

Allied Health Research Report 2018

About Us

The Allied Health Clinical Research Office (AHCRO) at Eastern Health was established as a joint initiative between Eastern Health and La Trobe University, and is led by Professor Nicholas Taylor and Dr Katherine Harding. The Allied Health Clinical Research Office Research aims to promote, support and do clinical research. Senior Research Fellow Dr Judi Porter also works in conjunction with the AHCRO, based at the Angliss Hospital. The activities of AHCRO are guided by the Allied Health Research Committee, which has representatives from programs, allied health disciplines and our research active clinicians.

One of the major projects led by the Allied Health Clinical Research office, titled **“Improving access for ambulatory and community services”**, came to a successful conclusion in 2018. This four year project, funded by the National Health and Medical Research Council and Victorian Department of Health and Human Services, found that waiting times for subacute ambulatory and community health services were reduced by 34% by using an innovative new model of access and triage known as STAT (Specific Timely Appointments for Triage). The model was also found to be cost effective. Significant achievements were also made in translation of the research into practice, through development of resources and presentation of workshops that reached almost 200 clinicians and managers from 35 health services across Victoria. The work has also been shortlisted for the inaugural La Trobe University Excellence in Health Research and Translation Award, to be presented in March 2019.

The annual **Allied Health Research Forum** was held at Wantirna in May 2018, with guest speaker Professor Miranda Rose, Director of the Aphasia Lab and Principal Research Fellow at La Trobe University. She spoke about the importance of clinicians being involved with research and inspired the audience with her story of her career and passion for changing people’s lives. This event gave our clinician researchers the opportunity to display their posters and to participate in the 3 Minute Presentations.

The Allied Health Research Training Program **Stepping into Research**, which introduces clinicians to research by completing a systematic review, continues to be a highly successful research training opportunity offered by the AHCRO for Allied Health Clinicians. Discussions are underway to develop an online package of resources that will make this program accessible to health service providers beyond the boundaries of Eastern Health.

The AHCRO provides individual advice and research consultation and support for allied health clinicians looking to undertake research as well as supervision to higher degree research students. **In 2018 five candidates who completed their research at Eastern Health graduated with PhDs from La Trobe University:** Jason Wallis, David Snowdon, Andrea Bruder, Kylee Lockwood and Amy Dennett.

The AHCRO has continued to **enhance its communication strategy and online presence in 2018**. A Twitter feed (@EH_Research) launched in 2017 is being used to disseminate our research news and our website received a significant overhaul to include a broad range of information about our team and research interests as well as online resources related to specific projects. Facebook has also been used to facilitate the development of a community of practice as a tool for research translation.

This highly successful year has been topped off with several successful grant submissions that will drive our research program in 2019 and beyond. These include a National Health and Medical Research Council project grant (Chief Investigator Nick Taylor) to conduct a trial evaluating the effectiveness of motivational interviewing to improve mobility after hip fracture, as well as a Translating Research into Practice Fellowship and Eastern Health Foundation Grant (Katherine Harding) to continue work with the STAT model for access in triage in paediatric services and neurology outpatients respectively. The work of the AHCRO will also be enhanced by the addition of a new Grade 4 Allied Health Research and Translation Role to be added to the team in 2019.

Our team in 2018

The Allied Health Research Committee:

Nicholas Taylor	Professor of Allied Health EH (Chair)
Katherine Harding	Senior Research Fellow
Glenda Kerridge	Social Work
Anne Thompson	Acute and Aged Medicine Program
Jason Wallis	Physiotherapy
Sarah Dallimore	Podiatry
Alison Wilby	Psychology
Judi Porter	Dietetics
Euan Donley	Mental Health
Lauren Lynch	Speech Pathology
Rebecca Nicks	Occupational Therapy
Judy Bottrell	Physiotherapy
Peter Brann	Mental Health (CYMHS)

Research Office Staff 2018

Nicholas Taylor	Professor of Allied Health
Katherine Harding	Senior Research Fellow & AHCRO Manager
Judi Porter	Senior Research Fellow
David Snowdon	Project Officer (STAT Project NHMRC)
Annie Lewis	Project Officer (STAT Project NHMRC)
Anne Thompson	Project Officer (RFA program grant Eastern Health Foundation – La Trobe University)
Rebekah Beard	Project Officer (Metabolic Syndrome grant Eastern Health Foundation)
Amie Musovic	Physiotherapist (Hip Fracture RCT, Eastern Health Foundation – La Trobe University)
Joyce Ford	Physiotherapist (Hip Fracture RCT, Eastern Health Foundation – La Trobe University)
Vanessa Lyndon	Physiotherapist (Hip Fracture RCT, Eastern Health Foundation – La Trobe University)

Key Research Associates

Jessica Biesiekierski	Research Fellow, La Trobe University
Sandy Leggat	Professor, La Trobe University
Casey Peiris	Lecturer, La Trobe University
Nora Shields	Professor, La Trobe University
Jenny Watts	Associate Professor, Deakin University

Awards achieved 2018

The Times Higher Education for non-University and non-commercial research organisations latest global rankings indicate Box Hill Hospital is ranked at Number 2 in Australia and number 36 in the world for research excellence.

STAT Research Team Finalist, inaugural La Trobe University Excellence in Health Research and Translation Awards (to be awarded March 2019)

Katherine Harding Winner long presentation, Eastern Health Research Forum, 2018

Amy Dennett Winner short presentation, Eastern Health Research Forum, 2018

Kate Lawler 3MP People's Choice Award, 2018 Allied Health Research Forum

Andrea Bruder 3MP Winner 2018 Allied Health Research Forum

Jason Wallis Winner Nancy Millis Medal for outstanding thesis, La Trobe University, 2018

Andrea Bruder Winner Nancy Millis Medal for outstanding thesis, La Trobe University, 2018

David Snowdon Winner Nancy Millis Medal for outstanding thesis, La Trobe University, 2018

Jessica Tuck Winner of the award for best presentation from Allied Health/Nursing, Australasian Delirium Conference, Melbourne, September 2018.

