

RESEARCH PROGRAM ACTIVITY REPORT

www.easternhealth.org.au
@easternhealthau

2015 – Allied Health

The Allied Health Clinical Research Office at Eastern Health was established as a joint initiative between Eastern Health and La Trobe University. Under the leadership of Professor Nicholas Taylor and Dr Katherine Harding, research activities receive direction through the Allied Health Research Committee, a committee with representatives from programs, allied health disciplines and our research active clinicians. The committee aims to strengthen the evidence base of allied health practice by undertaking, mentoring and facilitating collaborative and multi-disciplinary clinical research projects across Eastern Health.

As well as conducting research, the Allied Health Clinical Research Office has an important role in research promotion and research training. A feature in 2015 was the Allied Health Research Forum held at Wantirna in May 2015, with guest speaker Dr Paul O'Halloran, who spoke on the role of motivational interviewing in therapy and rehabilitation. At this year's forum, eleven allied health clinicians presented their work in the format of a 3 minute project competition. The Allied Health Research Newsletter is published quarterly. Research Clinics were also held across Eastern Health sites. This is a forum where a clinician with a research idea meets with an experienced clinical researcher. Research training opportunities in allied health included the Allied Health Research Training Program called Stepping into Research, a program to introduce clinicians to research by completing a systematic review. Of 55 allied health clinicians enrolled in Stepping into Research over the last 6 years, 49 completed the basic program resulting in 22 academic publications, 21 conference presentations and 5 PhD enrolments.

In 2015, highlights included 37 publications and 65 conference presentations from allied health clinicians plus a number of higher degree completions. Tash Brusco graduated with a PhD for her research on providing additional allied health services for inpatient rehabilitation, and Jorja Collins graduated with a PhD exploring malnutrition in the subacute setting. A systematic review on *The organisational benefits of a strong research culture* commissioned by the Department of Health and Human Services' Chief Allied Health Officer was completed by Katherine Harding, Lauren Lynch, Judi Porter and Nicholas Taylor on behalf of the Allied Health Research Office in 2015.

Our team in 2015

The Allied Health Research Committee:

Nick Taylor	Professor of Allied Health EH (Chair)
Katherine Harding	Research Fellow
Glenda Kerridge	Social Work
Anne Thompson	Ambulatory and Community Services
Jason Wallis	Physiotherapy
Michelle Kaminski	Podiatry
Alison Wilby	Psychology
Judi Porter	Dietetics
Euan Donley	Mental Health
Lauren Lynch	Speech Pathology
Anna Joy	Occupational Therapy

Awards achieved 2015

Kellie Emmerson. Best presentation, 3 minute project competition at the Eastern Health Allied Health Research Forum, May 2015.

Ella Ottrey. Best 3 minute presentation at the Eastern Health Research Forum, December 2015.

Judi Porter. NHMRC Translating Research into Practice (TRIP) fellowship, December 2015.

Stephanie Tawse. Winner of the best poster in the Transformational Change category at the 2015 APAC Forum in Auckland, September 2015.

Jason Wallis. Winner of the People's Choice Award, 3 minute project competition at the Eastern Health Allied Health Research Forum, May 2015.

Notable funding 2015

Improving outcomes after rehabilitation. La Trobe Sport Exercise and Rehabilitation Research Focus Area Major Program Grant with Eastern Health Foundation. **Taylor NF, Shields N, Harding K, O'Halloran P, Prendergast L, Peiris C, Hau R, Kennedy G, Brusco N.** \$209,664.

The organisational benefits of a strong research culture: a systematic review. Department of Health and Human Services. **Taylor NF, Harding KE, Porter J.** \$5,000.

Research translation and adherence to upper limb stroke guidelines. Victorian Stroke Clinical Network. **Joy A, Downie S.** \$74,000.

Complex patients: Social workers' understanding of complexity in patient care. Australian Association of Social Workers. **G Kerridge and H Cleak.** \$4,600.

Research projects in progress in 2015

Introducing an adapted version of constraint induced movement therapy (CIMT) into a community rehabilitation setting: does it improve upper extremity function when compared to usual care? (Ambulatory and Community Services)

Lead investigator: **Baldwin C.** Associate researchers: **Taylor N, Harding K.** This pilot randomised controlled trial aims to evaluate the effectiveness of low intensity CIMT, adapted for use in a community rehabilitation setting, compared with usual care in stroke patients with upper limb deficits.

What is the inter-rater reliability of the newly developed speech pathology prioritisation tool? (Speech Pathology)

Lead investigator: **Brady J.** Associate investigator: **Harding K.** A project evaluating the measurement properties of a speech therapy prioritisation tool using clinician evaluation of clinical scenarios.

Should we be measuring nutritional quality of life in patients with end stage renal failure receiving renal replacement therapy?

Lead investigators: **Desai A, Bertino S, Corken M.** Associate Investigators: **Roberts M, Huang L, Osicka T, Dodson S.** A cross-sectional observational study of 100 dialysis patients audited measures of nutritional status using Subjective Global Assessment; quality of life using the Food Enjoyment in Dialysis, and the Kidney Disease Quality OF Life (KDQOL) questionnaires; potassium intake and primary source of nutrition information; mental health status using Depression Anxiety Stress Scales; health literacy using Health Literacy questionnaire.

Psychiatric Assessment in the Emergency Department: A consumer perspective following a suicide attempt or deliberate self-harm (Social Work)

Lead investigator: **Donley E.** Emergency departments are at the front line of increasing presentation of mental health patients following a suicide attempt. An important part of measuring quality and effectiveness is to evaluate the perspectives of the consumer. The focus of this mixed methods via survey study is to examine mental health patient experiences of suicide risk assessment and management in the emergency department.

Can direct Emergency Department referrals to Hand Therapy reduce patient waiting time for management of simple hand fractures and soft tissue injuries? (Occupational Therapy)

Lead investigator: **Fellner Y**. Associate investigators: **Harding K, Tawse S, Coutsouvelis I, Leong A**.

This project is measuring the impact of direct referrals to hand therapy from the emergency department for patients with hand fractures and soft tissue injuries, compared with referral via hand therapy outpatient clinics, on patient experience and clinical outcomes.

