardiac surgery to the Pacific Islands, and as a founding member and Director of the international educational website; Crit-IQ.

Associate Professor Gabrielle O'Kane

National Rural Health Alliance

A/Prof Gabrielle O'Kane is the former CEO of the National Rural Health Alliance, the peak body for rural health. She is an Adjunct Associate Professor with the University of Canberra and Charles Sturt University.

Gabrielle has extensive experience in the private and public health sector, which has contributed to her deep understanding of the need for collaborative partnerships to support the rural health workforce and achieve positive health outcomes for rural communities.

She promotes solutions to the Australian Government to address the needs of rural communities and health professionals, through her position on many pertinent steering groups and committees.

Professor Suzanne Robinson

Deakin University Health Economics, Institute for Health Transformation (IHT)

Professor Suzanne Robinson is the Director, Deakin Health Economics, in the Institute for Health Transformation (IHT) and the School of Health and Social Development.

Suzanne is highly regarded in her field of health economics, health systems research, digital health and data analytics. Her work in health system reform is influential in both national and local policy developments and practical application and translation.

Suzanne is leading international research in digital health that includes a focus on virtual care and telehealth implementation; using health data in clinical and population decision making with a focus on the delivery of effective, efficient and equitable health services. She has an outstanding track record in collaborative research activity and extensive experience working with policy makers and clinicians in using research to inform practice. In recognition of her work she received the Australasian College of Health Service Management (ACHSM) Innovation and Excellence Award for her work in health system research and capacity building. She has secured more than $20 million in research funding and has a number of active research grants.

ABSTRACTS

Listed alphabetically, by the surname of the presenting author

Characteristics of presentations to Emergency Departments in rural southwest Victoria on high-heat days

Adams, J, [1] Brumby, S, [1,2] Kloot, K, [3,4] Baker, T, [3,4] Mobebbi, M.[5]

1 National Centre for Farmer Health, 2 Western District Health Service, 3 School of Medicine Deakin University, 4 Centre for Rural Emergency Medicine Deakin University, 5 Biostatics Unit Deakin University

Presenting author: Ms. Jessie Adams

Background/aim: Heat is responsible for more deaths than any other natural disaster in Australia. As more frequent extreme weather is predicted an understanding of heat-related illness is required. Previous Australian research has shown increases in Emergency Department (ED) presentations in metropolitan areas, however little is known about rural/regional areas. This study aimed to determine if presentations to EDs and Urgent Care Centres (UCCs) increased in southwest Victoria on high-heat days. It also compared presentations between those from farming and non-farming locations.

Population setting: This retrospective cohort study used the Rural Acute Hospital Data Register (RAHDaR) to investigate presentations to two EDs and seven UCCs in rural southwest Victoria between 1st February and 31st January 2020 (November to March).

Methods: This retrospective cohort study used the Rural Acute Hospital Data Register (RAHDaR) to investigate presentations to two EDs and seven UCCs in rural southwest Victoria between 1st February and 31st January 2020 (November to March).

Results: There were 61,632 presentations of residents from the nine Local Government Areas during 453 study days. Of these, 3,064 (5.0%) were on high-heat days and 58,568 (95.0%) non-high heat days. Injury was the most common presentation for all cohorts. Admission rates per day were similar on high-heat (n=1.6) and non-high heat days (n=1.5). On days of high-heat, the farming population was 17% less likely to present to EDs/UCCs than non-farming populations. However, presentations for circulatory and respiratory system illness increased in the farming population on days of high-heat. The farming population was also more likely to arrive by private transport.

Conclusion: The decrease in injury presentations was the main reasons for lower presentations to EDs/UCCS across all areas on high-heat days. The decline in presentations was greater in the farming population. However, results suggest those presenting on high-heat days may be more unwell.

Translational impact/implications for future practice: There is a need for localised public health responses at specific temperature thresholds. Specifically, education on the increased risk of circulatory and respiratory system illness on high-heat days is required. Transport to EDs/UCCs could benefit from further exploration.

Keywords: occupational health, heat-related illness, farmers

Health Services as Change Agents in Rural Food Environments: A pilot study

Alston, L, [1,2] Wheaton, N,[1] Brown, E,[1] Jacobs, J,[1] Whelan, J,[1] Wong Shee, A,[1] Peeters A,[1] Versace, V, [3] Nichols, M,[1] Bolton, K, [2] Backholer, K,[1] Field, M,[2] Allender, S. [1]

1 Deakin University, 2 Colac Area Health

Presenting author: Dr. Laura Alston and Miss. Nikita Wheaton

Background/aim: Unhealthy diets play a role in the increased burden of chronic disease in rural and regional areas of Australia. Research shows that there have been limited dietary interventions at both the individual and community levels in rural communities. Research is needed to understand how local health services dietitians within rural communities can be best utilised to improve rural food environments.

Aim to understand if local rural health service dietetics and health promotion expertise can be redirected to support improvements in rural food environments.

Population/setting: Colac Otway Shire community owned cafes and restaurant outlets, health service and local government leaders. These areas are classified as Modified Monash 4 and 5 areas.

Methods: This pilot study trials new ways of utilising health promotion and dietetics expertise in rural communities. There are two phases to this study: (1) Group Model Building (GMB) co-design process with health service leaders, local government representatives, and interviews with community food retail owners, to identify and prioritise areas for intervention in the local food environment; and (2) implement and evaluate a pilot 6-week intervention (informed by Phase 1) that will be driven by local dietetic and health promotion capacity.

Results: We will present preliminary findings from our GMB process and interviews with local community members, discuss intervention actions and progress. We will also present the plan for evaluating the impact of the intervention in the local community.

Conclusion: This is the first study to apply local rural health services support to community owned outlets in rural settings to improve the rural food environment. We anticipate that this pilot study will inform a larger scale intervention across the western region of Victoria.

Translational impact/implications for future practice: Potential learnings from this study will be a new model of applying local health promotion and dietetics support to the local rural community to supplement current individual nutrition intervention models with community food environment change.

Keywords: chronic, disease, prevention

Using innovative methods to identity patients at risk of malnutrition in a rural health service

Alston, L,[1,2] Green, M, Nichols, M, Partridge, S, Buccheri, A,[1] Bolton, K, Versace, V,[1] Field, M2[2] Launder, A, Lily, A, Allender, S,[1] Orellana, L.[1]

1 Deakin University, 2 Colac Area Health, 3 The University of Sydney

Presenting author: Dr. Laura Alston

Background/aim: In-patient malnutrition leads to poor health outcomes, longer hospital stays and mortality around the world, and is largely not investigated in rural populations. Our previous study identified that at least 74% of patients are at risk in rural settings. Routine screening for malnutrition is recommended to identify patients in need of dietetics referrals, but often uptake is low due to pressures on nursing and clinical staff. To date, there have been no studies that have explored innovative and low-resource ways to quickly identify patients at risk in rural settings or the application of bed-side screening tools to the data in medical records. This exploratory pilot study aimed to understand the diagnostic accuracy of the Patient-Generated Subjective Global Assessment (PG-SGA) malnutrition risk screening tool when used to score patients' malnutrition status based on the data in their electronic medical records (EMR), compared to traditional bedside screening interviews.

Population/setting: Colac Area Health, inpatient ward.

Methods: In-patients at a rural health service were screened at the bedside (n = 50) by dietitians using the PG-SGA, generating a bedside score. Clinical notes within EMRs were then independently screened by blinded researchers. The accuracy of the EMR score was assessed against the bedside score using area under the receiver operating curve (AUC), sensitivity, and specificity.

Results: This exploratory study showed that applying the PG-SGA screening tool to EMRs had enough accuracy for identifying patients at risk of malnutrition. Screening EMRs using validated tools, perhaps through advancing technology, could relieve the administrative burden on nursing and clinical staff in rural and low-resource settings and warrants further research.

Conclusion: This exploratory study showed that applying the PG-SGA screening tool to EMRs had enough accuracy for identifying patients at risk of malnutrition. Screening EMRs using validated tools, perhaps through advancing technology, could relieve the administrative burden on nursing and clinical staff in rural and low-resource settings and warrants further research.

Translational impact/implications for future practice: This study followed on from our Western Alliance Grants in aid project and subsequent changes in nutrition policy and practice at Colac Area Health. There was a need to understand how patients could more easily be identified as at risk and requiring dietetics intervention, without relying solely on nursing staff to conduct malnutrition screening. This study will inform research into automated screening methods that can be applied to EMRs to efficiently identify patients at risk of malnutrition and reduce the burden of malnutrition screening for nursing and clinical staff.

Reference: Alston, L.; Green, M.; Nichols, M.; Partridge, S.R.; Buccheri, A.; Bolton, K.A.; Versace, V.L.; Field, M.; Launder, A.J.; Lily, A.; Allender, S.; Orellana, L. Testing the Accuracy of a Bedside Screening Tool Framework to Clinical Records for Identification of Patients at Risk of Malnutrition in a Rural Setting: An Exploratory Study. Nutrients 2022, 14, 205. https://doi.org/10.3390/nu14010205

Keywords: Rural, malnutrition, dietetics.

The effect of ceasing and resuming group hydrotherapy due to COVID-19 pool closure restrictions

Benson, K,[1] Dalton, R,[2] Woods, G,[2] Dowling, K,[2] Pohl, N.[2]

1 St John of God Hospital Warrnambool

Presenting author: Mrs. Karen Benson

Background/aim: Research supports hydrotherapy as a specific exercise treatment for chronic back pain and osteoarthritis, however there is no literature covering the effect of removing and restarting treatment. The closure of hydrotherapy pools during the Australian COVID-19 pandemic provided an opportunity to investigate the effect of ceasing, resuming and continuing hydrotherapy.

Population/setting: Patients participating in maintenance hydrotherapy groups in regional western Victoria. Predominantly women with a mean age of 68yrs with back pain or lower limb OA.

Methods: 100 subjects, convenience sample, of pre and post outcome measurement comparison, using observational statistics of physical and patient reported OCM (6MWT, 30ec STS, PSFS, EQ-5D).

Results: Pre Covid-19 (active hydrotherapy) to post Covid-19 (no hydrotherapy) 62% of patients deteriorated in 6MWT, and 54% of patients deteriorated in 30sec STS. Resumption of hydrotherapy (3months) 60% of patient improved in 6MWT, and 72% improved in 30sec STS, 68% improved in function, while 40% had an improvement in QoL. Continuation of hydrotherapy (6months) 76% of patient improved in 6MWT, and 72% improved in 30sec STS, 72% improved in function, while 44% had an improvement in QoL.

Conclusion: The data indicates a deterioration in patient specific outcomes that could be related to lack of hydrotherapy. Resuming hydrotherapy appears to improve physical ability and function, but has less effect on QoL. This improvement is ongoing with continued hydrotherapy at 6 months.

Translational impact/implications for future practice: Patients who stop maintenance hydrotherapy may deteriorate in physical fitness, strength and function, hence an alternate exercise source needs to be provided if pool access not available. Gains in physical outcome measures are seen as long as six months in patients who participate in hydrotherapy, consequently adequate timeframes should be utilised in patient treatment, education and planning.