Melanie Haley Winner of best poster award, Australasian Delirium Conference, Melbourne, September 2018.

Hannah Mitchell and Emma Armstrong Winner of best poster award, Dietitians Association of Australia Conference, Sydney, May 2018.

Notable Funding 2018

Chief Investigator: **Taylor NF**. Associate Investigators: Shields N, O'Halloran P, Watts J, **Hau R, Porter J, Peiris C** NHMRC Project Grant (1157529). Motivational Interviewing to increase walking in community-dwelling older adults after hip fracture (\$826,846.86). 2019-2022.

Chief Investigator: **Harding KE**. Associate Investigators: **Carney P, Taylor NF, Lewis A**. Eastern Health Foundation Grant. Specific Timely Appointments for Triage: An innovative approach to reduce wait times. Can it work in Acute Specialist Clinics? (\$28,265). 2019.

Chief Investigator: **Carney P**. Associate Investigators: **Harding KE, O'Brien T**. Eastern Health Foundation Grant. Delivery of a first seizure clinic in the 21st century: A pilot study of an optimised first seizure service delivered to remote and rural areas using telemedicine (\$28,431). 2019.

Chief Investigator: **Harding KE**. MRFF Translating Research into Practice (TRIP) Fellowship GNT 1168409. Translating evidence to improve access to paediatric therapy services (\$181,066). 2019-2020

Chief Investigator: **Mitchell H**. Associate Investigators: **Garg M, Porter J, Gibson PR, Barrett J**. Eastern Health Foundation Grant. Evaluation of long term outcomes of the FODMAP diet for patients with irritable bowel syndrome (\$30,000) 2019.

Research projects in progress in 2018

Sustainability and Let's Talk (Mental Health Services)

Lead investigator: **Allchin B.** Eastern Health research partner: **Cripps G.**

This participatory study follows up on Adult Mental Health Services involved in the Developing an Australian-first recovery model for parents in Victorian mental health and family services looking at sustainability of the Let's Talk intervention. Phase 2 follows up practitioners trained during the RCT trial and the organisation's capacity to support the practice. Phase 3 is a case study exploring what has enabled sustained practice and capacity within an Adult Mental Health Service. This study has local research partners in each Adult Mental Health Service involved.

Pilot study evaluating a brief screening tool for Borderline Personality Disorder in the aged (Psychiatry and Clinical Psychology)

Lead Investigators: **Beaterson J, Broadbear J, Moss F, George K, Jayaram H and Roa S.** In the absence of validated screening tools for the detection of Borderline Personality Disorder (BPD) in patients over 65 years, we have developed a screening tool that reflects the changing symptomology of BPD during aging. We intend to be able to reliably detect BPD in elderly patients as a prelude to a more comprehensive evaluation. The tool will enable early detection of BPD facilitating staff preparedness and patient care.

The reliability of assessing diastasis of the rectus abdominus muscles after pregnancy (Physiotherapy)

Lead investigator: **Benjamin D;** Associate investigators: **Taylor N,** Shields N, Frawley H. The retest and inter-rater reliability of three clinical measures (finger-width, tape measure, calipers) of assessing separation (diastasis) of the abdominal muscles will be assessed in 50 women after birth. The validity of the clinical methods of assessment will be compared to the gold standard of ultrasound.

The fidelity and efficacy of eating disorders treatment

Lead Investigators: **Brann P. Allison L,** Price S.

The fidelity component of this study used a file audit methodology to examine a multistage sampling of young people receiving treatment for eating disorders in the child youth mental health service. The procedures used were checked against the characteristics central to the key treatment approaches used by the service. While the majority of treatment accorded with that expected, there were some important differences from evidence based practice that were contrary to that hypothesised. The next stage will examine connecting this data with outcomes to ascertain if results in specialised mental health services match those achieved in standalone eating disorder services.

Eating green: Exploring environmental sustainability of hospital food service (Dietetics)

Lead investigators: **Collins J, Porter J, Carino S.** This series of systems-level research projects aims to identify: how much food and food related waste is generated; how much does it cost; what are patients' perceptions of waste and; what are key stakeholders perceptions of the barriers and enablers to change. This comprehensive assessment of current practice will identify opportunities and strategies to improve the environmental sustainability of hospital foodservice. The expected outcome is the implementation of a change in policy and/or practice at a national/international level, which will benefit the environment and financial savings, allowing public funds to be redirected into patient care.

Evaluation of occupational therapists' clinical documentation of cognition in patients admitted to continuing care (Occupational Therapy)

Lead Investigators: **Curry S, Devlin A, Joy A, Farley A, Terrington N.** This project aims to ascertain the current practice of cognitive screening and assessments and the detail of documentation by occupational therapists in continuing care. This will assist in determining needs for future research in the development of clinical guidelines for cognition and documentation.

Feasibility of an acute oncology rehabilitation program (Integrated Services)

Lead investigator: **Dennett A;** Associate investigators: **Harding KE, Williams P.** This project aims to establish whether it is feasible to expand the existing oncology rehabilitation program to acute sites to reduce barriers to attending rehabilitation while people are undergoing active cancer treatment.

Transition to Senior Program: A two-year pilot evaluating a training program for mental health clinicians transitioning to crisis mental health services

Principal Investigator: **Donley E.** This project is evaluating a new model of preparing front line mental health staff prepare for a senior role with the CATT and ED mental health triage team.