Accelerated physiotherapy can reduce length of stay after total knee arthroplasty: a systematic review and meta-analysis (Physiotherapy)

Lead investigator: **Forsyth K**. Associate Investigators: **Snowdon D, Wallis J**.

Physiotherapy is a routine component of post-operative management following total knee arthroplasty (TKA). As the demand for surgery increases it is vital that post-operative physiotherapy interventions are effective and efficient. The aim of this review is to determine the most beneficial active physiotherapy interventions in acute hospital and inpatient rehabilitation for improving pain, activity, range of motion and reducing length of stay for adults who have undergone TKA.

Reducing waiting time for ambulatory and community services (Ambulatory and Community Services)

Lead investigators: **Harding K, Taylor N**. Associate investigators: **Kotis M, O'Reilly M, Kearney J (DoH)**. This NHMRC funded project will find out if the STAT (specific and timely assessments for triage) approach can help to reduce patient waiting time in a range of ambulatory and community services.

Research interest, experience and confidence of allied health clinicians: A cross sectional survey (Allied Health)

Lead investigators: **Harding K, Taylor N, Lynch L, Wallis J, Joy A, Kerridge G, Wilby A, Porter J, Wilson E, Sheats J, Thompson A, Kaminski M**. A survey of allied health clinicians using the Research Spider tool to evaluate research interest, experience and confidence. Results will be compared with results from 2008.

Benefits and barriers of clinical supervision as a platform for knowledge translation with Occupational Therapists working in rehabilitation. A mixed methods descriptive study. (Occupational Therapy)

Lead investigator: **Joy A**. Associate investigators: **Carey L, D'Cruz K**. This mixed methods study aims to investigate the current state of clinical supervision as a platform for knowledge translation within subacute Occupational Therapy services at Eastern Health.

Reliability of performing infrared dermal thermometry in patients with Charcot neuroarthropathy (Podiatry)

Lead investigators: **Kaminski M, Puli N**. Associate researchers: **Dallimore S, Richards, K**. This study aims to investigate the intra- and inter-rater reliability of performing infrared dermal thermometry in patients with Charcot neuroarthropathy. The findings of this study will ultimately assist health care practitioners in providing a standardised approach to the assessment of dermal temperatures, to ensure that clinical assessments are being performed reliably and are accurately monitoring the progression of the Charcot foot.

The application of clinical indicators and contra-indicators for recommending a videofluoroscopic swallowing study (VFSS) – a review of clinical decision making and associated outcomes (Speech Pathology)

Lead investigator: **Kawanishi J**. This retrospective review will investigate current practice and decision making when recommending VFSS. It will further evaluate the impact of conducting a VFSS on dysphagia management.

Validation of the Malnutrition Screening Tool (MST) for use in the Eastern Health Community Rehabilitation Program (Dietetics/Ambulatory and Community Services)

Principal Investigators: **L'Huillier H; Bertino S** Associate Investigators: **Howell P, Leipold C**. This project is investigating the validity of the Malnutrition Screening Tool as a means of screening patients for malnutrition in ambulatory settings.

Examining the relationship between client factors and post program exercise adherence in clients with chronic pain (Ambulatory and Community Services)

Lead investigator: **Marlow N**. This study aims to describe patterns of exercise adherence in patients attending a chronic pain management program, and to investigate whether factors including client characteristics, pain severity and psychosocial responses to pain are associated with adherence to recommended exercise programs.

Effects of combining aquatic physiotherapy with land based physiotherapy on activity in individuals with neurological conditions: A systematic review and meta-analysis (Physiotherapy)

Lead investigator: **Moritz T**. Associate Investigator: **Snowdon D**

The aim of this review is to determine if combining aquatic physiotherapy with land based physiotherapy is more effective at improving activity outcomes and neurological related impairments in individuals with neurological conditions than either aquatic physiotherapy or land based therapy alone. Combining aquatic and land based physiotherapy may maximise carryover of effects into daily function while also creating variety and challenge within neurological rehabilitation training, further promoting neuroplasticity and recovery.

Barriers to aquatic physiotherapy in an inpatient neurological rehabilitation population (Physiotherapy)

Lead investigators: **Moritz T, Snowdon D, Harding K**. A project exploring the barriers to the use of aquatic physiotherapy during inpatient rehabilitation for patients with a neurological diagnosis.

The use of surface electromyography biofeedback in the treatment of dysphagia following stroke: a randomised controlled trial (Speech Pathology)

Lead investigator: **Paraskeva J**. This randomised control trial is evaluating the use of biofeedback in addition to usual therapies in the treatment of swallowing disorders following stroke.

Implementation of protected mealtimes in the subacute setting: stepped wedge cluster trial

Lead Investigator: **Porter J**. This NHMRC funded clinical trial implemented protected mealtimes in three subacute wards using a stepped wedge study design. This strategy aims to reduce or eliminate non-urgent clinical activity during mealtimes hence increasing the focus on the nutritional intake of patients.

Exploring mealtimes on subacute wards using an ethnographic approach

Lead Investigators: **Porter J, Ottrey E**. Associate investigators: **Palermo C, Huggins C**.

This qualitative research will explore the patterns of mealtime culture and investigate how a change to the health care system – implementing a mealtime intervention – is experienced by staff in the subacute setting. This will be achieved using an ethnographic approach across three distinct phases.

The relationship between measured cognitive impairment and informant report of cognitive change in the context of informant affect, perceived burden, and personality traits (Ambulatory and Community Services)

Lead investigator: **Shay L**. Associate investigators: **Lindsay E, Embuldeniya U, Harding K**. A project exploring the relationship between measured cognitive impairment and informant report of cognitive change.

The impact of using video based home exercise programs along with electronic reminders on home exercise programs for patients after stroke (Ambulatory and Community Services)

Lead investigators: **Emmerson K**. Associate researchers: **Harding K, Taylor N**. This randomised controlled trial aims to compare the effectiveness of home exercise programs using video and reminder functions on touch screen tablets compared with traditional paper based exercise programs.

Lower Extremity Amputation Prevention Unit – LEAP Unit – planning for the service (Podiatry)

Lead investigators: **Stybowski A, Dallimore S, Kaminski M, Griffiths D**.