Keywords: Hydrotherapy, fitness, strength

DuoStim: The patient experience of a follicular and luteal phase stimulation

Beseler, A,[1] Dalton, R,[2] Woods, G,[2] Dowling, K,[2] Pohl, N.[2]

1 Monash University, 2 Obstetrics & Gynaecology Ballarat

Presenting author: Mrs. Alicia Beseler

Background/aim: A dual stimulation, or 'DuoStim' protocol results in the recruitment of developing waves of antral follicles to occur one after the other within a menstrual cycle. This proffers benefits for women who have previously demonstrated a poor response to assisted reproductive technologies, providing an opportunity to increase the number of oocytes collected, as well as for women aiming for fertility preservation.

Population/setting: We report on the experience of women who have undergone dual stimulation and oocyte pick up, in both the follicular and luteal phase of the cycle.

Methods: All women (N=118) who underwent a DuoStim cycle at a single IVF centre in Victoria, Australia were invited to participate. Information was collected regarding experience and satisfaction across the domains of social, emotional, financial and alignment with fertility goals utilising a 5-point Likert Scale.

Results: A 51.7% (n=61) response rate was achieved. Of those 30% had previously undergone more than 3 single IVF cycles. Most patients (75%) were highly satisfied with the information provided. Greater than two thirds (67%) experienced only a minimal impact on their social relationships.

Conclusion: We demonstrate the success of DuoStim as a cost-effective treatment in meeting fertility goals and highlight the cost on patients' wellbeing.

Translational impact/implications for future practice: Whilst dual stimulation protocols offer promising options for specific patient populations there remains a need to report on quality outcomes which span across the social-emotional sphere.

Keywords: Women's health, patient-experience

The impact of a novel HMO position at a rural health service

Bishop, J, Ping, S.

East Grampians Health Service

Presenting author: Dr. Jaclyn Bishop

Background/aim: The long-standing model of contracting general practitioners (VMO GPs) to provide medical care to patients at rural health services is heavily reliant on the local GP workforce. The aim of this study was to measure the impact of a salaried medical officer position (HMO, accredited PGY2+) on service provision and performance at a rural

health service against the traditional model involving only VMO GPs, and determine overall satisfaction with the position in order to inform future workforce planning.

Population/setting: Medium size rural health service in Victoria, Australia.

Methods: A salaried HMO worked weekdays to support VMO GPs providing medical services to the rural health service. VMO GPs, nursing staff and allied health staff completed a survey about their experience with the HMO position (e.g. satisfaction, time saved). Semi-structured interviews with hospital personnel further explored these concepts. Financial, administrative and quality information was extracted for analysis.

Results: Forty surveys (GP, nursing and allied health) were returned and 10 interviews completed. The mean rating for satisfaction with the HMO position was 8.4 (out of 10). Addressing patient care concerns was rated significantly easier by nursing and allied health staff when the HMO was working compared to when the HMO wasn't working (mean difference 3.7, 95% CI 2.6 to 4.8, $p<0.001$). The GPs reported less time spent on hospital patient specific tasks (mean 3.1) and an increase in connectedness with patients (mean 6.3). The interviews identified three broad themes: improved efficiency, increased accessibility and eliminated service gaps. Organisational performance data indicated that there were no major differences in quality measures such as antibiotic appropriateness or patient experience.

Conclusion: Staff at a rural health service were highly satisfied with an innovative initiative to employ a HMO to support GPs who provide medical services.

Translational impact/implications for future practice: These findings support the creation of further HMO positions in rural health services that have the capability and capacity to sustain such a position, and inform future funding strategies to address rural medical workforce issues. Following the success of the HMO position, this model has been extended within this health service to increase medical coverage and the learnings continue to be shared with other health services.

Keywords: workforce, medical, rural

Total Knee Arthroplasty (TKA): Post-Operative Swelling Assessment - a Feasibility Study utilising Bioimpedance Spectroscopy (BIS)

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1 St John of God, 2 Western Alliance, 3 South West Healthcare, 4 School of Medicine Deakin University, 5 Barwon Health

Presenting author: Mrs. Alicia Boyd

Background/aim: Over 50,000 Australians undergo knee replacement surgery (TKA) annually; >50% experience at least one complication. Swelling, a normal side effect following TKA, is often associated with pain, delayed wound healing, reduced joint range, delayed mobility and prolonged rehabilitation.

Traditional assessment by tape measure or visual inspection is: time consuming, unreliable, inaccurate.

Bioimpedance spectroscopy (BIS), measurement via electrical current is: fast, accurate, routinely used in lymphoedema management.

The study aims include:

1. To what extent is the assessment of swelling, via BIS measurements, within the clinical setting, practical and feasible, based on caregiver feedback?
2. How does swelling volume, as measured by BIS, change over time following TKA?
3. Is feasibility impacted by swelling volume changes over time?

Population setting: The study was conducted at St John of God Warrnambool Hospital, involving allied health caregivers and TKA patients.

Methods: This prospective, observational, feasibility study involved caregiver interviews and patient BIS and visual inspection of swelling data.

- n=12 caregivers:

  9 semi-structured interviews (6 individual, 3 paired)

  deductive content analysis

- n=22 TKA patients, totalling n=23 knee operations.

Results: Caregivers:

- Happy to continue assessing TKA patients via BIS.
- Rehabilitation findings more relevant: potential early identification of problem swelling
- Time implications: accessing machine, measuring, explaining results.

TKA Patients:

- Average BIS scores were lower when caregivers visually assessed swelling as 'nil' or 'mild', higher for 'moderate' swelling, highest for 'severe' swelling.
- Approximately one-third (54/173) of post-operative leg BIS data collected deemed unusable due to low scan quality.

Conclusion: BIS assessment is practically applicable within the clinical environment and acceptable to caregivers. BIS data depicted known trajectory of swelling: sharp increase post-operatively, slow decline over time, persistent swelling for some patients. Ongoing refinement of BIS assessment, to key timepoints, has potential to further engage caregivers and positively impact patient outcomes.

Translational impact/implications for future practice: With projected growth in TKA surgery volume further study is required to investigate interaction of outcome measures, and intervention effectiveness to reduce identifiable, clinically significant, swelling.

Implications for translating into practice include:

- Time effectiveness and result validity crucial for long-term adoption.
- Caregiver training; increase familiarity with equipment and results.
- Development of patient brochure; pre-measurement advice and swelling education.

Keywords: Arthroplasty, post-operative, swelling

Training & Retaining a Rural O&G Workforce: Outcomes of a hybrid regional advanced FRANZCOG training program

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1 Monash University, 2 Obstetrics & Gynaecology Ballarat

Presenting author: Dr. Lachlan Brennan

Background/aim: A 'grow your own' strategy is recommended in the national approach to addressing the rural health access inequalities across Australia. However, safety, quality, supervision and training have all been identified as limitations for practitioners when choosing to remain working in regional locations.

Population/setting: Here we describe a public-private hybrid advanced FRANZCOG training program, with a proven track record of training and retaining regional O&G generalists and providing ongoing team based mentorship of regionally placed Obstetrician Gynaecologists.

Methods: Obstetrics & Gynaecology Ballarat (OGB) located in regional western Victoria is a large and well reputed provider of specialist obstetrics and gynaecology services. The OGB advanced FRANZCOG trainee program is a hybrid training model across both the private and public healthcare systems.

Results: Since OGB began, eleven out of fourteen advanced FRANZCOG trainees have been retained in centres across regional Victoria. The strength of the program is in the access to high volumes of procedural and clinical training opportunities, within a practice structure.

Conclusion: The rural, community specific model of training described here is well suited to support a FRANZCOG candidate seeking a generalist pathway with the goal of contributing to a skilled and dedicated regional woman's health service.

Translational impact/implications for future practice: This program proffers continuity of care, with standardised clinical and surgical training. Furthermore, the mentor-mentee relationship, which underpins the model of training, provides a unique 'transition to consultancy' pathway for the FRANZCOG candidate after graduation.

Keywords: rural training, workforce, women's health

"The best thing we do': Executive and board member perspectives on sustaining safe rural Victorian maternity services

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1 Deakin University, 2 Centre for Quality and Patient Safety Research, 3 Safer Care Victoria

Presenting author: Ms. Kath Brundell

Background/aim: Rural Victorian maternity services are hampered by ongoing barriers as they work to sustain safe accessible care for women and families. The level of maternity care provided to women in small rural services, commonly between level one and three, is operationalised using the Victorian maternity service capability framework. Considerable research exists examining women and maternity carer perspectives, and risk associated with mothers and babies when limited access exists. How rural health executive and board members consider barriers and opportunities relevant to operationalising and sustaining maternity services is unknown. This study aims to examine how executive and board members consider sustainability of rural maternity services and what supports are required to enable continued service provision.

Population setting: The study population is health service executive and board members of rural maternity services in Victoria. Participants from either open, suspended or closed maternity services may be included in the research.

Methods: A concurrent mixed methods research design has been used. Data collection methods include an email survey, with parallel interviews via zoom with participants indicating interest at the time of survey completion.

Results: This research study is ongoing and not completed. Survey response is currently n=65, with n=15 interview completed. Formal analysis is ongoing, however key preliminary finding will be presented.

Conclusion: This research project is not completed.

Translational impact/implications for future practice: Concern for rural maternity service closure or suspension has continued to impact the Victorian health sector. Over the previous ten-year period considerable maternity service closure and suspension has occurred. This research has the ability to advise the health department on supports required by operational executive and governance personal tasked with maintaining viable, safe and locally accessible maternity care.

Keywords: maternity, rural, access

Attract Connect Stay –A community-led solution to attract and retain healthcare professionals to work and live in rural places

Cosgrave, C.

Cath Cosgrave Consulting

Presenting author: Dr. Cath Cosgrave

Attract Connect Stay (ACS) is a proven, grass roots, bottom-up program, mobilising the passion, knowledge and practical skills of residents, community groups and local organisations to better attract and retain health workforce professionals. The goal of the ACS project is to create an evidenced-based and place-informed website to support rural communities to successfully establish, manage and financially sustain their own Health Workforce Recruiter Connector position.

The ACS solution originates from Marathon, Ontario, Canada where the community, in 2009, in response to critical health workforce shortages, established a locally-funded, locally-recruited and community-managed Health Workforce HWRC position. Since then, there have been no health workforce shortages.

In 2020, a funding opportunity became available through FRRR to trial the solution in Australia. Dr Cosgrave assembled a Project Team of five researchers, all with experience in rural health workforce strengthening [herself & Drs Moran (embedded evaluator), Malatzky, Waller & Boyce] in partnership with SARRAH as the grant administering organisation. In Dec 2020 FRRR awarded the Project Team two-years of funding.