Clinical outcomes of self-harm in child and youth mental health services

Lead investigator: **Gardiner I.** Associate investigators: **Mildred H, Brann P.** This project aims to explore themes in young people who self-harm compared to those who do not. Associations between diagnosis and treatment offered; treatment type and amount and other characteristics will be explored. Routine outcome measures will be used to examine if differential symptom change occurs prior to discharge.

Patient attitudes and perceptions about physical activity after knee joint replacement: a qualitative study (Community Rehabilitation Program/Physiotherapy)

Lead investigator: **Hawke L.** Associate Investigators: **Taylor N,** Shields N, Dowsey M, Choong P. People with knee osteoarthritis fail to meet minimal physical activity guidelines, which exposes them to an increased risk of cardiovascular disease. However, no studies have investigated what level of knowledge these people have about physical activity guidelines or whether physical activity is important to them. This study will explore patients' beliefs and perceptions to identify barriers to the uptake of physical activity after knee joint replacement.

Up and Active (Physiotherapy)

Lead investigators: **Haley M,** Lawler, K, Jasonides, A, Pendleton R, Pagram A, Albiston T, Parslow S, Sloan C. This observational study is testing the feasibility and effectiveness of a model of care in general medicine incorporating exercise groups and a focus on reducing functional decline.

Physiotherapy integrated motivational interviewing and smartphone technology to increase physical activity in individuals with low back pain: A cluster randomised trial (Physiotherapy)

Lead investigator: Holden J. Associate investigators: O'Halloran P, **Taylor N.** This cluster randomised control trial across 3 sites will find out if physiotherapists can embed motivational interviewing principles into their routine practice to improve the outcomes of people with low back pain. An innovative feature of this project has been the development of a smartphone app to assist physiotherapists with implementing motivational interviewing.

Effective clinical on-boarding as a tool to enhance service delivery and confidence in hospital-based occupational therapists (Occupational Therapy)

Lead Investigators: **Joy A, Farley A.** This project aims to qualitatively evaluate the on-boarding process for occupational therapists who have recently been employed at Eastern Health. Perceptions of levels of departmental organisation, perceptions of feeling welcomed and ability to undertake standard duties will be measured through a survey. Results will guide the local on-boarding practices for Occupational Therapy.

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 assist health care practitioners in providing a standardised approach to the assessment of dermal temperatures to ensure that clinical assessments are reliable and accurate in monitoring the progression of the Charcot foot.

Conducting community rehabilitation review sessions via videoconference: a feasibility study (Community Rehabilitation)

Lead investigator: **Manning R;** Associate Investigators: **Wundersitz C, Robertson J, Gregory J, Caelli A, Prause M.** Outer-eastern (Yarra Ranges Health and Angliss) Community Rehabilitation Program clinicians often do home visits for rehabilitation clients. Home visits may be located up to 60 km from the base. It is hypothesised that rehabilitation provided via videoconference may be a cost-effective, time-efficient alternative to providing face-to-face

rehabilitation for review appointments without adversely affecting client outcomes. The feasibility of using telerehabilitation for review sessions will be evaluated for 10 consecutive clients meeting eligibility criteria.

An interdisciplinary approach to identifying and referring those at risk of complicated grief (Social Work)

Lead Investigator: **Mohanu C**

This project is evaluating the impact of an education package developed to improve staff competency and confidence in assessing individuals who may be at risk of developing severe and prolonged grief related symptoms, known as “complicated grief”. It is hoped that the findings of the project will inform ongoing initiatives to improve our response to families at risk of developing this condition.

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

Lead investigator: **Moritz T**; Associate Investigators: **Snowdon D, Harding K**. This project is exploring the barriers to the use of aquatic physiotherapy during inpatient rehabilitation for patients with a neurological diagnosis.

Study of doubly labelled water to develop international equations of total energy expenditure in the older elderly

Lead investigator: **Porter J**. Associate investigators: Truby H, Nguo K.

This study is contributing to addressing a fundamental gap in our knowledge for older adults: their energy requirements. Our team is obtaining pilot data on total energy requirements in the older elderly (80 years and over) using the gold standard doubly-labelled water method in order to develop predictive energy equations.

The use of Good Clinical Care guidelines on the treatment of young people with Borderline Personality Disorder.

Lead Investigator: Selagea, H, Associate Investigators: **Brann, P, Stewart, B**.

In an effort to improve treatment results for young people with Borderline Personality Disorder, guidelines derived from best practice were implemented across the Child Youth Mental Health Service. Phase one of this study has been completed; a review of the methods used for assessing both the content of clinical guidelines for this population as well as a review of methods for assessing compliance with guidelines. Phase two is currently underway; exploring the impact of the release of the guidelines on clinical behaviour in a repeated measures design matching for clinicians.

What components of clinical supervision are effective for supporting physiotherapists in their professional role? (Physiotherapy)

Lead investigators: **Snowdon D, Cooke S**. Associate investigators: **Scroggie G, Williams K, Lawler K, Taylor N**. This qualitative project will interview physiotherapists to explore their perceptions about clinical supervision. Analysis will be completed using an interpretative description approach.

Understanding metabolic syndrome in the community (Community Rehabilitation)

Lead investigators: **Taylor N**, Peiris C, Shields N, **Gilfillan C, Porter J, Wilson E, Harding K**. Approximately one quarter of the world's adults have metabolic syndrome. This research will assess the prevalence of metabolic syndrome in people attending community rehabilitation (n=200) and will compare health literacy and physical activity levels of those with and without metabolic syndrome. Results will impact the way interventions are designed and delivered.