This audit of medical histories was commissioned in order to understand length of stay, services involved, discharge planning processes and blocks in the patient journey resulting in “wasted days” for patients

admitted with diabetic foot ulcers between January and June 2015. These data will be used to plan a new service model for this patient group.

Do patients with communication difficulties have a higher incidence of falls, when compared to those patients without communication difficulties? (Speech Pathology and Occupational Therapy)

Lead investigators: **Sullivan R, Harding K**. A project investigating the influence of the communication difficulties on the incidence of falls.

Prescribing the maximum tolerated dose of walking for people with severe knee osteoarthritis: A Phase II, Randomised Controlled Trial (Physiotherapy)

Lead investigators: **Wallis J and Taylor N**. Associate Investigators: **Webster K, Levinger P, Singh P, Fong C**. Low physical activity levels and poor cardiovascular health are big problems for people with severe knee osteoarthritis. This study is the first in the world to find out if a walking program can make a difference to their knee pain and cardiovascular health.

Comparison of upper limb outcomes for patients on early supported discharge versus inpatient rehabilitation (Ambulatory and Community Services)

Lead investigator: **Whittaker S**. Associate investigator: **Barr C, Harding K, Smith J, Joy A**. An observational study investigating the upper limb outcomes for patients with stroke managed in the early supported discharge program.

Evaluating clinical supervision in Ambulatory and Community Services (Ambulatory and Community Services)

Lead Investigator: **Wilson E**. This project will include mixed methods to evaluate the state of play for clinical supervision in ambulatory and community services.

Rehabilitation outcomes after proximal humeral fracture: monitoring progress using the Shoulder Function Index (SFInX) (Ambulatory and Community Services)

Lead investigators: **Wintle E, Taylor N, Martin E, Shields N, van de Water A**. This observational study will monitor progress of patients referred to the Community Rehabilitation Program after proximal fracture of the humerus.

Research projects completed in 2015

A 7-day allied health service (Occupational Therapy and Physiotherapy)

Lead investigators: **Bond A, Boyd J, Millard G**. A pre-post study using mixed methods was used to evaluate the introduction of a 7-day allied health service in acute general medicine wards at Eastern Health. A more even distribution of discharges throughout the days of the week was observed post intervention, with a notable increase in the discharges on Sunday. There was also an observed but non-significant reduction in length of stay of 0.5 days per patient. Clinicians reported that the more equitable distribution of allied health staffing across 7 days reduced peak times of clinical activity on Monday and Friday with benefits for improving patient flow, but maintaining continuity of care and efficient management of handovers were challenges in the implementation of the 7 day service.

Exercise in rehabilitation after distal radius fracture (Physiotherapy)

Lead investigator: **Bruder A**. Associate researchers: **Taylor N, Bottrell J, Hua R, Shields N, Dodd K**. This project aimed to find out the role of exercise in restoring function after immobilisation for distal radius fracture using a randomised controlled trial design. A pilot randomised controlled trial compared 3 sessions of exercise and structured advice compared to 3 sessions of structured advice only for people referred to physiotherapy after removal of cast for their wrist fracture. Using a range of outcome measures there were no differences between the groups at 6 weeks or 26 weeks. These results suggested that the prescription of exercise in addition to a structured advice program from a physiotherapist during rehabilitation may convey no extra benefit following wrist fracture managed in a cast.

Effect of music on exercise adherence (Ambulatory and Community Services)

Lead investigator: **Clark I.** Associate investigators: **L Taylor N, Shoebridge G, Peiris C, Baker F.** This randomised controlled trial investigated whether listening to music helps graduates of the cardiac rehabilitation program adhere to advice to be physically active. Although some indicators of activity improved in the intervention group, such as a reduced waist circumference, there were few differences in the physical activity levels of the two groups 6 months after discharge from cardiac rehabilitation. Listening to preferred music may need to be supplemented with other behaviour change techniques to increase adherence to physical activity guidelines after cardiac rehabilitation.

Tendon lengthening and fascia release for healing and preventing diabetic foot ulcers: a systematic review and meta-analysis (Podiatry)

Lead investigator: **Dallimore S,** Associate researchers: **Kaminski M.** A systematic review and meta-analysis was performed to investigate the effectiveness of Achilles tendon lengthening, gastrocnemius recession and plantar fascia release in healing and preventing diabetic foot ulcers. This study found that these surgical procedures were as effective as the current 'gold standard' treatment for healing diabetic foot ulcers (i.e. total contact casting). However, recurrence rates were found to be lower suggesting that these procedures may provide a viable adjunctive treatment option for the management of diabetic foot ulcers. Although, further rigorous randomised controlled trials are required to determine the long term effectiveness and safety of these procedures.

Improving physical function post total hip and knee replacement surgery: An evaluation of the effectiveness of an outpatient orthopaedic exercise group (Ambulatory and Community Services)

Lead investigator: **Hawke L.** Associate investigators: **Taylor N, Harding K.** This observational project evaluated the effectiveness of a community rehabilitation program for patients post lower limb joint replacement surgery. Data on 54 patients were completed at the start and end of the 6 week program and 6 weeks after the program ended. All performance measures improved significantly throughout the program, and continued to improve at a slower rate after discharge from the program. However, there was no change in self-reported physical activity after program completion. These results are consistent with other literature that joint replacement surgery results in improved physical capability, but may not affect levels of physical activity.

Clinician's perceptions of the benefits and challenges towards the introduction of grade two occupational therapy rotations (Occupational Therapy)

Lead investigator: **Joy A.** Associate investigators: **Farley A, Whittaker S.** This project qualitatively investigated clinician perceptions of the introduction of clinical rotations at a grade two level in an Ambulatory and Community Setting. Barriers towards clinical rotations were primarily at the level of the individual whilst benefits of rotations tended to be at the level of the service. The majority of respondents indicated that an increased rotation duration of 12 months or longer was essential at this clinical level.

Complex patients: Social workers' understanding of complexity in patient care (Social Work)

Lead Investigators: **Kerridge G, Cleak H.** Health social workers practice within complex personal, social and organisational systems that constantly interact in a dynamic way. This qualitative study involving 31 social workers, explored their understanding of what defines a "complex" case and what impact this has for them personally and professionally.