In 2021, three communities in north-western NSW were selected through an EOI process to pilot the establishment of a HWRC position, and to help in the development of the prototype blueprint. The website draws on:

- the community of Marathon, Ontario's experience;
- the research literature on rural health workforce strengthening;
- Dr Cosgrave's experience working directly with communities piloting the model
- the evaluation work undertaken by Dr Moran

The blueprint was developed concurrently with the implementation phases using quality-feedback cycles. An external evaluation was undertaken alongside the implementation to capture processes and mechanisms to support the refinement of the blueprint and measure the impact and outcome of both the blueprint and HWRC position.

The ACS website including three training modules was launched in June 2022 and from August-October 2022 a digital marketing campaign operated—culminating in a webinar lead by Dr Cosgrave.

In this presentation Dr Cosgrave will present evaluation findings highlighting the interest in and effectiveness of the ACS community-led process and the impact of the HWRC positions on attraction and retention of health professionals in rural places.

Challenges, learnings and recommendations: translating co-design to a prevention-focused platform for primary producer mental health and wellbeing

Cunningham, S,[1] McKay, C,[1] Kennedy, A,[1] Dietrich, T,[2] Cosgrave, C,[3] Gunn, K,[4] MacDonald, J,[1] Brumby, S.[1]

1 National Centre for Farmer Health, 2 Griffith University, 3 University of New England, 4 University of South

Australia

Presenting author: Miss. Sally Cunningham

Background/aim: Victoria's primary producers are a vulnerable workforce in industries undergoing significant transition, and experience a wide-range of workplace-related mental health challenges. Vulnerability stems from an ageing and reducing workforce, rapidly increasing technological demands, exposure to a global marketplace and increasing uncertainty - with links to psychological distress and suicide risk. . Engagement with this 'hard to reach' group remains a challenge – yet they are particularly likely to benefit from preventative mental health strategies and programs. Increasing the acceptability of, and engagement with, mental health prevention programs may benefit from co-designed solutions. The Primary Producer Knowledge Network (PPKN) aims to work with producers to develop practical, empowering strategies to prevent risks to mental health in agricultural workplaces.

Population/setting: Victorian primary producers (including workers, owner/managers, employers and farming families).

Methods: Co-design involved primary producers, service providers and industry stakeholders through interviews, a series of innovative online co-design workshops, pilot testing of solutions and evaluation.

Results: The online co-design process produced 9 recommendations, guiding the translation of co-design findings into a digital platform, podcasts, blogs and supplementary resources to foster sustainable change across primary production workplaces and prevent work-related risks to mental health. Content development is an ongoing, iterative process involving iterative co-production with primary producer and topic experts, and industry stakeholders.

Conclusion: This presentation will outline the journey from co-design through to co-production, including (i) recommendations for engaging with farming communities and project stakeholders; (ii) challenges, 'silver linings' and adaptions made due to COVID-19; and, (iii) future directions to address workplace-related factors impacting primary producers' mental health, wellbeing and safety via approaches informed and empowered by the farming community.

Translational impact/implications for future practice: The co-design framework—along with learnings, challenges and outcomes from the co-design, co-production and piloting process—has potential application for a range of 'hard to reach' or vulnerable populations where service delivery solutions are required, particularly those relating to health, mental health and safety.

Keywords: co-design, agricultural, mental health

Undertaking research across regional Victoria during COVID: Exploring the incidence and severity of Guillain Barre Syndrome (GBS)

Cutts, B,[1] Phongpagdi, P,[1] Wheelahan, S,[2] Morgan, R,[3] Paterson, C,[4] Gales, E,[5] Chen, SK.[1]

1 Barwon Health, 2 Grampians Health, 3 South West Healthcare, 4 Wimmera Health Care Group, 5 Epworth Geelong

Presenting author: Mr. Brendan Cutts

Background/aim: To collaborate with health services across the Barwon South West and Grampians Regions to complete an Australian-first comprehensive analysis of the incidence and severity of GBS across geographical areas.

Population/setting: Initial investigation was into those that had presented to Barwon Health from 2009-2019. After analysis revealed differences in severity and incidence compared with published Australian data the project was expanded in order to compare the Grampians Region with Barwon South West.

Methods: The initial Barwon Health data was collected by retrospective file review using routinely collected clinical data. The results of this project were then presented to the Physiotherapy Department Managers at South West Healthcare, Wimmera Health, Ballarat Health Services and Epworth Geelong. These health services were chosen as the most likely to have cared for GBS patients given access to specialty Neurology and Neurosciences as well as critical care capabilities.

Collaboration with other health services was completed using email and video-conferencing software.

Results: We have so far identified 127 people across the two regions with GBS: 98 from the Barwon South West Region and 29 from the Grampians Region with data capture not complete at all health services and analysis ongoing. Barriers to collaborative research included COVID-related redeployments and increases in clinical services demand, and pauses in research ethics approval processes. Facilitators included interest in the research question and support in completing the ethics application and audit processes.

Conclusion: Once complete this will be the first complete analysis of a geographic region of Australia and allow accurate calculation of the incidence of GBS.

Translational impact/implications for future practice: This project shows that non-funded collaborative research can work well across regional areas, however time frames are difficult to control. We are expecting analysis of our data to show an increase in the incidence and severity of GBS in the Barwon South West Region, which will inform education and training for clinicians in higher presentation areas. Future research should be undertaken to identify causative factors behind this in an effort to reduce the burden of disability from GBS.

Keywords: GBS, epidemiology, collaboration

Connecting with Consumers; the first Australian Rural Health Consumer Panel

Dickson-Swift, V, Spelten, E, Begg, S, Dangerfield, F.

Violet Vines Centre for Rural Health Research – LaTrobe University

Presenting author: Dr. Virginia Dickson-Swift

Background/aim: People who live in rural and regional Australia often have poorer health outcomes than people that live in cities, but they are often not included in research that directly affects them. The purpose of the RCHP is to enhance our understanding of the health issues affecting rural and regional Australians (for example- patients, clients, carers, consumers, community members, health professionals, community organisations, policy makers etc) and to work with panel members, organisations and rural people to develop solutions to the challenges they face. We aim to do this by providing panel members with opportunities to participate in a range of activities.

These may include (but not be limited to) the following.

- Collection of demographic, health and wellbeing data
- Codesign research with other panel members (including community partners and academics)
- Advisory Roles (research and/or policy)
- Teaching and/or learning activities (eg: participating in simulated patient scenarios).

Population/setting: Rural health consumers over the aged of 18 who will volunteer to become panel members for a 2 year period.

Methods: Rural Health Consumers are invited to join the panel for a period of two years. They are recruited through local rural networks. We aim to have a panel of around 5000 health consumers. Health and well-being data are collected systematically from the panel participants, and members actively participate in research and education. The panel members will not just have an advocacy role.

The consumers on the panel:

- complete general health surveys during their time on the panel
- are actively be involved in the co-design of research projects
- are involved in education for example in helping students learn to undertake clinical assessments.

Results: The RHCP has just been launched but we aim to achieve the following

- The systematic and long-term approach results in a longitudinal dataset on rural health and well-being from a consumer perspective. This is a move away from an ad-hoc involvement of consumers in research
- Through involvement in education, the panel actively shapes the next generation of health care workers and encourages a patient-centred approach
- The panel helps set the agenda for health care improvement from a strong consumer perspective.

Conclusion: Once the RCHP is established and fully operational we hope to provide:

- An established consumer panel offering multiple engagement points for local community members, academics, researchers, students, policy makers and service providers to work together to design community led solutions to rural health issues
- A database of health assessment data at the local community level available for research and teaching projects. Potential opportunities for leverage and data brokerage
- Increased opportunities for involvement of rural people in clinical trials
- Real world experiences for educators and students to engage with local community members to undertake research and collect clinical data that can inform research and teaching
- Rapid translation of research into rural health outcomes

Translational impact/implications for future practice: THE RCHP will enable:

- an increased focus of research in areas of unmet needs: rural inequity
- the development of a database on health care and consumer experiences and issues to inform greater equitable health care policy and provision
- a greater capacity and capability to undertake translational research: through extended panel membership and place-based collaborations
- the embedding of health practice and health professionals adopt best practices faster and provide more access to clinical trials
- the systematic involvement of rural health consumers in the co-design and testing of innovative models of care, and place-based collaborations
- integrated knowledge translation, and place-based involvement, to improve health outcomes
- the provision of consumer involved and informed research for all rural health research undertaken at LTU and in national and international collaborations
- placing Australia at the international forefront of co-designed and consumer-led care improvements in rural health

Keywords: rural, consumer, panel

Research done with us, not on us: A case report of rural health service leaders co-designing research addressing an emerging health issue

Field, M,[1] Buccheri, A,[2] King, O,[1,3,4] Bishop, J,[1,5] Wong Shee, A,[6,7] Imran, D,[8] Jacobs, J,[9]

Versace, V,[6] Isaacs, A,[10] Sutton, K,[10] Sourlos, N,[2] Murphy, F,[7] Kennelly, M,[11] Wood, E,[12]

Alston, L.[2,6,9]

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

Presenting author: Dr. Michael Field

Background/aim: The challenges facing rural health services are unique and the important role of health service leaders in the research response is increasingly recognised. Despite this, there is a relative paucity of research co-designed with rural health services, and poorly-designed research can contribute to research waste through reduced applicability of results to rural communities.

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

Population/setting: In early 2020, leaders at a rural Victorian health service approached the embedded health service research unit to request research be conducted on an emerging issue: rural staff wellbeing in the face of the COVID-19 pandemic. This was based on the health service leader's concern regarding lack of available evidence to inform organisational policy regarding this issue.

Methods: In collaboration with the rural health service executive, a translation-focussed, mixed-methods, repeat cross-sectional study into rural health staff wellbeing during the COVID-19 pandemic was developed. Nine rural Victorian public sector health services, including an air medical service, joined as partner organisations and recruitment sites. Two of Victoria's four University Departments of Rural Health joined as project partner organisations.

Additional key co-design activities of the project included involving research end-users as study investigators and conducting formal stakeholder engagement regarding study design and outcomes.

Results: Several elements of co-designing research with rural health services proved beneficial in the current study: pre-existing relationships between rural health service-embedded researchers and health service leaders allowed for rapid identification of a local health issue; involving research end-users as study investigators resulted in them acting as local study champions for participant recruitment; and formal stakeholder engagement optimised the utility and local policy relevance of planned translation activities.

Conclusion: Meaningful co-design of research with rural health services is a multi-faceted process that can assist researchers and end-users alike in identifying and responding to emerging health issues.

Translational impact/implications for future practice: In the rural setting where there is a vital need for impactful health research, it is recommended that researchers consider employing co-design processes in order to minimise research waste and optimise translatability of research findings.

Keywords: co-design, health services research, rural health

Specific Timely Appointments for Triage in a regional neurological community based setting

Firth, M, Tudor, A, Dawson, M.

Grampians Health

Presenting author: Ms. Melinda Firth

Background/aim: The National Stroke Foundation Guidelines outline the need for timely access to goal directed and context specific, patient centred care. Patients attending Grampians Health for neurological rehabilitation in the Community Rehabilitation Centre (CRC) often experience delayed treatment due to extensive wait lists, resulting in poorer outcomes and extended episodes of care. In 2019, the wait list to access Occupational Therapy (OT) specific intervention reached greater than 80 patients.