The feasibility of prescribing a walking program to improve physical functioning of people living in the community after hip fracture: a phase II randomised controlled trial

Lead investigators: **Taylor N**, Shields N, **Harding K**, Peiris C, Prendergast L, O'Halloran P, **Hau R, Kennedy G**, Brusco N, **Thompson A**. Hip fracture is a common and serious fracture affecting older Australians. After hip fracture many people have very low levels of physical activity. There is evidence that increasing physical activity has many health benefits, but is challenging for people after hip fracture due to pain, fatigue, psychological factors and comorbidities. This randomised controlled trial will determine whether actively prescribing 100 minutes of physical activity per week in addition to usual care is a feasible and effective intervention for improving health outcomes in this patient group.

Evaluating the impact of Collaborative Recovery Model (CRM) training on clinical, medical and peer staff knowledge, attitudes and skills (Mental Health Services)

Lead investigators: **Williamson P, Ong K, Dixon C**. This study will evaluate the Collaborative Recovery Model implementation across Eastern Health Mental Health Program. All clinical, medical and peer staff attending initial 3 day CRM training completed pre and post training measures to evaluate the impact of CRM training on staff knowledge, skills and attitudes, confidence and importance of implementing CRM and recovery-oriented practice.

Rehabilitation outcomes after proximal humeral fracture: monitoring progress using the Shoulder Function Index (SFInX) (Physiotherapy)

Lead investigators: **Wintle E, Taylor N, Martin E**, Shields N, van de Water A. This single group observational study aims to establish if the Shoulder Function Index (SFInX) can be used to assist in the decision-making process for physiotherapists when treating a client recovering from proximal humerus fracture.

Research projects completed in 2018

Enhancing social connections in a group pain management program

Lead Investigators: **Beaton P, Marshall S, Gokhale S**. The aim of this project was to identify social benefits to participants of an Allied Health led group pain management program. Improvements in social connections were common and can be summarised as: new social roles or activities; increased social skill and confidence; and increased social contact. Underlying mechanisms of social growth were identified as: increased fitness/function; improved mood and mindset; and greater opportunity and encouragement to socialise. Social activities associated with lasting social improvements included: attendance of a consumer run pain support group; engagement in group physical and leisure activities within the community; retraining and re-engagement in work and education.

The validity and reliability of a new routine outcome measure for the mental health of infants and pre-schoolers (Health of the Nation Outcome Scales for Infants –HoNOSI)

Lead Investigators: **Brann P**, Culjak G, Kowalenko N, Burgess P, Coombs T, Dickson, R.

The Australian mental health system has an agreed protocol for routine outcome measurement across all ages. However there is no measure addressing infants and pre-schoolers that has been agreed for use nationally. Eastern Health has participated in a long term project under the auspices of the Australian Mental Health outcomes Classification Network to develop such a measure, and has now entered the stage of validity and reliability testing. Concurrent validity was assessed with different clinicians applying a range of rating instruments on 108 infants across the country. Inter-rater reliability was assessed through vignettes rated by over 25 experienced infant mental health clinicians. While good concurrent validity and internal consistency were found, the reliability results were equivocal and require further exploration.

Do patients with a communication difficulty have a different experience of care when compared to patients without a communication difficulty? (Speech Pathology)

Lead Investigator: **Bruce C**. Associate researcher: **Lynch L**. The aim of this project was to understand if the care experience of consumers with communication disorders (CWCD) differs at Eastern Health from other consumers. CWCD were supported by Speech Pathologists to complete Eastern Health's Patient Experience of Care survey. The results of these patients (n=92) were compared to a sample of patients without communication difficulty (n=180), admitted to the same wards, during the same period of time. CWCD report significantly poorer experience of care score in 7/10 patient areas. In particular they experience their care to be less individualized, skilled and respectful compared with other consumers, and felt less involved in their healthcare decision than they wanted to be.

Motivational interviewing and oncology rehabilitation (Oncology Rehabilitation)

Lead investigator: **Dennett A**; Associate investigators: **Taylor N**, Shields N, Peiris C, O'Halloran P. This randomised controlled trial aimed to find out whether motivational interviewing provided in addition to oncology rehabilitation (n=24) was more effective than standard oncology rehabilitation (n=22) for improving physical activity as well as secondary outcomes including systemic inflammation, fatigue, mood, strength, walking capacity, self-efficacy and health related quality of life. There were no between-group differences for the primary or secondary outcomes. A small to moderate non-significant effect was observed for the motivational interviewing group having less sedentary time, more light intensity physical activity and taking more steps per day compared to the oncology rehabilitation only group.

Home exercise programs supported by video and automated reminders for patients with stroke: A qualitative analysis (Community Rehabilitation Program)

Lead investigators: **Emmerson K, Taylor N, Harding KE**. This study aimed to explore the patient experience of utilising smart technology to support an upper limb home exercise program post stroke, with focus on acceptance, feasibility, benefits and barriers. It demonstrated that smart technology is increasingly accessible and provides a novel, convenient way to provide home exercise programs post stroke with a number of benefits. This technology is not for everyone, but may be well suited to patients who already own and use these devices in daily life.

A resource analysis of the use of electronic tablets for home exercise prescription in rehabilitation (Community Rehabilitation Program)

Lead investigators: **Emmerson K, Taylor N, Harding KE, Fong C**. This study aimed to explore resources (time and physical) required to provide home exercise programs in either electronic format, or in standard, paper-based format. A total of 128 home exercise programs were provided to 110 clients, with 36 of these reviewed at least once. There were small but statistically significant cost savings from using technology for the initial prescription of home exercise programs.

Consumer engagement in assistive technology prescription (Occupational Therapy).