Evidencing Social Work in health and mental: a multi-site audit (Social Work)

Lead Investigators: **Kerridge G** in conjunction with **Joubert L et al.** An audit of social work activities undertaken across a single day, in collaboration with the University of Melbourne and 14 health services, involving over 500 social workers. The data offers insights into the complex, multifaceted role of social workers and evidences a rich analysis to build the business case for social work in health.

Factors associated with whether patients recovering from hip fracture receive a home assessment visit (Occupational Therapy)

Lead investigator: **Lockwood K**. Associate investigators: **Harding K, Boyd J, Taylor N**. A 12 month audit of all patients admitted to Eastern Health with a hip fracture, to find out whether there are any patterns of factors that determine whether patients receive a home assessment visit. About 1 in 4 people admitted to hospital from a private residence following hip fracture receive a home visit. The results suggest that whether or not a patient receives a home visit has little to do with socio-demographic or clinical factors at the time of admission to hospital. There remains much unexplained variation in whether or not a patient receives a home visit. This study highlights the diversity that exists in clinical practice.

The effects of introducing a falls implementation pathway in community rehabilitation program setting (Ambulatory and Community Services)

Lead investigators: **Martin E, L'Huillier H**. The aim of this small scale pilot study was to investigate the impact of a falls prevention pathway for Community Rehabilitation Program clients. Ten percent of patients admitted to community rehabilitation during the study period reported a fall during their treatment period, highlighting the risk of falls within this population. Results of the study were inconclusive regarding the value of a falls pathway to prevent falls, most likely due to inaccuracies in falls recording, a relatively short follow up period and possible contamination caused by the movement of staff between sites.

Improving the Practice of Nutrition Therapy in the Critically Ill: International Nutrition Survey (Dietetics)

Lead investigators: **McPhee M; Ganu P**: This study audited nutrition delivery and associated practices, benchmarking against other organisations globally and provide a ranking of nutrition care.

Motivational interviewing to increase physical activity after hip fracture (Ambulatory and Community Services)

Lead investigator: **O'Halloran P**. Associate investigators: **Taylor N, Shields N, Reed M, Wintle E**. This pilot randomised controlled trial investigated whether telephone-based motivational interviewing can help people living in the community after hip fracture improve levels of physical activity. Relative to usual care, the motivational interviewing group took significantly more steps per day, walked for longer per day, and had improved self-efficacy evidenced by being more confident about walking and not falling. The motivational interviewing group also improved on several dimensions of health-related quality of life and mental health. This study provided preliminary evidence that motivational interviewing can result in clinically meaningful improvements in physical activity and psychosocial outcomes for people recovering from hip fracture.

Menu delivery systems: Exploring their cost and impact on patient satisfaction with hospital foodservices

Lead investigators: **Ottrey E, Porter J**. Three types of menus – written, spoken and visual – were compared in a prospective pilot study in an Eastern Health medical ward. A mixed methods approach was employed to ascertain differences in patient satisfaction for each system. The intervention was delivered to 111 patients. Questionnaires were distributed to 49 patients, with 44 questionnaires returned (90% response rate). Interviews were conducted with a subset of 10 patients. Patients were highly satisfied with foodservice. No significant differences were found between the three systems for overall patient satisfaction for foodservice. Written menu were accepted by patients, however the spoken and visual menus supported increased patient knowledge. The spoken menu also enhanced the sense of care and attention towards patients. Many opportunities exist for future research in hospital menus and systems.

Experience of early supported discharge for stroke survivors (Ambulatory and Community Services)

Lead investigators: **Power L, Kennedy Jones M, Smith J, Wilson E**. This study aimed to understand and describe the subjective experience of participating in early supported discharge following stroke. Semi-structured interviews were conducted with 10 stroke survivors who had completed their rehabilitation in the early supported discharge program. Three themes emerged from the data: home embodies what I know, therapists and peers - the guides to my recovery, and my carer is part of my recovery. These themes revealed that early discharge home allows clients access to a meaningful context where client centred recovery can begin.

Overcoming barriers to improved long term outcomes in type 2 diabetes and prediabetes in community health (Ambulatory and Community Services)

Lead investigator: **Stanford J.** This study aimed to evaluate the effectiveness of a multi-disciplinary, community based diabetes management service. Over three years, 200 clients were recruited with 115 completing the 12 month program. The program demonstrated improvements in the health of participants with clinical data improving at the six month measurement for most indicators. Further, the evaluation has also support positive changes for staff and service provision resulting in a more effective and engaging services, better health outcomes and a more satisfied team.

The effectiveness of clinical supervision in allied health (Allied Health)

Lead investigator: **Snowdon D.** Associate investigators: **Millard G, Taylor N.** The effectiveness of clinical supervision was measured using the allied health-specific modified Manchester Clinical Supervision Scale. One hundred and ninety-six allied health professionals completed the survey. A significant difference exists between allied health professions in the effectiveness of clinical supervision with social workers, psychologists and occupational therapists reporting effective supervision, while the effectiveness of clinical supervision for physiotherapists, dieticians, podiatrists and speech-language pathologists was uncertain. All professions reported that clinical supervision was least effective in the normative domain, indicating that it was difficult to find time to participate in clinical supervision.

Overcoming barriers to improved long term outcomes in type 2 diabetes and prediabetes in community health (Ambulatory and Community Services)

Lead investigator: **Stanford J.** This study aimed to evaluate the effectiveness of a multi-disciplinary, community based diabetes management service. Clients (n=199) were recruited from those who had been referred to Yarra Valley Community Health for diabetes education with a diagnosis of newly diagnosed Type 2 diabetes or prediabetes. Statistically significant improvements were observed in body weight, waist circumference, BMI, HbA1c and fasting glucose at 6 months, and these benefits were maintained at 12 months.

Can Occupational Therapy hand therapy led clinics, have an impact on outpatient clinic flow, and improve patient functional status? (Occupational Therapy)

Lead investigator: **Tawse S.** Associate investigators: **Young N, Leong A, Harding K.** This project investigated the effectiveness of occupational therapy led hand therapy outpatient clinics as an alternative to management in traditional plastics outpatients clinics led by plastic surgeons. The results showed significant improvements in patient flow, including reductions in waiting time to see a clinician and overall time spent at the relevant clinic. There were no differences between groups in patient satisfaction, functional outcome or adverse events.