The Specific Timely Appointments for Triage (STAT) model is an evidence based approach to facilitate early assessment, education and intervention for patients. This occurs through creation of protected appointment slots and clinician-led combined triaging and assessment to facilitate immediate commencement of treatment. The aim of this project was to measure the outcomes of the STAT model in a neurological population in a regional CRC.

Population/setting: Patients who have experienced a neurological event or condition and attended the Grampians Health CRC.

Methods: A single-site retrospective audit was conducted.

STAT was implemented by the senior allied health clinicians and included ten hours of dedicated phone and face to face triage and assessment.

Descriptive statistics were utilised for analysis.

Results: Over a 5 month period, 37 patients were triaged using STAT and a total of 16 interventions were offered. 15 (40%) participants required only one appointment, access to treatment ranged from 1 day to 12 weeks and the OT waiting list reduced by 57%. Ten patients were surveyed regarding satisfaction, with 100% of patients feeling that the initial appointment was worthwhile, needs were appropriately identified and the interventions were beneficial.

Conclusion: The STAT model has been successful in improving patient access to neurological rehabilitation in a regional CRC. STAT allows for a wide scope of therapeutic interventions and is well received by patients.

Translational impact/implications for future practice: STAT allows more equitable access to services through managing variability in waiting times, optimising functional outcomes and reducing deterioration. Combined triaging and assessment during protected clinical time allows for efficiency in care provision and caseload management. STAT has been proposed to maintain reduced waiting lists beyond one year. Ongoing data collection will allow evaluation of the long term maintenance of the STAT model.

Keywords: neurological rehabilitation, triage, access

A Protocol on 'Clinicians' Perspectives on the Barriers and Enablers to Activity in Clinical Trials'

Goss, C., Singh, J, Sayner, A, Clarke, A

Grampians Health

Presenting author: Ms. Carmel Goss

Background/aim: Based on the recent Clinical Trials Sector Report (2021), clinical trials contributed $1.4 billion to the Australian economy in 2019, facilitating job creation and sector skills development, and had a positive impact on both direct and indirect health outcomes. Capacity and capability of clinicians to take on the role of Principal Investigator (PI) and Sub-Investigator (Sub-I) in clinical trials is a limiting factor in clinical trials activity. This project aims to identify clinicians' perspectives on the barriers and enablers for clinicians' activity in clinical trials within the role of PI/Sub-I.

Population/setting: Grampians Health clinicians currently holding patient-facing roles, taking lead in medical care decisions or treatment plans for patients, including medical doctors, nurse practitioners, and allied health staff.

Methods: This mixed-methods project is comprised of two parts: Part 1 adopts a qualitative approach via a focus-group discussion exploring the barriers and enablers to clinical trial participation as PI/Sub-I. This will include a sample of clinicians who are currently active members of the Clinical Trials Initiative (CTI) at Grampians Health. Thematic analysis will be undertaken using the framework proposed by Braun and Clarke (2018). Themes identified from the focus-group will be utilised to inform survey development for Part 2. Part 2 entails collection of quantitative survey data consisting of questions around barriers and enablers to clinical trials activity. This survey will be extended to all Grampians Health clinicians, to help ensure collection of a broad perspective and accurate representation of clinicians' experiences hospital wide. Descriptive statistics will be utilized to provide an overall reflection on the perceived barriers and enablers to engaging in clinical trials activity.

Results: Not completed.

Conclusion: Not completed.

Translational impact/implications for future practice: The findings from this research will inform strategies aimed to enhance clinician capability and capacity in clinical trials in PI/Sub-I roles. Supporting clinicians to be more active in clinical trials will facilitate increased clinical trial opportunities for regional health service patients.

Keywords: clinical trials, activity

Thickened fluids in residential aged care facilities – Are we getting the recipe right?

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1 West Wimmera Health Service, 2 Ballarat Health Services, 3 Deakin University, 4 St Vincent's Hospital, 5 Barwon Health, 6 The University of Melbourne, 7 Grampians Health, 8 Deakin Rural Health, 9 University of Canberra

Presenting author: Ms Yingying He

Background/aim: Swallowing difficulties (dysphagia) affect at least 50% of people living in residential aged care facilities and can result in malnutrition, dehydration, or aspiration-related pneumonia. Speech pathologists often recommend thickening fluids for people with dysphagia to increase swallowing comfort and safety. In the aged care sector, nursing and personal care staff are often responsible for manually thickening a resident's fluids. Incorrectly prepared fluids can lead to adverse outcomes for the resident. To avoid these risks, Australia adopted the International Dysphagia Diet Standardisation Initiative (IDDSI) in 2019. IDDSI is a global standardised framework developed to provide terminology, labelling and testing methods for texture modified food and fluids. This project aimed to 1) quantify adherence to IDDSI guidelines and identify factors influencing manually prepared fluids, and 2) explore staff perceptions relating to thickening fluids.

Population/setting: This study was conducted across ten residential aged care facilities with 146 residents, all operated by one rural health service. Approximately 180 enrolled nurses, registered nurses and personal care workers who work across the facilities were invited to participate in the study.

Methods: This descriptive cross-sectional study collected data through staff surveys and observations of thickened drinks preparation. The survey included closed and open-ended questions relating to staff perceptions

of barriers and facilitators, current processes, and confidence relating to accurate manual thickening of drinks. The speech pathologist observed nursing and personal care staff prepare a drink of a requested thickness and temperature. The drinks were assessed using IDDSI testing measures.

Results: 52 surveys and 40 observations were completed. Data analysis is under way and preliminary results will be presented at the symposium.

Conclusion: Not completed.

Translational impact/implications for future practice: Previous studies investigating dysphagia management in rural residential aged care facilities have identified significant issues in the accurate provision of prescribed texture modified food and drinks. It is unclear if the recent introduction of the IDDSI framework adds to existing challenges for accurate manual thickening of drinks. This study's results will help understand staff perceptions of barriers and facilitators to ensure appropriately thickened drinks are provided for the residents' ongoing swallowing safety and quality of care.

Keywords: Aged care, thickened fluids, staff education

Texture modifications for dysphagia in a rural residential aged care facility – recommendations vs reality

Hill, C,[2] Buccheri, A,[1] Clapham, R,[3] Field M,[1] Wong Shee, A,[4] Heard, R,[1] Alston, L.[1]

1 Colac Area Health, 2 Barwon Health, 3 Cancer Council Victoria, 4 Grampians Health

Presenting author: Ms. Cara Hill

Background/aim: Dysphagia is prevalent among residents of residential aged care facilities (RACFs), with 55–65% of residents experiencing swallowing difficulties. Speech-language pathologists (SLPs) often prescribe texture-modified food and fluids to mitigate the risk of dysphagia in residents with compromised oropharyngeal function. This study aimed to assess whether residents with dysphagia in a rural RACF received food and fluid textures consistent with SLP recommendations, and to identify barriers to adherence to these recommendations.

Population setting: Residential aged care facility with approximately 100 residents, located in a rural Victorian community with a population of nearly 15,000 people.

Methods: The first phase of this study involved texture audits (n=42) of meals provided to residents with dysphagia who were prescribed texture-modified food or fluids by SLP staff. The second phase involved semi-structured focus groups with nursing and food preparation staff (n=11) to identify barriers to the implementation of texture-modified recommendations.

Results: Texture audits identified that 64.3% (n=27) of meal trays contained foods that were not consistent with SLP prescribed textures. Major barriers identified from focus group data included complicated communication and documentation processes involving nursing, food services and SLP staff. Time pressures, staffing issues, resourcing of the kitchen, resident preferences and perception of texture-modified meals were also identified as contributing factors. Based on the barriers identified, recommendations were made regarding communication processes, staff training, presentation of texture-modified meals, and dysphagia management procedures.

Conclusion: Provision of SLP prescribed texture-modified food and fluids was influenced by multiple factors, particularly complicated communication and documentation processes. Strategies to facilitate more effective dysphagia management were identified and implemented.

Translational impact/implications for future practice: An extensive update of organisational dysphagia management

procedures was completed with input from key stakeholders. A real-time online menu management system was implemented to improve consistency in documentation and reduce potential communication errors, and food moulds for texture-modified meals increase visual appeal. Mandatory dysphagia-specific training is now provided for nursing and food services staff, and visual cues (e.g. bed signage, coloured meal trays) are used to indicate dysphagia requirements. A repeat of the texture audit process is planned to measure the longer-term impact of these changes on the accuracy of the provision of texture-modified food and fluids.

Keywords: dysphagia, aged-care, translation

The impact of 'shocks' on a whole of community childhood obesity prevention trial in North East Victoria

Hillenaar, M, Fraser, P, Strugnell, C, Jackson, M, Allender, S, Bell, C, Whelan, J.

Deakin University

Presenting author: Ms. Monique Hillenaar

Background/aim: RESPOND (Reflexive Evidence and Systems interventions to Prevent Obesity and Non-communicable Disease) is a National Health and Medical Research Council funded cluster-randomised control trial. RESPOND commenced in 2018 with five local government areas across Ovens Murray Goulburn regions of Victoria, following a pilot phase within two communities. RESPOND consists of developing community capacity by training in system dynamics, localised delivery of Group Model Building workshops, and implementing community-led actions to address child health and wellbeing. Australia has experienced worsening climate events, particularly bushfires, floods and droughts. The communities in this study were emerging from a bushfire crisis as the COVID19 pandemic began. This study explores the impact of the pandemic and bushfires on the capacity of stakeholders to deliver RESPOND.

Population/setting: Stakeholders across seven RESPOND local government areas (5 intervention + 2 pilot).

Methods: Members of the RESPOND Implementation Network were invited to participate. A case study approach gathered information from nine, 60-minute, on-line focus groups (Nov 2021- Feb 2022) on the impacts of system shocks on implementation. Focus groups were audio recorded, transcribed verbatim and themed in NVivo. Participants were also invited to participate in a survey with 15, 5-point likert scale questions. Ethics approval was granted (HEAG-H 173_2018).

Results: A total of 29 stakeholders participated in a focus group, majority being health promotion staff. 28 participants completed the survey. Participants reflected on how COVID19 and recent natural disasters had impacted their capacity to implement RESPOND. Key themes identified include:

- Resourcing issues – staff turnover and redeployment to COVID duties
- Reduced staff and volunteer engagement with child health and wellbeing and the need to re-engage/re-establish community priorities
- Loss of momentum/ stop-start nature of restrictions/lockdowns
- Adaptation to new environments - online engagement
- increased sense of ‘community’ and connectedness - everyone experiencing a common issue.

Conclusion: The bushfires and COVID-19 provided an opportunity to learn how to harness prevention work and funded trials through adaptation and resource distribution.

Translational impact/implications for future practice: It is important that health promotion expertise is valued. Although a highly skilled and adaptive workforce, when ‘shocks’ strike, their core business should be prioritised to continue to build a healthy and resilient community.