Lead investigators: **Farley A, Nicks R, Whittaker S**. A mixed methods study evaluating assistive technology prescription and the associated consumer perspective and satisfaction. Consumers who were prescribed shower stools or pressure care cushions by Occupational Therapists were included. A file audit and phone interviews were conducted with 30 participants. The majority of patients discontinued use of their assistive technology (95%) and patients were satisfied with a median rating of 10 (on a scale of 0-10). Participants reported varying levels of involvement in the prescription process, but this showed no relationship with participant satisfaction ratings.

Improving efficiency of referral triage for ambulatory pain management service for improved patient access and flow (Pain Management Program).

Lead Investigator: **Gokhale S, Paul E**. This project was aimed at addressing the issues related to referral access for the Eastern Health H Ambulatory Pain Service. Using the quality improvement methodology, brainstorming and root cause analysis were used to identify contributing factors, which were validated by looking at service data like waiting time, processing time trends and clinician confidence in processing referrals. Interventions were targeted at reducing waste by redesigning the referral process and increasing efficiency via development of a triage tool to aid in decision making. Results showed a 70% reduction in referral waiting times, 42% reduction in on task-time, and 56% increase in clinician confidence.

Addressing hoarding and squalor in a health care setting (Social Work)

Lead Investigator: **Hatzipashalis S**. Hoarding and squalor-related behaviours present serious safety issues to the individual and the general public. Eastern Health does not currently have a policy or process in place for staff to refer to when patients are identified with behaviours relating to hoarding and squalor. This project involved conducting a comprehensive literature review, the use of self-administered questionnaires to staff pre and post the delivery of a specialised education session and benchmarking seven hospitals in Melbourne. A final report with recommendations highlighted the importance of this area.

Evaluation of adherence to a cognitive assessment clinical practice guideline: an exploratory study (Occupational Therapy)

Lead investigators: **Joy A, Terrington N**. Associate researcher: **Grindon-Ekins K**. This project aimed to identify the cognitive assessment and screening tools used by occupational therapists in hospital settings, as well as identify the percentage of patients who underwent cognitive screening and assessment. Results showed an increase in the screening of patients for cognitive issues and adherence to the Occupational Therapy clinical practice guideline and recommended assessment screening tools. However, use of recommended detailed assessment tools did not improve.

Helping older people move: family-assisted therapy project (Ambulatory and Community Services)

Lead investigator: **Lawler K**; Associate researchers: **Taylor N**, Shields N. This pilot randomised controlled trial aimed to find out if engaging caregivers to provide therapy with clinician supervision for patients from the Transition Care Program can improve outcomes such as levels of physical activity, falls-related self-efficacy, health-related quality of life and caregiver strain. Thirty-five patients and 40 family members participated. The group receiving family-assisted therapy were observed to have a reduced falls rate and took more daily steps than the control group. There was a trend to reduced caregiver strain and qualitative analysis found a key benefit was the sense of empowerment gained by families.

Exploring the influence of the Eastern Health Child and Youth Mental Health Service “My Recovery” program on young people’s participation in life activities (Mental Health Services)

Lead investigators: Lentin P, Boyd M, Lucas J; Associate researchers: **Bourke C**, McKenzie J. This qualitative research explored the influence of the Child and Youth Mental Health Service Wellways ‘My Recovery’ Peer-led group program on young people’s participation in life activities.

Home assessment visits prior to discharge for patients after hip fracture: A health economics analysis (Occupational Therapy)

Lead Investigator: **Lockwood K**; Associate researchers: **Harding KE**, **Boyd J**, Brusco N, **Taylor N**. A randomised control trial evaluating the effectiveness of pre-discharge occupational therapy home visits for 77 patients after hip fracture. Home assessment visits by occupational therapists prior to hospital discharge for patients recovering from hip fracture reduced the number of readmissions to hospital, increased functional independence at 6 months and may have reduced the risk of falls in the first 30 days after discharge. An economic evaluation conducted alongside the trial demonstrated that the intervention is also likely cost effective in reducing falls early after discharge.

A new model of physiotherapy rehabilitation to improve outcomes after hip fracture (Physiotherapy)

Lead Investigator: **Senserrick C**, Associate researchers: **Taylor N**, **Kennedy G**, **Scroggie G**, **Williams K**, **Lawler K**. This randomised controlled trial (n=76) aimed to determine if three shorter physiotherapy sessions during rehabilitation helped patients to recover faster from hip fracture than the traditional model of one long session per therapy day. There were no significant differences between groups for the outcomes of mobility (De Morton Mobility Index) or function (Functional Independence Measure) after 14 days. Both models of physiotherapy rehabilitation were effective, tolerated by patients, and neither were associated with adverse effects.

Predicting rate of conversion from mild cognitive impairment to Alzheimer's disease dementia in a Cognitive, Dementia and Memory Service (Neuropsychology)

Lead investigator: **Shay L**, Franks K, Jackman A. This study aimed at developing a model and a clinical decision making tool that predicts the rate of conversion from amnesic Mild Cognitive Impairment (aMCI) to Alzheimer’s disease (AD) dementia, using measures that are easily accessible or readily used in the Cognitive, Dementia and Memory Service. A retrospective study reviewed 124 CDAMS clients diagnosed with MCI between 2012 & 2017. The model was unsuccessful in developing a decision making model of likely time to conversion to inform individualised review plan. However, current practice in CDAMS is consistent with the "Golden Standard" of review within one to two years for those with primary memory impairment. This is the most evidence based practice CDAMS can offer to clients and their families.

The effects of direct supervision of physiotherapists on therapist compliance with hip fracture clinical practice guidelines and patient outcomes post hip fracture (Physiotherapy).