Research training

Bruder A. PhD (year 3). Exercise in the rehabilitation of fractures of the distal radius. La Trobe University, P/T

Clark I. PhD (year 3). Music's influence on the physical activity levels of older adults in health-care settings. La Trobe University, P/T

Dennett A. PhD (year 1). Physical activity and rehabilitation for cancer survivors. La Trobe University, F/T

Donley E. PhD (year 2). Risk assessment and management in the emergency department of psychiatric patients following a mental health crisis. Monash University, P/T

Emmerson K. Masters by Research (year 2). Using video based home exercise programs for patients after stroke. La Trobe University, P/T

Hawke L. Masters of Clinical Rehabilitation (Neurological Physiotherapy) (year 2). Flinders University, P/T

Joy, A. Master of Advanced Occupational Therapy (year 2). La Trobe University, P/T

Kaminski M. PhD (year 3). Risk factors of foot ulceration in people with end-stage renal disease on dialysis. La Trobe University, F/T

Lockwood K. PhD (year 2). Home assessment visits for people recovering from hip fracture. La Trobe University, F/T

Morris M. Masters of Clinical Rehabilitation (Neurological Occupational Therapy) (year 2). Flinders University. P/T

Ottrey E. PhD (year 1). Monash University, F/T

Power L. Master of Occupational Therapy Practice (year 2). La Trobe University, P/T

Sekhon J. Post Graduate Diploma in Health Research Methodology (year 1). La Trobe University, P/T

Snowdon, D. Masters by Research (year 1). Clinical supervision in allied health. La Trobe University, P/T

Yap R. Graduate Diploma in Neurological Rehabilitation (year 1). University of Western Australia. P/T

Wallis J. PhD (year 3). Osteoarthritis: exercise and physical activity. La Trobe University, P/T

Whittaker S. Masters of Clinical Rehabilitation (Neurological Occupational Therapy) (year 2). Flinders University, P/T

Publications for period 1 January 2015 to 31 December 2015

Journal articles

1. **Brusco N, Watts J, Shields N, Taylor N.** Is cost effectiveness sustained after weekend inpatient rehabilitation? 12 month follow up from a randomized controlled trial. *BMC Health Services Research* 2015;15:165.
2. Clark I, Baker F, Peiris C, **Shoebridge G, Taylor N.** The Brunel Music Rating Inventory-2 is a reliable and valid instrument for older cardiac rehabilitation patients selecting music for exercise. *Psychology of Music* (in press).
3. Clark I, **Taylor N**, Baker F. The modulating effects of music listening on health related exercise and physical activity in adults: A systematic review and narrative synthesis. *Nordic Journal of Music Therapy* (in press).
4. **Collins J, Porter J.** The effect of interventions to prevent and treat malnutrition in patients admitted for rehabilitation: a systematic review with meta-analysis. *Journal of Human Nutrition and Dietetics* 2015;28(1):1-15.
5. **Dallimore S, Kaminski M.** Tendon lengthening and fascia release for healing and preventing diabetic foot ulcers: a systematic review and meta-analysis. *Journal of Foot and Ankle Research* 2015;8:33.
6. Darzins S, Imms C, Shields N, **Taylor NF.** Responsiveness, construct and criterion validity of the Personal Care-Participation Assessment and Resource Tool (PC-PART). *Health and Quality of Life Outcomes.* 2015;13:125.
7. **Davenport S, Arnold M, Hua C, Schenck A, Batten S, Taylor N.** Physical Activity Levels During Acute Inpatient Admission After Hip Fracture are Very Low. *Physiotherapy Research International* 2015;20(3):174-81.
8. **Dennett A, Taylor N.** Machines that go "ping" may improve balance but may not improve mobility or reduce risk of falls: a systematic review. *Journal of Rehabilitation Medicine* 2015;47(1):18-30.
9. **Donley E.** Psychiatric Assessment in the Emergency Department: A consumer perspective of risk assessment following a suicide attempt or deliberate self-harm. *Emergency Medicine and Health Care* 2015;3:1.
10. **Donley E.** Impact of National Emergency Access Targets (NEAT) on psychiatric risk assessment in hospital Emergency Departments. *International Journal of Emergency Mental Health* (in press).
11. **Folan A, Downie S, Bond A.** Systematic Review: Is Prescription of Pressure-relieving Air Cushions Justified in Acute and Subacute Settings? *Hong Kong Journal of Occupational Therapy*, 2015;26:25-32.
12. Goodyear M, Hill T, **Allchin B, McCormick F**, Hine R, Cuff R, O'Hanlon B. Standards of practice for the adult mental health workforce: Meeting the needs of families where a parent has a mental illness. *International Journal of Mental Health Nursing* (in press).
13. Gorski M, **Scroggie G**, Haines T. Validity and reliability of the 20m run, horizontal leap and 4-bound tests measuring high level mobility in neurologically impaired patients. *Hong Kong Physiotherapy Journal* 2015;33:59-66.