Keywords: systems, shocks, implementation

Embedding Learning Circles (through Dadirri) in teams

Holmes, T,[1,2] Hickey, E,[2] Alston, L.[1,2]

1 Deakin University, 2 Colac Area Health

Presenting author: Ms. Tamara Holmes

Background/aim: Colac Area Health is aiming to embed evidence-informed practice approaches through a pilot program trialing the use of learning circles (also known as yarning/talking/dialogue circles), (Caine & Caine, 2002)*. Using the key concept of 'Dadirri – deep listening' (Ungunmerr, M-R, 1988)*, the common elements approach would be embedded within the Integrated Family Services Team.

Outcomes:

- Integration of learnings into organisational practice from evidence based programs (including Bush Adventure Therapy & Caring Dads)
- Identifying common Evidence Informed Actions (EIA) from existing evidence based interventions/programs and articulating use in practice via the learning circle process (i.e.: OARS and child safety).
- Embedding learning circles into day to day practice of Integrated Family Services (IFS) team and providing scope for reflection on themes emerging from sessions.
- Evaluate learning circles program with a view to maintenance and growth after the length of the grant.

Population/setting: Participants were members of the Family and Community Services staff in a regional health setting aged between 22 and 65 years of age. All participants had tertiary qualifications in social work, psychology or welfare studies. Participation in the Learning circles was offered to all members of the staff team as part of their peer supervision and reflective practice.

Methods: This study used a qualitative design to explore how the use of learning circles within an integrated family services team contributes to cultural competency, the integration of theory to practice, identifying client need and fostering knowledge transfer. Eight Learning circles were conducted and transcribed verbatim (using focus group methodology). The Braun and Clarke (2006) model of inductive thematic analysis was used to identify themes across the data corpus to answer the research question. This method uses a rigorous process in which the content of the data guides coding and theme development to identify patterns of meaning (Braun & Clarke, 2016). Approval for this study was granted by Anglicare Victoria Research Ethics Committee (approval number: 2019-07).

Results: Using thematic analysis (Braun & Clarke, 2006) four themes were identified as representative of the data in describing the effectiveness of learning circles. These themes were termed 1) critical reflection, 2) identifying needs, 3) gratitude and growth and 4) effective facilitation. A description of each of these themes will follow. The themes and subthemes are presented in Figure 1.

Figure 1: Identified candidate themes and sub-themes.

Conclusion: This study explored using learning circles, underpinned by Dadirri, in integrated family services team. This challenged traditional approaches to research by incorporating cultural consultation and using an Indigenous model of listening & knowledge sharing. The sample group participated in 8 learning circles in person and (due to COVID) partially online. Four themes were identified, with a number of sub-themes. Themes have elucidated the experience and suggested underpinning factors for effectiveness of approach. This study found learning circles supported critical reflection, identified a range of practice needs, fostered gratitude and highlighted effective facilitation. This study described how factors impacted on participants embedding theory to practice, transferring

knowledge and building their cultural capacity. Implications for practice include implementing learning circles for communities of practice.

Four specific recommendations have been derived from the unique findings. This study achieved the aim of exploring the use of learning circles within an integrated family services team.

Translational impact/implications for future practice: The use of learning circles is recommended to facilitate building effective communities of practice for development of critical reflection on cultural competency identification of a range of systemic needs. This study also suggests learning circles benefit from skilled facilitation can foster gratitude and growth amongst participants' vulnerability is a key ingredient in activating themes.

Keywords: reflective practice, de-colonisation

Understanding weight status and dietary intakes among Australian school children by remoteness: A cross-sectional study

Jacobs, J,[1] Strugnell, C, [1] Becker, D,[2] Whelan, J,[1] Hayward, J,[1] Nichols, M,[1] Brown, A,[1] Brown, V,[2] Allender, S,[1] Bell, C,[1] Sanigorski, A,[1] Orellana, L,[2] Alston, L.[1,3]

1 Deakin University (GLOBE), 2 Deakin University, 3 Deakin Rural Health

Presenting author: Dr. Jane Jacobs

Background/aim: Australian data show that children living in regional and rural areas are more likely to be affected by overweight or obesity compared to those in major cities. A key driver of obesity is unhealthy diets, with a majority of Australian children not consuming a diet consistent with Australian Dietary Guidelines. Most dietary intake studies in Australia, and internationally, dichotomise children into living in major cities and outside of major cities (combining all regional and rural areas). This approach may limit our ability to detect important differences across regional and rural populations.

This study aims to determine whether primary school children's weight status and dietary behaviours vary by remoteness as defined by the Australian Modified Monash Model.

Population/setting: Data were collected from grade 4 (approx. 9-10 years) and grade 6 (approx. 11-12 years) students across twelve regional and rural Local Government Areas in North-East Victoria, Australia.

Methods: Secondary analysis of cross-sectional baseline data from primary school students participating in a community-based childhood obesity prevention trial was undertaken. Logistic mixed models estimated associations between remoteness, and measured weight status and self-reported dietary intake (meeting fruit, vegetable and water intake guidelines; sugar-sweetened beverage, takeaway and unhealthy snack consumption) with adjustment for area-level socioeconomic status, gender and grade.

Results: The final sample (n=2,456) included students living in regional centres (17.4%), large rural towns (25.6%), medium rural towns (15.1%) and small rural towns (41.9%). Weight status did not vary by remoteness. Compared to children in regional centres, those in small rural towns were more likely to meet fruit consumption guidelines (OR: 1.75, 95%CI 1.24, 2.47), had higher odds of consuming fewer takeaway meals (OR: 1.37, 95%CI 1.08, 1.74) and fewer unhealthy snacks (OR = 1.58, 95%CI 1.15, 2.16).

Conclusion: Living further from regional centres was associated with some healthier dietary behaviours. Important differences were found between areas of varying remoteness, which may be obscured in studies that combine all non-major city areas.

Translational impact/implications for future practice: Childhood is a key time to establish lifelong habits. This study improves understanding of how dietary behaviours may differ across remoteness levels, and highlights that public health initiatives may need to take into account heterogeneity across communities.

Keywords: rural-health, dietary-behaviours, childhood-obesity

What can we learn about organisational learning? – a study of learning, e-learning and learner agency in low technology roles

Keane, H.

South West Healthcare

Presenting author: Ms. Hayley Keane

Background/aim: As Learning and Development Coordinator at South West Healthcare (SWH), I am required to support non-clinical employees in catering, linen and environmental services to build digital literacy skills to enable completion of organisational mandatory e-learning. These employees use digital literacy skills minimally in their work roles and many use digital literacy minimally in their personal lives. Many lack learner agency in digital literacy improvement and therefore struggle to complete and comprehend organisational compulsory e-learning.

There is a dearth of academic literature on organisations supporting employee learning whose roles involve minimal digital technology use and a luxury of grey literature including the NCVER Report "Skilling the Australian workforce for the digital economy", proposing employers improve the digital literacy of all employees to support the growth of business.

Situated learning (Lave and Wenger) and social models of learning (Bourdieu) provide frameworks by which to explore learning in organisations, and particularly the learning of employees working in low technology roles.

Research Questions

- How do employees in low technology roles experience learning?
- How can an understanding of learning support the development of learner agency?
- How can understanding learning support organisations to increase comprehension of organisational mandatory training content?

Population/setting: Non-clinical employees at South West Healthcare working in the Catering, Linen and Environmental Services. Potential exists to also explore low technology employees at Warrnambool Cheese and Butter (Saputo).

Methods: This qualitative research uses a phenomenological approach, and methods of case studies, in depth interviews and participant observation to draw on first person accounts of the lived experiences of how organisations can support employees to learn; with and without the requirement for digital literacy.

Results: Through exploratory research as part of a Graduate Certificate of Education Research, and supported by the STaRR program, thematic analysis of focus group data confirmed that employees working in low technology and using digital technology minimally personally, struggled to complete and comprehend organisational mandatory e-learning.

Conclusion: Not completed.

Translational impact/implications for future practice: A major implication for practice within the healthcare setting is obtaining funding to design and implement a Learning Hub to support learning, mandatory training and digital literacy improvement in a safe and supportive environment.

Keywords: learning, organisational, mandatory e-learning

Examining a rural Victorian community's knowledge and help seeking behaviour for family violence and the role of the local public health service

Kelly, P,[1] Field, M,[2,3] Giallo, R, [4,5] Ruth Payne, R.

1 Barwon Health, 2 Western Alliance, 3 Murdoch Children's Institute, 4 The University of Melbourne, 5 Deakin University

Presenting author: Mr. Peter Kelly

Background/aim: Researchers already knew that people living in regional and rural areas experience high levels of family violence and that they face particular challenges in accessing services and support. This Study aimed to:

1. Determine community members' knowledge of family violence services
2. Explore community members' help seeking behaviours for family violence
3. Identify the perceived barriers and enabling factors to accessing family violence services
4. Explore community members' expectations of, and preferences for, family violence support specifically provided by the local health service.

Population/setting: Residents over 18 living in Colac, a rural community in Victoria's Western District.

Methods: A cross-sectional online survey of residents over 18 years of age living in the rural township of Colac and surrounding area was conducted. The survey was only offered in English, so participants were required to be proficient in English. A total of 99 adults completed the survey. The majority were female, born in Australia, and aged between 35 and 54 years. The majority of participants had accessed Colac Area Health services for a health issue, with almost a third doing so in the last 12 months.

Results: The majority of respondents had been exposed to family violence. There was varying knowledge levels of family violence support services as well as a number of barriers identified that directly impacted community members seeking help. There were clear expectations about the role of the local health service in family violence identification and response.

Conclusion: There are particular challenges for rural communities in providing support for family violence. Valuable insights can be gained from local communities about their knowledge of services and help seeking behaviours. Evidence generated by this study will inform future strategic planning for family violence services and the local health service.

Translational impact/implications for future practice: Valuable insights from Colac community members provide the opportunity for local family violence services and the area health service to strengthen their strategy, resources and practice in providing support for family violence. Real potential for follow on research around concepts of safety within the health service, and further exploration of health professional practice.

Keywords: family, violence, rural

Peer-led Behavioural Activation in Great South Coast farming communities: Co-designing a new model of mental health support

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Presenting authors: A/Prof Alison Kennedy

Background/aim: Farmers face increased risk of suicide when compared to the general Australian population.

There is evidence that farmers are generous at providing help to others but are reluctant to ask for help themselves. Most farmers live in communities in which access to evidence-based face-to-face mental health support is limited. Where support is available, providers may have poor understanding of the realities of life and work in the farming environment.

Evidence supports the use of Behavioural Activation in supporting people with depression and low mood, including effective delivery by non-clinical workers. This project aimed to work with farming community members to co-design a peer-led mental health support model - with a view to increasing farming community access to evidence-based, appropriate and acceptable support.

Population/setting: Farming communities in Victoria's Great South Coast region.

Methods: 1. Online co-design focus groups (x10) informing feasibility and proposed approach

2. Presentation and community feedback workshop following the development of the draft model

3. Co-production of a lay worker interactive training package/manual and support resources

4. Pilot delivery of training package (hybrid face-to-face and online) to six participants, co-delivered by a psychologist and peer worker

5. Stakeholder interviews (x12) informing governance and sustainability, to support safe practice with appropriate and ongoing supervision.