Lead investigator: **Snowdon D**; Associate researchers: **Leggat S**, **Harding K**, **Scroggie G**, **Hau R**, **Darzins P**, **Taylor N**. This before-and-after observational study investigated the effects of direct supervision of physiotherapists on therapist compliance with hip fracture clinical practice guidelines and patient outcomes following operative repair of hip fracture. Data were collected from 290 patients with traumatic hip fracture. For patients treated by physiotherapists receiving direct supervision, compliance with early mobilisation improved from 9% to 35% on the day after surgery and from 32% to 68% by the second post-operative day. These patients also walked further on the fifth post-operative day with less assistance from therapists.

The optimal level of physical activity associated with improved physical functioning of people living in the community after hip fracture: an observational study (Allied Health)

Lead Investigator: **Taylor N**; Associate researchers: **Thompson A, Harding KE, Hau R, Kennedy G, Prendergast L, Shields N, Peiris C**. This observational study aimed to determine the optimum level of physical activity associated with improved function in 57 people who returned home after hip fracture. Measures of physical activity (activPAL accelerometer), physical function, walking confidence and quality of life were taken at baseline and after 3 months. Levels of physical activity were very low and remained low up to 8 months after fracture. Physical activity had little or no association with change in physical function, but walking confidence was a predictor of improved physical function. Interventions that address walking confidence after hip fracture may have the potential to positively influence improvement in physical function and warrant further testing.

Introduction and Evaluation of Upper Limb Assessment and Intervention Framework (Occupational Therapy)

Lead investigator: **Toal A**.

This project implemented and evaluated an evidence based framework for upper limb rehabilitation after stroke. The effectiveness of the framework was evaluated through a pre-post medical record audit. During the post intervention period, 75% of patients received an occupational therapy assessment of the upper limb. Of these, two thirds had an assessment reported covering all recommended domains, compared to less than 1% during the pre-intervention audit. Further work is ongoing to embed this framework into clinical practice so that all stroke survivors receive appropriate and timely assessments consistent with current evidence.

The occupational therapy role and practice with patients with delirium in the acute and sub-acute areas of Eastern Health (Occupational Therapy)

Lead investigators: **Tuck J**. Associate researchers: **Terrington N, Farley A**. It is important that patients with delirium receive safe and high-quality care consistent with the National Safety and Quality Health Service Standards. Following completion of an initial project to identify and understand current occupational therapy knowledge, practice and role in assessing and managing patients with delirium, this project aims to improve the early recognition of delirium and appropriate response by Occupational Therapy staff.

Osteoarthritis Hip and Knee Service (OAHKS) in community health setting compared to the hospital setting: a feasibility study (Physiotherapy)

Lead Investigators: **Wallis J, Gibbs A**. Associate researchers: **Taylor N, Roddy L, Hau R, Fong C, DeVos L, Durant K, Barton C**. An advanced musculoskeletal physiotherapist determines people's eligibility for total hip and knee replacement in the osteoarthritis hip and knee service (OAHKS). The aim of this project was to determine if this service can be provided in a community setting. From 94 patients attending OAHKS (43 community-based, 51 hospital-based), the community OAHKS setting had high satisfaction levels with patients and general practitioners, short waiting times for initial assessment [mean 17 days (SD 11)], short waiting times to begin non-surgical management [mean 32 days (SD 22)], with a much lower referral rate to orthopaedics [OR = 0.05 (95% CI 0.01 to 0.41)] compared to the hospital-based OAHKS. There were no adverse events. In this pilot study it was feasible to provide an OAHKS clinic in a community health setting led by an advanced musculoskeletal physiotherapist.

Evaluation of the use of an electronic daily handover tool by occupational therapy to support clinical service provision (Occupational Therapy)

Lead investigators: **Whittaker S**. Associate researchers: **Leong A, Farley A**. A universal guideline for Occupational Therapy within bed based services was developed to support improved clinical handover within the discipline. This project aimed to objectively measure the implementation of this handover process against local guidelines with reference to ACSQHC Standard 6 for Clinical Handover. Occupational Therapists perspectives regarding their confidence and the impact of the new processes on patient care were also explored.

Evaluation of occupational therapy practices for continuity of care in rehabilitation from bed based service to ambulatory and community models of care (Occupational Therapy)

Lead investigators: **Whittaker S, Joy A**. Associate researchers: **Farley A, Terrington N**. This project explored the continuity of care in rehabilitation between hospital and community settings. Upon discharge from inpatients, 93% of patients had ongoing occupational performance issues and that 94% of patients were not back at their premorbid

level of function. Within the sample, 66% of patients had ongoing OT goals at the time of discharge with 48% of these patients likely to have benefited from OT input within five days of discharge home. Less than half of these patients were referred to a community program for ongoing OT and based on the occupational performance gaps, 39% of patients were not referred when ongoing input was clinically indicated.

Research Training - Higher Degree Research Students (PhD or Masters by Research)

Allchin B. PhD (year 3). Sustainability and Let's Talk. Monash University. F/T.

Benjamin D. PhD (year 1). Diastasis of the rectus abdominus muscles (DRAM) during and after pregnancy. La Trobe University, P/T.

Coker F. PhD (year 1). Provision of additional allied health services for sub-acute across three health services. Monash University, F/T.

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

Dennett A. PhD (year 3). Physical activity and rehabilitation for cancer survivors living in the community. La Trobe University, F/T.*

Emmerson K. PhD (year 2). Using video based home exercise programs in rehabilitation. La Trobe University, P/T.

Gardiner, I. Clinical Doctorate. Clinical outcomes of self-harm in child and youth mental health services, Deakin University. F/T.