14. **Guerra M, Singh P, Taylor N.** Early mobilization of patients who have had a hip or knee joint replacement reduces length of stay in hospital: A systematic review. *Clinical Rehabilitation* 2015;29(9):844-54.
15. **Harding K, Bottrell J.** Specific Timely Appointments for Triage (STAT) Reduced Waiting Lists in an Outpatient Physiotherapy Service. *Physiotherapy* (In press).
16. **Harding K, Robinson D, Grant M.** Old tool, new tricks? A new adaptation of the Modified Falls Efficacy Scale performs well as a global outcome measure in community rehabilitation. *International Journal of Therapy and Rehabilitation* 2015;22(1):11-19.
17. **Harding K, Shields N, Whiteside M, Taylor N.** 'A great first step into research': Stepping into Research is an effective and sustainable model for research training in clinical settings *J Allied Health* (in press).
18. **Kaminski M, Raspovic A, McMahon L, Erbas B, Landorf K.** Risk factors for foot ulceration in adults with end-stage renal disease on dialysis: study protocol for a prospective observational cohort study. *Journal of Foot and Ankle Research* 2015;8:53.
19. **Kaminski M, Raspovic A, McMahon L, Strippoli G, Palmer S, Ruospo M, et al.** Risk factors for foot ulceration and lower extremity amputation in adults with end-stage renal disease on dialysis: a systematic review and meta-analysis. *Nephrology Dialysis Transplantation* 2015;30(10):1747-66.
20. **Lai J, Porter J.** Dietary mobile apps and their effect on nutritional indicators in chronic renal disease: a systematic review. *Nephrology* 2015;20:744-51.
21. **Lawler K, Taylor N, Shields N.** Involving family members in physiotherapy for older people transitioning from hospital to the community: a qualitative analysis. *Disability and Rehabilitation* 2015;37(22):2061-69.
22. **Lockwood K, Taylor N, Harding K.** Pre-discharge home assessment visits in assisting patients' return to community living: A systematic review and meta-analysis. *Journal of Rehabilitation Medicine* 2015;47(4):289-99.
23. **Mitchell H, Porter J.** The cost-effectiveness of identifying and treating malnutrition in hospitals: a systematic review. *Journal of Human Nutrition and Dietetics*(early online).
24. **O'Halloran P, Blackstock F, Shields N, Wintle E, Taylor N.** Motivational interviewing increases physical activity and self-efficacy in people living in the community after hip fracture: a randomized controlled trial. *Clinical Rehabilitation* (in press).
25. **Ottrey E, Porter J.** Hospital menu interventions: A systematic review. *International Journal of Healthcare Quality Assurance* (in press).
26. **Porter J, Kleve S, Polermo, C.** An exploratory study comparing two electronic portfolio approaches in undergraduate dietetic education. *Nutrition & Dietetics* 2015;(early online).
27. **Porter J, Wilton A, Collins J.** Mealtime interruptions, assistance and nutritional intake in subacute care. *Australian Health Review* (early online).
28. **Salter K, Musovic A, Taylor N.** In the first 3 months after stroke is progressive resistance training safe and does it improve function? A systematic review. *Topics in Stroke Rehabilitation* (in press).
29. **Snowdon D, Taylor N.** Effectiveness of clinical supervision of allied health professionals: a survey. *Journal of Allied Health* (in press).
30. **Snowdon D, Millard G, Taylor N.** Effectiveness of clinical supervision of physiotherapists: a survey. *Australian Health Review* 2015;39(2):190-6.
31. **Snowdon M, Peiris C.** Physiotherapy commenced within the first four weeks post spinal surgery is safe and effective: a systematic review and meta-analysis *Archives of Physical Medicine and Rehabilitation* (in press).
32. **Taylor N, Peiris C, Kennedy G, Shields N.** Walking tolerance of patients recovering from hip fracture: A phase I trial. *Disability and Rehabilitation* (in press).
33. **Tassone E, Tovey J, Paciepnik J, Keeton I, Khoo A, van den Veenendaal N, Porter J.** Should we implement mealtime assistance in the hospital setting? A systematic literature review with meta-analyses of current research. *Journal of Clinical Nursing* 2015;24:2710-21.
34. **van de Water A, Davidson M, Shields N, Evans M, Taylor N.** The Shoulder Function Index (SFInX): a clinician-observed outcome measure for people with a proximal humeral fracture. *BMC Musculoskeletal Disorders* 2015;16:31.
35. **Wallis J, Webster K, Levinger P, Singh P, Fong C, Taylor N.** The maximum tolerated dose of walking for people with severe osteoarthritis of the knee: a phase I trial. *Osteoarthritis and Cartilage* 2015;23:1285-93.

36. **Winkler R, Taylor N.** Do children and adolescents with mild traumatic brain Injury and persistent symptoms benefit from treatment? A Systematic Review. *Journal of Head Trauma Rehabilitation* 2015;30:324-33.
37. **Zheng C, Lynch L.** Effect of computer therapy in aphasia: a systematic review. *Aphasiology* (In press).

Conference including proceedings, papers, poster

International

1. **Dallmeijer A, Dodd KJ, Maltais DB, Taylor NF.** 2015. Muscle strength in cerebral palsy: current issues and development: a focused symposium. World Confederation for Physical Therapy, Congress 2015, May 1-4, 2015, Singapore.
2. **Peiris CL, Shields N, Watts J, Brusco N, Taylor NF.** 2015. Additional Saturday rehabilitation increases physical activity and patient engagement. World Confederation for Physical Therapy, Congress 2015, May 1-4, 2015, Singapore.
3. **Peiris CL, Shields N, Watts J, Brusco N, Taylor NF.** 2015. Little functional gain is made following discharge from inpatient rehabilitation but additional Saturday rehabilitation optimises outcomes: a randomised controlled trial. World Confederation for Physical Therapy, Congress 2015, May 1-4, 2015, Singapore.
4. **Taylor NF, Peiris C, Kennedy G, Shields N.** 2015. The maximum tolerated dose of walking after hip fracture is 6 minutes. World Confederation for Physical Therapy, Congress 2015, May 1-4, 2015, Singapore.

State/National

1. **Alchin B.** Parenting occupation and mental illness: new standards of practice. The 26th Occupational Therapy Australia National Conference, July 1-3, 2015, Melbourne.
2. **Balachandran S.** Sternal micromotion following cardiac surgery: a 3 month observational study. Smart Strokes Conference, September 2-4, 2015, Melbourne.
3. **Bertino S, Desai A, Corken M, Wilton A, Roberts M, Huang L, Osicka O, Dodson S.** Dietitians driving change through improving the evidence base for appropriate dialysate. Dietitians Association of Australia National Conference, May 13-16, 2015, Perth.
4. **Bourke C.** Occupational shifts and valuing carer peer support. The 26th Occupational Therapy Australia National Conference, July 1-3, 2015, Melbourne.
5. **Boyd J.** Challenging the Monday to Friday workforce- evaluation of an innovative seven day Occupational Therapy service in the acute setting. The 26th Occupational Therapy Australia National Conference, July 1-3, 2015, Melbourne.
6. **Boyd J, Downie S, Leong A, Terrington N, Joy A, Farley A.** What value does Occupational Therapy add? The development of a scope of practice document. The 26th Occupational Therapy Australia National Conference, July 1-3, 2015, Melbourne (poster)
7. **Boyd J, Leong A.** Extended scope of practice; where have we come from and where are we going. The 26th Occupational Therapy Australia National Conference, July 1-3, 2015, Melbourne.
8. **Brady J.** Ensuring quality documentation practice – a review of allied health practice. 11th National Allied Health Conference, November 9-11, 2015, Melbourne.
9. **Brady J.** Clinical prioritisation tools – to use or not to use? 11th National Allied Health Conference, November 9-11, 2015, Melbourne (poster).
10. **Brady J.** Inter-rater reliability of an inpatient prioritisation tool based on patient needs, not disorder Speech Pathology Australia National Conference, May 17-20, 2015, Canberra.
11. **Brusco N.** Are weekend inpatient rehabilitation services value for money? An economic analysis. 9th Health Services and Policy Research Conference December 7-9, 2015. Melbourne.
12. **Cherry JE, Brady J.** How do we know what we don't know? Using peer groups to support the non-clinical learning needs of speech pathologists. Speech Pathology Australia National Conference, May 17-20, 2015, Canberra.
13. **Cherry JE, Brady J.** Establishing peer groups to support the nonclinical learning needs of speech pathologists. Speech Pathology Australia National Conference, May 17-20, 2015, Canberra.