Results: The community reflected a largely positive response to the concept of peer-led Behavioural Activation, identifying the need for the program to be community-based and led by trusted community members.

Co-design provided guidance on how training, recruitment, lay worker support and recognition could support the viability of a sustainable peer-led mental health support program.

Pilot training was successful in achieving competency to deliver Behavioural Activation in most participants who completed the training. Pilot testing identified strengths, gaps and challenges ranging from training content, delivery and future program roll out.

Interview findings guide development of future governance structures supporting lay-worker safety and supervision, lay worker recruitment and retention, boundaries and confidentiality, risk management, training and remuneration.

Conclusion: Next steps include application of learnings from co-design phase and rigorous evaluation of the program through a community-embedded implementation trial.

Translational impact/implications for future practice: Informing development of an evidence-based framework for peer-led mental health support with translatability/scalability across a range of settings.

Keywords: co-design, mental health, care models

Supporting the Translation of Research in Rural and Regional Settings: What are emerging researchers' needs?

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1 Western Alliance, 2 Grampians Health, 3 Monash University School of Rural Health, 4 Western Health, 5 Grampians Health, 6 Deakin University

Presenting author: Dr. Olivia King

Background/aim: The timely translation of research into practice and local policy is critical to improving healthcare delivery in rural and regional settings. Practitioners working in rural and regional health settings need support

and additional skills to build their capacity to engage in translation-focused research.

Our study aimed to understand the research and translation capability-building needs of emerging health practitioner-researchers.

Population/setting: Participants included emerging researchers (n=12), research mentors (n=3), and health managers (n=4) from six Western Alliance member organisations, including four health services, one university, and the Primary Health Network.

Methods: We conducted three heterogenous focus groups to explore participants' understanding of research translation, and their perceptions of the supports that are needed to build capacity for translation-focused research. Focus groups were audio-recorded and transcribed. Data were analysed using a team-based five-stage framework approach.

Results: Participants' conceptualisations of research translation reflected frequently documented definitions: (1) research that is grounded in health practice and (2) tailoring existing research evidence to the local setting when implementing it in practice.

Four key themes related to research translation support for rural health researchers were identified: (1) access to clinical and research networks; (2) mentoring and support, (3) understanding the research and translation context, and (4) engaging with stakeholders to identify research translation priorities.

These findings highlight the need for the identification and training of appropriate research mentors and health leaders that can support research at the emerging researcher level, and systematic processes for engaging stakeholders and collaborative priority-setting.

Conclusion: Rural and regional emerging researchers are ideally placed to engage in translation-focused research; however, they require multiple types of research capacity development through several levels of influence.

Translational impact/implications for future practice: These findings will further inform Western Alliance's regional approach to research capability building through training, resource, and infrastructure development to support the rapid translation of research into clinical practice.

Keywords: research, translation, capability

When Primary Healthcare Meets Queerstory: System dynamics influencing LGBTQ+ people's access to quality primary healthcare in regional Victoria

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

Deakin University

Presenting author: Dr. James Lucas

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

The aims in this study were to:

(1) identify key priorities for increasing Queer people's access to quality primary healthcare as told by Queer people themselves

(2) identify the feedback loops in Geelong-Barwon communities that reduce or support Queer people's access to quality primary healthcare in the local community, and

(3) identify potential action areas to improve system structures to increase Queer people's access to quality primary healthcare.

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

Methods: Group Model Building (GMB) workshops using Deakin University's online platform: STICKE (Systems Thinking in Community Knowledge Exchange) were held with a small group (n=8) of LGBTQ+ people in the Geelong-Barwon region. This approach permits exploration and visual mapping of local structures causing behaviour patterns of community concern over time – in this case, Queer people's ability to access quality primary healthcare in the Geelong-Barwon region. This is the first study that specially applies GMB in Queer primary healthcare in the Geelong-Barwon region.

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

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

Translational impact/implications for future practice: The study findings were distilled into a novel, preliminary set of Queer Equity Principles. These need to be taken back to regional Queer communities for further co-design and planning for translation across primary healthcare practices and systems, with potential applicability in other areas of the healthcare spectrum.

Keywords: queer/LGBTQ+, primary healthcare, system dynamics

Agriculture-dependent Community Resilience: Identifying evidence and translating into policy and practice

MacDonald, J, Kennedy A, Latham, A, McKay, C, Adams, J, Cotton, J, Brumby, S, Barnes, K.

National Centre for Farmer Health

Presenting author: Dr. Joanna Macdonald

Background/aim: Resilience is broadly defined as the ability to respond to change and restore, maintain or improve wellbeing. Personal and community resilience are influenced by many factors applicable to farmers and the networks in which they operate. The National Centre for Farmer Health aimed to (i) conduct a review of evidence relating to resilience building in agriculture-dependent communities, and (ii) translate this knowledge to inform policy and practice in the funding, development and support of practical, applicable and sustainable initiatives in Victoria.

Population/setting: This review focused predominantly on Australian research literature, specifically initiatives conducted in Victoria.

Methods: A systematic rapid review of the peer-reviewed and grey literature was conducted using the concepts rural agricultural stakeholders, resilience and interventions. Over 12,000 citations were exported to Covidence and screened by three researchers to refine and review data of interest. Further unpublished evidence was explored through stakeholder interviews about community-based initiatives delivered by service providers, local

government and community groups (N=52).

Results: Twelve key recommendations were proposed to underpin effective resilience building in agriculture-dependent communities. Reporting--including a critical review of the literature, case studies to exemplify findings and key concept infographs—was developed for the Department of Health and Agriculture Victoria and later shared with funded resilience project teams. Findings were further translated to inform:

(i) development and coordination of a Community of Practice to support resilience project teams in the delivery of effective and sustainable community-based outcomes.

(ii) design of a contribution analysis evaluation framework.

Conclusion: This presentation describes outcomes from an evidence review relating to agriculture-dependent community resilience, and highlights the progressive translation of combined peer-reviewed, grey and unpublished evidence into policy and practice—informing government funding decision; project engagement, design and delivery; project team support; and, program evaluation.

Translational impact/implications for future practice: This evidence review has directly informed the funding, design, delivery and evaluation of 11 initiatives working to build resilience across Victoria's agriculture-dependent communities. A Community of Practice has been created to support projects, share resources and knowledge, and strengthen and sustain impact.

Keywords: resilience, agriculture-dependent

Implementing a Risk Feeding Guideline and Education Program for Multidisciplinary Clinicians Participating in Risk Feeding Practice at Barwon Health

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1 Barwon Health, 2 Western Alliance, 3 Deakin University, 4 Colac Area Health

Presenting author: Miss. Laura Morrison

Background/aim: People with dysphagia (difficulty swallowing) are at risk of adverse medical outcomes and often advised that modified diet or fluids are required for safe swallowing. Some people, however, choose to have food or fluids which are deemed unsafe by a Speech Pathologist. While Speech Pathology Australia (SPA) has the practice guideline 'Informed Choice and Shared Decision Making with People with Eat and Drink with Acknowledged Risk (EDAR)' the multidisciplinary team (MDT) implementation of this guideline within a health organisation is not defined in the research.

Engaging in shared decision-making with people who are considering EDAR, is a complex area of practice. The MDT and support staff are often implicated in these clinical scenarios when working with people with dysphagia.

Our translational research aimed to address the gaps in EDAR literature, inadequacies in clinical practice and to develop and implement a guideline and educational program to support shared decision-making around EDAR.

Population/setting: With EDAR discussions occurring across the continuum of care, this research includes Barwon Health (BH) staff working in the acute, inpatient rehabilitation, outpatient, community rehabilitation and residential aged care.

Methods: Focus groups and interviews were conducted with 30 clinicians and support staff who engage in EDAR practice to understand their experiences, and explore options to best support them.

Results: MDT clinician's perceptions on their experiences of participating in EDAR were analysed with themes of significance identified. Staff identified choice and decision making, documentation standards and medico-legal considerations as contributing factors. The required knowledge, skills and resources to support shared decision

making for EDAR were also identified such as role delineation and clinical experience.

Conclusion: This research will inform a MDT working group, with consumer representation and consultation with legal and occupational health and safety representatives, to develop and implement the guideline and education program across BH.

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 at BH with possibility for other health organisations to consider BHs approach.

Keywords: swallowing, risk, guideline

Improving the management of people at risk of frequent potentially avoidable visits to the ED – a systems thinking approach.

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

Presenting author: Miss Meg Murray

Background/aim: Frequent potentially avoidable presentations (FPAP) to the emergency department (ED) are a 'wicked' system-level problem globally, driven by a complex web of factors with multiple organisations and stakeholders involved. The aim of this study was to understand the drivers of frequent potentially avoidable ED presentations and to identify opportunities for intervention within the system.

Population/setting: Representatives from key stakeholder groups who operate within the health system in the Ballarat region.

Methods: This project utilised a systems approach, which views complex 'problems' such as FPAP, as part of a wider, dynamic system. Perspectives of the stakeholders that use, or operate within, the system were incorporated using Group Model Building (GMB), a participatory process that seeks to guide decision-making for complex problems. Three 3-hour online GMB workshops were held with key stakeholders between October, and December 2021. The stakeholder group was guided through a series of participatory tasks to examine participants' mental models of the interdependent causes and effects of FPAP, and to identify priority action areas.

Results: A causal loop diagram identifying complex and interrelated factors that drive FPAPs was developed through the GMB process. Factors influencing the management of people at risk of FPAP to the ED were categorised into four major themes: (1) access to services; (2) coordination; (3) patient needs; and (4) knowledge and skills. Nine major action areas were also identified, many of which related to care and service coordination.

Conclusion: The GMB process resulted in a detailed discussion around implementing actions across nine identified action areas, as and suggested outcome measures to determine effectiveness of proposed interventions, patient reported outcome measures, and health service providers' confidence and self-efficacy in managing complex patients.

Translational impact/implications for future practice: This research has helped align stakeholders' perceptions of systems goals and the strategies that could be used for integrating care, and has identified important dynamics and resources (e.g., existing coordinators across multiple organisations). It also stimulated ongoing dialogue and collaboration across between participants to address FPAPs. Future actions will involve the development of working

groups with appropriate governance structures to facilitate the implementation and evaluation of improvement activities.

Keywords: healthcare, frequent attenders, systems

OGB Co-designed Approach to a Regional Endometriosis Service (CARES)

Price-Smith, A,[1] Dalton, R,[2] Ward, M,[1]

1 Monash University, 2 Obstetrics & Gynaecology Ballarat

Presenting author: Ms. Anna Price-Smith and Ms. Madeleine Ward

Background/aim: Endometriosis affects 1: 10 Australians and has been identified by the community as one of the top five health priorities.

Population/setting: National attention has been draws to the need for equitable access to excellence in endometriosis care for people living in rural and regional communities, spanning across both the private and public sectors.

Methods: Here we report the development of a co-designed, patient-centred service, to improve awareness, provide access and build capability in the care of people with endometriosis living in regional western Victoria and referred to our service, OGB, an established provider of specialist gynaecology services.