Hawke L. PhD (year 1). Increasing physical activity after lower limb joint replacement. La Trobe University, P/T.

Lawler K. PhD (year 3). What is the best model of care for providing physiotherapy in Australia's Transition Care Program? La Trobe University, P/T.

Lewis A. Masters by Research (year 1) STAT- Specific Timely Appointments for triage: An innovative approach to reduce wait times. Can it work in Acute Specialist Clinics? La Trobe University, P/T

Lockwood K. PhD (year 3). Home assessment visits for people recovering from hip fracture. La Trobe University, P/T (La Trobe University Scholarship)*

Mitchell H. PhD (year 1) The long-term outcomes of the FODMAP diet in patients with IBS. Monash University, F/T.

Ottrey E. PhD (year 3). Exploring mealtimes on subacute care wards using an ethnographic approach. Monash University, F/T.

Schwind S. Master of Clinical Rehabilitation (year 3). Flinders University. P/T.

Sekhon J. PhD (year 2). Speech pathology counselling practice with people experiencing post stroke aphasia. La Trobe University. P/T

Snowdon D. PhD (year 3). Clinical supervision in allied health. La Trobe University, P/T.*

Toal A. Master of Clinical Rehabilitation (year 2). Flinders University. P/T.

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

***Completed during 2018**

Publications for 2018 (calendar year)

1. Allan E, Najm A, Fernandes H, Allchin B. Participatory lived experience research: Barriers and enablers for social inclusion for people with psychosocial disability, in Afghanistan. *Intervention* 2018; 16(3):222-230.
2. Armstrong E, Jamieson R, Porter J. Food cooking methods contribute to the reduced vitamin C content of foods prepared in hospitals and care facilities: a systematic review. *International Journal of Food Science & Technology* 2018; [Epub ahead of print].
3. Baldwin CR, Harry AJ, Power LJ, Pope KL, Harding KE. Modified Constraint-Induced Movement Therapy is a feasible and potentially useful addition to the Community Rehabilitation tool kit after stroke: A pilot randomised control trial. *Australian Journal of Occupational Therapy* 2018; [Epub ahead of print].
4. Benjamin DR, Frawley HJ, Shields N, van de Water AT, Taylor NF. Relationship between diastasis recti of the abdominal muscles (DRAM) and musculoskeletal dysfunctions, pain and quality of life: a systematic review. *Physiotherapy* 2018; [Epub ahead of print].
5. Black EB, Fedyszyn IE, Mildred H, Perkin R, Lough R, Brann P, Ritter C. Homeless youth: Barriers and facilitators for service referrals. *Evaluation and Program Planning* 2018; 68:7-12.
6. Brady J, Harding K. Clinical judgement just as reliable as an explicit prioritisation tool: A comparison of three prioritisation approaches for inpatient speech pathology. *International Journal of Speech-Language Pathology* 2018; 20(2):57-61.
7. Brann P, Lethbridge MJ, Mildred H. The young adult Strengths and Difficulties Questionnaire (SDQ) in routine clinical practice. *Psychiatry Research* 2018; 264:340-345.
8. Coker F, Williams CM, Taylor NF, Caspers K, McAlinden F, Wilton A, Shields N, Haines TP. IMPACT: Investigating the impact of Models of Practice for Allied health Care in subacute settings. A protocol for a quasi-experimental mixed methods study of cost effectiveness and outcomes for patients exposed to different models of allied health care. *BMJ Open* 2018; 8(5):e020361-e020361.
9. Collins J, Adamski MM, Twohig C, Murgia C. Opportunities for training for nutritional professionals in nutritional genomics: What is out there? *Nutrition & Dietetics* 2018; 75(2):206-218.
10. Dennett AM, Peiris CL, Shields N, Prendergast LA, Taylor NF. Cancer Survivors Awaiting Rehabilitation Rarely Meet Recommended Physical Activity Levels: An Observational Study. *Rehabilitation Oncology* 2018; 36(4):214-222.
11. Dennett AM, Peiris CL, Taylor NF, Reed MS, Shields N. 'A good stepping stone to normality': a qualitative study of cancer survivors' experiences of an exercise-based rehabilitation program. *Supportive Care in Cancer* 2018; [Epub ahead of print].
12. Dennett AM, Shields N, Peiris CL, Prendergast LA, O'Halloran PD, Parente P, Taylor NF. Motivational interviewing added to oncology rehabilitation did not improve moderate-intensity physical activity in cancer survivors: a randomised trial. *Journal of Physiotherapy* 2018; 64(4):255-263.