14. **Cherry JE, Johnson S, Briffa C.** Does blanket screening on a GEM ward work? Speech Pathology Australia National Conference, May 17-20, 2015, Canberra (poster).
15. **Collins J.** What's going on here? Factors influencing the implementation of a hospital nutrition intervention. 9th Health Services and Policy Research Conference December 7-9, 2015, Melbourne.
16. **Dallimore, S.** Tendon lengthening and Fascia Release for healing and preventing diabetic foot ulcers; a systematic review and meta-analysis. Australian Podiatry Association National Conference, May 6-8 May, 2015, Gold Coast.
17. **Dennett A, Taylor N.** Machines that go ping may improve balance but may not improve mobility or reduce risk of falls. Smart Strokes Conference, September 2-4, 2015, Melbourne.
18. **Downie S.** Allied health assistants and home environment interventions - an opportunity or threat for the occupational therapy profession? The 26th Occupational Therapy Australia National Conference, July 1-3, 2015, Melbourne.
19. **Downie S.** Extended scope models of allied health assistant practice & the impact of organisational culture. 11th National Allied Health Conference, November 9-11, 2015, Melbourne.
20. **Emmerson K.** Home Exercise Programs supported by video and automated reminders for stroke patients: A randomised controlled trial. The 26th Occupational Therapy Australia National Conference, July 1-3, 2015, Melbourne.
21. **Ferris A, Meltzer T.** Implementing sensory assessment and intervention practice to assist in managing behavioural and psychological symptoms of dementia (BPSD) in an acute aged mental health unit. The 26th Occupational Therapy Australia National Conference, July 1-3, 2015, Melbourne (poster).
22. **Folan A.** Is the prescription of air-relieving pressure cushions justified in acute and sub-acute settings? A systematic review. The 26th Occupational Therapy Australia National Conference, July 1-3, 2015, Melbourne.
23. **Joy A, Farley A, Wittaker S.** Grade two Occupational Therapy rotations: Service delivery impact and clinician perspectives. The 26th Occupational Therapy Australia National Conference, July 1-3, 2015, Melbourne.
24. **Joy A, Farley A, Wittaker S.** Grade two Occupational Therapy rotations: Service delivery impact and clinician perspectives. 11th National Allied Health Conference, November 9-11, 2015, Melbourne.
25. **Gauci T.** Developing the role of speech pathology in palliative and supportive care. 11th National Allied Health Conference, November 9-11, 2015, Melbourne (poster).
26. **Harding K, Bottrell J.** Specific Timely Appointments for Triage (STAT) Reduced Waiting Lists in an Outpatient Physiotherapy Service. 11th National Allied Health Conference, November 9-11, 2015, Melbourne.
27. **Harding K.** Reducing wait times for community rehabilitation: A controlled before and after trial. The 26th Occupational Therapy Australia National Conference, July 1-3, 2015, Melbourne.
28. **Harding K, Taylor N, Porter J, Thompson A, Donley E.** No time or low priority? Barriers to evidence based practice. 2014. 3rd Annual NHMRC Research Translation Faculty Symposium. November 12-13, Melbourne.
29. **Harding K.** Are waiting lists really inevitable in ambulatory services? A mixed methods study. 9th Health Services and Policy Research Conference December 7-9, 2015, Melbourne.
30. **Hocking A, Joubert L, Kerridge G.** Social work and interdisciplinary practice: evidence from a multi-site audit. 11th National Allied Health Conference, November 9-11, 2015, Melbourne.
31. **Joy A.** Clinicians' perceptions of grade two occupational therapy rotations in community rehabilitation. The 26th Occupational Therapy Australia National Conference, July 1-3, 2015, Melbourne.
32. **Kerridge G.** Illuminating redesign through shadowing. 11th National Allied Health Conference, November 9-11, 2015, Melbourne (poster).
33. **Kerridge G.** Illuminating redesign through shadowing. Redesigning Healthcare Symposium, May 7, 2015, Melbourne (poster).
34. **Kerridge G, Joubert, L.** Social Work and inter-disciplinary practice: evidence from a multi-site audit. 11th National Allied Health Conference, , November 9-11, 2015, Melbourne.
35. **Kerridge G, Cleak H.** Complex patients: Social workers' understanding of complexity in patient care. AASW National Symposium, November 27-28, 2015, Sydney.
36. **Kerridge G, Joubert L.** Evidencing Social Work in health and mental : a multi-site audit. AASW National Symposium, November 27-28, 2015, Sydney.