Results: Prompted by the National Action Plan for Endometriosis we piloted a Co-designed Approach to a Regional Endometriosis Service (CARES) – OGB CARES. Collaboration and multi-disciplinary care form the foundation of the patient journey, as well as primary care education and community advocacy. A specialist endometriosis care coordinator role provides overarching patient support, alongside evidence-base clinical care algorithms including non-medical management referral pathways. Most importantly, a co-designed process, consisting of evaluations of patient outcomes and experiences via surveys and interviews, ensures the highest of service standards.

Conclusion: Here we demonstrate an approach to the creation of a regional, community specific service where patients with endometriosis receive excellence of care through a specialised, co-ordinated, patient centred service program.

Translational impact/implications for future practice: Delivery of care in rural settings by co-creating programs focused on strengthening outcomes.

Keywords: healthcare models, woman's health

Democratising evaluation through innovative approaches

Reedy, S.

Deakin University

Presenting author: A/Prof Sandeep Reedy

Background/aim: Program Evaluation is a well-established methodology to assess the effectiveness and efficiency of programs. The methodology to undertake program evaluations has become diverse and complex over the years. Mainly there are two schools of evaluation methodologies: traditional and theory-driven methodologies. Traditional evaluation approaches focus mainly on before-after and input-output elements. Theory-driven evaluation approaches consider the context in which the intervention occurs and formulate program theory to explain the mechanisms of how interventions work. However, both commissioners and practitioners of

evaluation struggle to understand and implement these methodologies and constituent approaches.

Population/setting: An evaluation framework focused on healthcare interventions and healthcare settings.

Methods: Over 2016-2021 the author reviewed existing evaluation methodologies, guidelines and case studies and consulted with a multitude of evaluation practitioners to identify solutions to address the aforementioned issue.

Results: As a result of this review and consultation, the author developed an integrated model of evaluation that combines traditional and theory-driven methodologies while having an easy-to-implement approach.

Conclusion: Using the healthcare delivery context, the author will demonstrate the application of the Integrated Model in three cases and the obtained results.

Translational impact/implications for future practice: An evaluation framework that can be personalised the healthcare environment while providing a rapid yet credible assessment structure.

Keywords: evaluation, healthcare, integrated model

A community-based modified sport program for rural community-dwelling older adults: A pilot study

Romein, J,[1] Hutchins, G,[1] Ottrey, E,[1,2] Bishop, J.[1]

1 East Grampians Health Service, 2 Western Alliance

Presenting author: Mr. Jake Romein

Background/aim: Physical inactivity is a known problem for most older adults. This is compounded in rural areas where reliance on cars for transport limits incidental exercise. Strategies are needed to increase physical activity participation tailored for rural communities. This research aims to understand the factors that influence participation in a modified sport program by older adults in a rural community. The findings will inform the co-design and implementation of a modified sport pilot program.

Population/setting: Community-dwelling adults aged ≥60 years from the Ararat region.

Methods: Participants were recruited using professional contacts and local advertising. Two focus groups were conducted to understand participants' interest, needs and preferences for a modified sport program. Of the ten who expressed interest, nine participants met the eligibility criteria, provided consent and attended a focus group. Transcripts were analysed using a thematic approach.

Results: Participants were interested in a modified sport program for social connection, managing health concerns and ageing well. Basketball, netball, soccer, AFL and cricket were commonly suggested, however there was less interest in sports like volleyball and hockey. Participants wanted to try different sports rather than repeating one over the six-week program. Participants favoured modifications that reduced risk of injury and improved accessibility, such as using softer balls, reducing ring heights and adjusting shooting/throwing motions, while maintaining traditional rules. Some participants also expressed interest in attending non-group-based activities like gym or pilates/yoga sessions.

Conclusion: The findings highlighted an area of unmet need and an opportunity to improve health and wellbeing in our community. We are currently developing a modified sport program based on the findings in consultation with the local fitness centre. The program will be piloted and evaluated in the next phase of this research.

Translational impact/implications for future practice: This research established a strong partnership between the health service and fitness centre, which will support future collaborative initiatives. Activities that were identified by

participants but beyond the scope of this research (e.g. gym or pilates/yoga sessions) will inform future initiatives. The outcomes of this research will assist other rural communities implementing modified sport programs to enhance the health of older adults in their region.

Keywords: modified sport, exercise, community

Weigh to go with Liquid Drugs of Dependence

Scullion, N, Kong, D, Fitzpatrick, A.
Grampians Health

Presenting author: Mrs. Nicole Scullion

Background/aim: Ballarat Health Services (BHS) reports any losses of Drug of Dependence (DD) liquids of greater than 4% to the police and department of health. DD's at BHS are recorded in a paper DD register, and signed by 2 nurses. It was noted that several reports per month of DD liquids losses that were close to the 4% (11 reports from Jan 21- Jun 21 in the trailed areas) were being received. This was probably due to difficulties with accurately measuring the remaining liquid and losses when measuring. Liquid DD's were only being measured at the end of each bottle, making it difficult to account for incidental losses or missed recordings.

Population/setting: A major regional hospital covering subacute, acute and residential care services.

Methods: A number of wards/areas were selected to trial weighing bottle of liquid DDs at each transaction. Measuring scales were purchased and given to wards involved. Agreed process was implemented by wards involved viz. wards to weight bottle of liquid DD's at each transaction and to record these into the DD administration book. Assumptions made includes 1ml= 1mg by weight.

Qualitative (feedback from end users) and quantitative (number of discrepancies observed/reported pre and post implementation) measures were used.

Results: Study was trialed on 3 different wards (covering both acute & subacute).

There was a decrease in DD liquids losses (2 reports in last 6 months, in comparison to 11 reports from Jan 21-Jun 21). Positive feedback from staff included feeling more confident with accuracy of measuring/accountability and when a spill on the bottle occurred, the process was much easier.

Conclusion: Use of scales to weigh liquid DDs appears to reduce incidence of discrepancy of liquid DD's transactions at a ward level. There was improved staff satisfaction.

Translational impact/implications for future practice: Planned roll out of aforementioned initiatives to all areas of the hospital is currently under consideration.

Keywords: medication, safety, quality

Feasibility of intra-infusion exercise in a regional chemotherapy day unit

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Grampians Health

Presenting author: Mrs. Jessica Seater and Ms. Alesha Sayner (STaRR Emerging Researcher)

Background: The benefits of exercise during cancer treatment are well documented, however exercising through systemic anti-cancer treatment (SACT) infusion remains relatively novel. Patients are sedentary for lengthy periods while receiving SACT infusion and this time could be used to increase physical activity (PA) and a patients'

confidence that it is safe to engage in, even with a cancer diagnosis.

Research question/aim: This mixed methods approach aimed to determine the feasibility and acceptability of nursing-supervised low-intensity exercise during SACT in a regional health service.

Methods: Phase 1: Exercise Physiologists provided education to CDU nursing staff on intra-infusion exercise prior to project commencement. Nurses were surveyed on their confidence to assist with intra-infusion exercise at baseline, and will be completed at regular intervals throughout the project.

Phase 2: Education and low-intensity exercise in the form of seated cycling was offered by EP's to patients receiving SACT. EP staff implemented the intervention initially, and CDU nursing staff supervised exercise during subsequent sessions. Patients completed surveys each session providing data on: PA levels (Godin), quality of life (EORTC QLQ30), levels of boredom, fatigue, confidence to exercise, duration of intra-infusion exercise, and their subjective feedback.

Phase 3: Following a 3-month pilot, nursing staff will participate in focus groups to provide feedback on the intervention and patient uptake. Data from the focus groups will be thematically analysed. Patients will also be interviewed on their experience.

Phase 4: Repeat patient intake.

Results: Phase 1 has now been completed with preliminary results of 12 nursing staff demonstrated a confidence rating of 5.6 out of 10 (10 = most confident) at baseline. Barriers were identified, such as COVID related staff shortages, and therefore modifications to protocol were required prior to phase 2 commencing.

Phase 2 has commenced with 6 patients commenced to date. Data collection is anticipated to be completed by September 2022.

Translational impact/implications: Intra-infusion exercise was well received by both staff and patients however staff shortages delayed commencement. Nursing staff initially reported mid-range confidence in assisting with intra-infusion exercise.

Keywords: exercise, intra-infusion, cancer

Barriers and enablers for antenatal care access of women engaged with social work services at Barwon Health

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Presenting author: Dr. Vidanka Vasilevski

Background/aim: Effective engagement with perinatal health services can have positive impacts on the long-term health and wellbeing of women, children and families. Evidence shows that uptake of antenatal care services is lower among disadvantaged communities, resulting in fewer opportunities for assessment, screening and intervention. Barwon North is considered a socio-economically disadvantaged area, where rates of neurodevelopmental vulnerability in school-aged children are double of national statistics. Many women from the region have limited engagement with antenatal services. This increases their risk for poor pregnancy outcomes, and for their infants, greater vulnerability to developmental problems. The aim of this study was to examine the barriers and enablers for pregnant women who are engaged with social services to access antenatal care at Barwon Health.

Population/setting: Setting: Barwon Health maternity services. Populations of interest: (1) women who received antenatal care at Barwon Health and were eligible for social work services (2) Barwon Health maternity staff who provided care to women who were eligible for social work services during pregnancy.

Methods: A qualitative study using a constructivist grounded theory approach was undertaken. Participants included 7 women who were pregnant or had recently given birth and 11 clinicians involved in their antenatal care.

Results: Key barriers included difficulties in access, due to location, balancing appointment scheduling with personal commitments, and perceptions of care. Key enablers included the provision of practical and health related support, continuity of care and non-judgmental staff attitudes.

Conclusion: A service that best suits the needs of women experiencing social disadvantage in the Barwon region is centred on the philosophy of continuity of care. It is flexible, close to women, considers their lives outside the health service and avoids stigmatisation. A one-stop-shop providing care from pre-conception through early childhood is likely to have the best outcomes for women, and their families.

Translational impact/implications for future practice: The study highlights key actionable changes in maternity service design and delivery that are likely to improve the antenatal care access of women experiencing social disadvantage in the Barwon region. Making such changes can facilitate key prevention and early intervention strategies to improve the health of women and the developmental outcomes of their babies.

Keywords: antenatal-care, pregnancy, social-disadvantage

Improving patient experience and workflow by reducing treatment delays caused by suboptimal bladder preparation for pelvic radiotherapy

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Presenting author: Ms. Thilini Warnakulasooriya

Background/aim: Pelvic Radiotherapy patients are required to undergo bladder preparation before their daily treatment. On planning day, the patient will be given 2-3 glasses of water to drink, and the time taken to adequately fill the bladder is recorded. Once RT commences, patients are instructed to repeat the same bladder preparation process. If bladder volume is inadequate, the patient is instructed to drink extra water and must wait until the optimal bladder volume is reached.

This process can be time consuming and often take up to 2 hours. Patients miss their scheduled appointment and are treated in between other patients' appointments. Inability to achieve bladder volume can be detrimental to patient well-being and impacts the patient treatment experience.