37. **Kostopoulos T.** Reaching for the stars – a social work development and leadership program. 11th National Allied Health Conference, November 9-11, 2015, Melbourne (poster).
38. **Lockwood K.** Pre-discharge home assessments in assisting patients return to community living- A systematic review and meta-analysis. The 26th Occupational Therapy Australia National Conference, July 1-3, 2015, Melbourne.
39. **Lockwood K.** Pre-discharge home assessment for patients following hip fracture: an audit. The 26th Occupational Therapy Australia National Conference, July 1-3, 2015, Melbourne.
40. **Morris A.** Moving towards the future of stroke rehabilitation – Early Supported Discharge Program. The 26th Occupational Therapy Australia National Conference, July 1-3, 2015, Melbourne.
41. **Morris A, Joy A.** Sexuality after stroke – What are we doing? Evaluating current practice as a metropolitan health service. Smart Strokes Conference, September 2-4, 2015, Melbourne (poster).
42. **Ottrey E, Porter J.** Menu ordering systems: Exploring their impact on patient satisfaction with hospital foodservices. 11th National Allied Health Conference, November 9-11, 2015, Melbourne.
43. **Peiris C.** Additional Saturday rehabilitation improves functional independence and quality of life in inpatient rehabilitation. 9th Health Services and Policy Research Conference December 7-9, 2015, Melbourne.
44. **Power L.** The experience of early support discharge for stroke survivors. Smart Strokes Conference, September 2-4, 2015, Melbourne.
45. **Porter J, Wilton A, Collins J.** Negative mealtime interruptions in hospitals: findings of a series of observational studies. 11th National Allied Health Conference, November 9-11, 2015, Melbourne (poster).
46. **Reinsfield L, Phillips N, Farley A, Smith K.** Examination of the benefits and challenges of implementing the SaeboFlex: An innovative approach to post-stroke upper limb rehabilitation. The 26th Occupational Therapy Australia National Conference, July 1-3, 2015, Melbourne.
47. **Ryan J, Dunning H.** A Creative Style of Spiritual Care. Spiritual Care Australia National Conference, 19-22 April 2015, Hobart.
48. **Salter K, Musovic, Taylor N.** In the first 3 months after stroke is progressive resistance training safe? Smart Strokes Conference, September 2-4, 2015, Melbourne (poster).
49. **Sekhon J, Rose M, Douglas J.** Speech pathologist, people with aphasia and rehabilitation service attributes that may affect speech pathology practice in addressing psychological well-being in people with post stroke aphasia. Speech Pathology Australia National Conference, May 17-20, 2015, Canberra.
50. **Smith J.** Early supported discharge: A rapid and intensive community based alternative to the traditional inpatient rehabilitation model for stroke survivors. Smart Strokes Conference, Melbourne, September 2-4, 2015, Melbourne.
51. **Smith K, Wittaker S.** The successful implementation of a SAebo-Oflex program to optimise upper limb motor recovery following stroke. Smart Strokes Conference, September 2-4, 2015, Melbourne (poster).
52. **Smith K, Whittaker S.** The successful implementation of a Saeboflex program to optimise upper limb motor recovery following stroke. The 26th Occupational Therapy Australia National Conference, July 1-3, 2015, Melbourne.
53. **Snowdon DA, Millard G, Taylor NF.** Effectiveness of clinical supervision of allied health professionals: a survey. 11th National Allied Health Conference, November 9-11, 2015, Melbourne.
54. **Stone C.** Every patient... every interaction... every time. Redefining the therapeutic principle to maximise inter-professional practice. 11th National Allied Health Conference, November 9-11, 2015, Melbourne (poster).
55. **Tawse S, Leong A, Boyd J.** Hand Therapy Led Clinics – First point of contact management following Hand Surgery. 11th National Allied Health Conference, November 9-11, 2015, Melbourne.
56. **Tawse S, Leong A, Boyd J.** Hand therapy led clinics- a change to post-operative management following hand surgery. The 26th Occupational Therapy Australia National Conference, July 1-3, 2015, Melbourne.
57. **Taylor NF, Harding K, Shields N, Whiteside M.** 2015. Stepping into Research: An Allied Health Research Training Program. 11th National Allied Health Conference, November 9-11, 2015, Melbourne.
58. **Terrington N.** Unifying acute occupational therapy services by defining scope of practice. The 26th Occupational Therapy Australia National Conference, July 1-3, 2015, Melbourne.
59. **Venn E, Brennan E, Porter J, Wilton A.** Supersnacks make for super care of oncology patients. Victorian Integrated Cancer Services Conference, May 11-12, 2015, Melbourne.

- 60. Wallis J.** The maximum tolerated dose of walking for people with severe osteoarthritis of the knee: a phase I trial. Connect Physiotherapy Conference, October 3-6, 2015, Gold Coast.
- 61. Young K.** Why volunteer? Identifying common themes for why older adults choose to work for a Volunteer transport service. The 26th Occupational Therapy Australia National Conference, July 1-3, 2015, Melbourne (poster).

Concluding statement

The research outputs from Allied Health staff in 2015 reflect the continued growth in quality and quantity of research activity among allied health clinicians. Our research themes of community integration, health service delivery and expanded roles for allied health continued to be a focus of research activity in 2015. We will also continue to build on our current research base through active promotion of research opportunities among allied health staff, provision of training and support for clinicians at all levels of research participation, and pursue opportunities for external funding to support future projects.

Contact Us

Allied Health Clinical Research Office

Level 2, 5 Arnold Street, Box Hill

P 03 90918874

E nicholas.taylor@easternhealth.org.au

E katherine.harding@easternhealth.org.au

E research@easternhealth.org.au

About Eastern Health

Eastern Health provides a comprehensive range of high-quality acute, sub-acute, palliative care, mental health, drug and alcohol, residential care, community health and statewide specialist services to people and communities that are diverse in culture, age, socio-economic status, population and healthcare needs. We deliver clinical services to more than 750,000 people through eight programs from 29 locations. Our services are located across 2816 square kilometres in the east – the largest geographical catchment area of any metropolitan health service in Victoria. We employ more than 9500 staff and volunteers, deliver more than 950,000 episodes of patient care each year and manage a budget approaching \$750 million.

Eastern Health is committed to building a culture of research and ensuring such research is embedded in everyday clinical practice and contributes to local, national and international research activity. This document forms part of the broader seventh annual Eastern Health Research Report reflecting the high-calibre research, commitment and strength of research programs across Eastern Health.

A hard copy of the 2015 Research Report (feature document) is available by contacting The Office of Research & Ethics on 9895 9551 or via download from www.easternhealth.org.au.

Readers note: Where projects are collaborative with our respective research partners, Eastern Health staff names are in bold.