The aim of this project is to improve the bladder preparation process for pelvic RT patients. Ideally the project will enable the patient's bladder to be optimally filled at their scheduled appointment time.

Population/setting: This project only involves patients who have difficulty achieving adequate bladder volume at BAROC.

Methods: Identified patients are given bladder preparation appointments prior to the next 4 treatments. The appointments will involve the patient undergoing an ultra-sound scan prior to receiving their treatment. The time of the ultra-sound and bladder volume will be recorded. The time will again be recorded upon the start and completion of RT treatment and will be entered into ARIA (Patient Information Management System).

Results: Not completed.

Conclusion: Not completed.

Translational impact/implications for future practice: Preliminary ultrasound scan will improve patient understanding on bladder preparation and therefore compliance by reducing patient's anxiety caused by an inability to achieve

bladder preparation generating a positive experience.

Keywords: pelvic radiotherapy

Malnutrition in an Acute Regional Hospital Setting: Implications for practice based on hospital screening, prevalence and identification

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Grampians Health

Presenting author: Miss. Victoria Williams

Background/aim: Malnutrition describes a state of inadequate intake of nutrients commonly associated with higher rates of sarcopenia, impaired wound healing and increased length of admission. The prevalence remains poorly understood with some literature suggesting hospital rates as high as 40%. The goal at Grampians Health Ballarat (GHB) is for 100% of admissions to undergo malnutrition screening via weigh-ins and the use of validated tools. The aims of this study were to measure the prevalence of malnutrition and identify hospital acquired malnutrition (HAM) verse community acquired malnutrition (CAM) along with the severity. Additionally, to measure dietetic referral rates when an MST score was ≥2, as per best practice guidelines.

Population/setting: This project involved a point of prevalence review in the acute setting, consisting of a prospective audit of medical histories at GHB. Records were examined to determine the proportion of people being screened, receiving dietetic referrals and HAM verses CAM.

Methods: A validated Subjective Global Assessment (SGA) tool was used to classify degree of malnutrition when a patient scored ≥2 on the Malnutrition Screening Tool (MST). For patients who did not have an MST completed upon admission, the Dietitian conducted one. This enabled all patient in the hospital to be screened and assessed for malnutrition.

Results: Only 58% of patients had their weight taken and 55% of patients had an MST completed on admission. When all patients in the hospital had MSTs completed by dietitians (83 patients), 44.5% scored and MST of ≥2 prompting completion of an SGA. 38% of patients were identified as having malnutrition with 58% either mild/moderate and 18.5% severe. From this, CAM was identified in 65.5% of patients and HAM in 24.2% patients with 10.3% unable to be determined.

Conclusion: High prevalence of malnutrition reveals the importance of screening and assessment. Low adherence to screening in the acute setting requires further exploration to ascertain barriers towards implementation. If detected early and dietetic involvement employed, appropriate treatment may better support clinical outcomes.

Translational impact/implications for future practice: We recommend that dietitians continue to support best-practice guidelines in ensuring MSTs and SGAs are completed on all patients in the acute setting to facilitate identification, assessment and treatment of malnutrition.

Keywords: malnutrition, screening, assessment

Shaping research and research capacity building in rural health services: Context matters

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Presenting author: A/Prof Anna Wong Shee

Background/aim: To address the disconnect between rural healthcare service delivery and health and medical research, research capacity and capability should be embedded in rural health services. The Australian Government's vision for 'Better Health Through Research' considers health services research as a key driver to improve health outcomes and increase health service efficiency, sustainability and productivity. However, the involvement of the healthcare workforce in research to drive evidence-based practice is yet to be substantially realised for rural health services.

Aim is to determine contextual factors influencing research and research capacity building in rural health settings.

Population/setting: Senior rural health managers, academics and/or research coordinators at Victorian rural health services and university campuses.

Methods: Qualitative study involving semi-structured telephone interviews with senior rural health managers, academics and/or research coordinators to explore factors influencing health professionals' research education and capacity building (RCB). Analysis involved inductive coding and thematic analysis; and mapping to the Consolidated Framework for Implementation Research (CFIR).

Results: Findings reflected the CFIR domains and constructs: intervention characteristics (relative advantage of building RCB in rural health services compared to fly-in-fly-out or urban-based researchers); outer setting (cosmopolitanism – networks between rural health services/health professionals and research bodies, external policies and incentives); inner setting (implementation climate, readiness for implementation); characteristics of individuals (self-efficacy); and process (planning, engaging). Notably, low levels of rural research funding, chronic workforce shortages, tension between undertaking research and delivering healthcare, and the absence of organisational planning and research culture, were all considered to significantly impact the operationalisation and prioritisation of RCB in rural health services.

Conclusion: A strong culture of research and research capacity building in rural health services is required to realise the Australian Government's vision for improved healthcare service delivery and health outcomes in rural areas. Findings illustrated the implementation context and the complex contextual tensions either prevent or enhance research capacity building in rural health services; effective government policy and investment are critical for addressing these factors.

Translational impact/implications for future practice: This project has informed the development of a comprehensive RCB program for regional and rural health services in Western Victoria. Additional recommendations include: development of workforce and rural research funding policies; identifying rural health services' research priorities; and investing in researchers embedded rurally.

Keywords: capacity-building, rural, workforce

Identifying rural health and healthcare priorities to guide research and optimize health care – informed by consumers, health professionals and researchers

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Presenting author: A/Prof Anna Wong Shee

Background/aim: Achieving the Australian Government's vision for improved healthcare provision and health outcomes in rural areas requires a strong culture of research in rural health services. Health research often lacks practical relevance or implementation feasibility, and may not address consumer priorities. These evidence-practice gaps have been created, in part, by a "two communities model of knowledge production in which the producers and users of research occupy separate worlds." Academic researchers often have different objectives and priorities from those who will deliver or use the health services, and consumers and clinicians generally have little involvement in deciding which health issues are the most important to research.

Aim is to identify actionable health priorities relevant to stakeholders in the Grampians region.

Population/setting: Five rural and regional communities in the Grampians region.

Methods: The project consisted of: surveys and community forums to identify community members' and health professionals' perceptions of healthcare gaps and local health issues; focus groups with health professionals and community members to identify core values considered important in determining health care priorities; a concept mapping process where community members, health professionals and researchers grouped and rated the health issue statements using the priority-setting criteria.

Results: Over 400 health issue statements from three community forums and 187 survey respondents (70 health professionals, 117 community members) were synthesised into 72 unique statements. Three key values were identified as important for priority setting: (1) health equity; (2) capacity to address the health issue; and (3) the size of the health and social impact of the health issue. A 9-cluster map of priority health and healthcare areas included: mental health and disability services; cost of health care; transport and technology challenges; mental health and related social issues; social determinants of health; availability of essential health services; quality and capacity of health services; health behaviours and environmental determinants; and cancer and respiratory health.

Conclusion: Use of a structured, explicit approach to community and stakeholder consultation was highly feasible and effective in prioritising health issues.

Translational impact/implications for future practice: These findings will inform development of 'researchable' topics that address the needs of rural and regional people. These prioritised health needs are informing the Grampians Health strategic agenda.

Keywords: rural, priority-setting, concept-mapping

The application of spatial measures to analyse health service accessibility in Australia: a systematic review

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Presenting author: Ms. Sarah Wood

Background/aim: Australia's inequitable distribution of health services is well documented, and issues associated with spatial access are often influenced by Australia's vast landmass, challenging geographical environments, and sparsely distributed populations in rural and remote areas. Spatial access relates to the geographic limitations affecting the availability and accessibility of healthcare practitioners and services. Measuring access contributes to a broader understanding of the performance of health systems, particularly in rural areas. Geographic Information Systems (GIS) in health service research focuses on the geographical dimension of

access and is used to analyse geographical inequalities and create improved measures of accessibility. This study aims to critically appraise literature that uses GIS to spatially analyse health service access in Australia to understand which spatial measures and geographical classifications are used and how they are applied.

Population/setting: Australian health services across all levels of remoteness.

Methods: A systematic search of peer-reviewed literature published between 2002 and 2022 was performed. Search terms were derived from three major topics, including [1] Australian population; [2] spatial analysis of health service accessibility; and [3] objective physical access measures and spatial models applied.

Results: Database searches retrieved 1,381 records after removing duplicates. Records were screened for eligibility, resulting in 91 studies for inclusion. Preliminary analyses show accessibility to dental services (n=21), general practice (n=14), hospital (n=13), cancer services (n=11), and cardiac services (n=11) were the most reported disciplines. The most reported access measures were distance or travel time to health service, and number of practices, services, or providers per defined geographical area.

Conclusion: The preliminary results show heterogeneous methods were used, mainly across clinical disciplines, making it hard to compare access across different types of health professions. To classify remoteness, some studies apply distance buffers around a General Post Office, and others use the Accessibility and Remoteness Index for Australia (ARIA+).

Translational impact/implications for future practice: GIS advancements have led to better capability to spatially examine health service access; however, there is need for a streamlined approach to measuring access across clinical disciplines. Consistent spatial measures and geographical classifications are required to accurately compare geographic areas, inform decision-making, and develop health policies.

Keywords: health, service, access

Receiving and providing maternity care during the COVID-19 pandemic in Australia: using lessons learned to inform models of care during and after health emergencies

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Presenting author: Dr. Karen Wynter

Background/aim: The COVID-19 pandemic radically changed the way maternity care was delivered in Australia. This study aimed to explore and compare experiences of those receiving and providing maternity care in Australia during the pandemic in 2020.

Population/setting: Women, their partners/support people, midwives, doctors, and midwifery students who had received or provided maternity care between March and June 2020 in Australia.

Methods: Mixed method, cross-sectional study, including an online survey and interviews. Participants were recruited via social media and professional networks.

Results: Service disruption affected all involved. Women and their partners/support people were impacted by reduced or changed appointments, and restrictions preventing women's support persons of choice from attending. Midwives and doctors were concerned about occupational exposure to COVID-19 and associated risk to their loved ones. Midwives working in continuity models felt more able to support women during the rapid change and uncertainty. Midwifery students reported that they were often overlooked when it came to PPE supply and training. Participants had mixed experiences of telehealth consultations. All participants groups reported that quiet maternity wards with minimal disruptions were a 'silver lining' for women learning to

breastfeed and care for their babies.

Conclusion: This evidence is important to understand the human impact of the pandemic in the maternity sector and guide practice to minimise negative impacts in future health emergences. An evidence brief was circulated to state and federal health stakeholders, with implications for health service redesign. Recommendations include that health services consider maintaining some (but not all) of the postnatal ward visiting policy restrictions, continuing clinical placements for midwifery students, and the expansion of telehealth services to target flexible approaches to consultation and care for women.

Translational impact/implications for future practice: The evidence brief has already contributed to changes in policy in parts of Australia, for example women's partners being 'permitted' to be present for inductions, continuity models of care being preserved and enhanced, and midwifery students being provided with PPE just like the rest of the health workforce.

Keywords: maternity care, COVID-19

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