13. Dewar SL, Porter J. The Effect of Evidence-Based Nutrition Clinical Care Pathways on Nutrition Outcomes in Adult Patients Receiving Non-Surgical Cancer Treatment: A Systematic Review. *Nutrition and Cancer* 2018; 70(3):404-412.
14. Emmerson K, Harding K, Taylor N. Providing exercise instructions using multimedia may improve adherence but not patient outcomes: A systematic review and meta-analysis. *Clinical Rehabilitation* 2018; [Epub ahead of print].
15. Emmerson KB, Harding KE, Lockwood KJ, Taylor NF. Home exercise programs supported by video and automated reminders for patients with stroke: A qualitative analysis. *Australian Journal of Occupational Therapy* 2018; 65(3):187-197.
16. Fernandes HL, Cantrill S, Shrestha RL, Raj RB, Allchin B, Kamal R, Butcher N, Grills N. Lived experience of psychosocial disability and social inclusion: A participatory photovoice study in rural India and Nepal. *Disability, CBR & Inclusive Development* 2018; 29(2):5-23.
17. Ghalayini G, O'Brien L, Bourke-Taylor HM. Recovery in the first six months after hand and upper limb burns: A prospective cohort study. *Australian Journal of Occupational Therapy* 2018; [Epub ahead of print].
18. Gibson S, Porter J, Anderson A, Bryce A, Dart J, Kellow N, Meiklejohn S, Volders E, Young A, Palermo C. Can clinical educators improve student learning and patient care in allied health? A systematic review. *Medical Education* 2018; [Epub ahead of print].
19. Harding KE, Leggat SG, Watts JJ, Kent B, Prendergast L, Kotis M, O'Reilly M, Karimi L, Lewis AK, Snowdon DA et al. A model of access combining triage with initial management reduced waiting time for community outpatient services: a stepped wedge cluster randomised controlled trial. *BMC Medicine* 2018; 16(1):182.
20. Harding KE, Robertson N, Snowdon DA, Watts JJ, Karimi L, O'Reilly M, Kotis M, Taylor NF. Are wait lists inevitable in subacute ambulatory and community health services? A qualitative analysis. *Australian Health Review* 2018; 42(1):93-99.
21. Hawke LJ, Shields N, Dowsey MM, Choong PFM, Taylor NF. Physical activity levels after hip and knee joint replacement surgery: an observational study. *Clinical Rheumatology* 2018; [Epub ahead of print].
22. Henderson KG, Wallis JA, Snowdon DA. Active physiotherapy interventions following total knee arthroplasty in the hospital and inpatient rehabilitation settings: a systematic review and meta-analysis. *Physiotherapy* 2018; 104(1):25-35.
23. Lawler K. Family-led rehabilitation after stroke may not improve patient outcomes compared to usual care [commentary]. *Journal of Physiotherapy* 2018; 64(1):59.
24. Leipold CE, Bertino SB, L'Huillier HM, Howell PM, Rosenkotter M. Validation of the Malnutrition Screening Tool for use in a Community Rehabilitation Program. *Nutrition & Dietetics* 2018; 75(1):117-122.
25. Lewis AK, Harding KE, Snowdon DA, Taylor NF. Reducing wait time from referral to first visit for community outpatient services may contribute to better health outcomes: a systematic review. *BMC Health Services Research* 2018; 18(1):869.
26. Lockwood K, Taylor, NF, Boyd, JN, Harding, KE. Reasons for readmission to hospital after hip fracture: Implications for occupational therapy. *British Journal of Occupational Therapy* 2018; 81:247-255.

27. Lockwood K, Harding K, Boyd J, Taylor N. Predischarge home visits after hip fracture: a randomized controlled trial. *Clinical Rehabilitation* 2018; [In press].
28. Marx W, Kelly JT, Crichton M, Craven D, Collins J, Mackay H, Isenring E, Marshall S. Is telehealth effective in managing malnutrition in community-dwelling older adults? A systematic review and meta-analysis. *Maturitas* 2018; 111:31-46.
29. Mitchell H, Porter J, Gibson P, Barrett J, M G. Implementation of a diet low in FODMAPs for patients with irritable bowel syndrome - directions for future research. *Alimentary Pharmacology & Therapeutics* 2018; [In press].
30. Nicks R, Letts L. Multiple functional assessments used by occupational therapists with older adults exist but psychometric properties vary. *Australian Journal of Occupational Therapy* 2018; 65(5):474-475.
31. Ottrey E, Jong J, Porter J. Ethnography in nutrition and dietetics research: A systematic review. *Journal of the Academy of Nutrition and Dietetics* 2018; 118(10):1903-1942.
32. Ottrey E, Palermo C, Huggins CE, Porter J. Exploring staff perceptions and experiences of volunteers and visitors on the hospital ward at mealtimes using an ethnographic approach. *Journal of Clinical Nursing* 2018; 27(7-8):e1571-e1579.
33. Ottrey E, Porter J. A qualitative exploration of patients' experiences with three different menu ordering systems in hospital: Implications for practice. *Nursing Standard* 2018; [In press].
34. Ottrey E, Porter J, Huggins CE, Palermo C. "Meal realities" - An ethnographic exploration of hospital mealtime environment and practice. *Journal of Advanced Nursing* 2018; 74(3):603-613.
35. Peiris CL, Shields N, Brusco NK, Watts JJ, Taylor NF. Additional physical therapy services reduce length of stay and improve health outcomes in people with acute and subacute conditions: An updated systematic review and meta-analysis. *Archives of Physical Medicine and Rehabilitation* 2018; 99(11):2299-2312.
36. Peiris CL, Taylor NF, Hull S, Anderson A, Belski R, Fourlanos S, Shields N. A group lifestyle Intervention program is associated with reduced Emergency Department presentations for people with metabolic syndrome: A retrospective case-control study. *Metabolic Syndrome and Related Disorders* 2018; 16(2):110-116.
37. Porter J, Beck E, Gallegos D, Palermo C, Walton K, Yaxley A, Volders E, Wray A, Hannan-Jones M. Moderation of a foodservice assessment artefact in nutrition and dietetics programs. *Nutrition & Dietetics* 2018; [Epub ahead of print].
38. Porter J, Nguo K, Gibson S, Huggins CE, Collins J, Kellow NJ, Truby H. Total energy expenditure in adults aged 65 years and over measured using doubly-labelled water: international data availability and opportunities for data sharing. *Nutrition Journal* 2018; 17(1):40-40.
39. Porter J, Ottrey E. Process evaluation of implementing protected mealtimes under clinical trial conditions. *Journal of Advanced Nursing* 2018; [Epub ahead of print].
40. Porter J, Wilton A. Professional identity of allied health staff. *Journal of Allied Health* 2018; [In press].

41. Robinson AG, Dennett AM, Snowdon DA. Treadmill training may be an effective form of task-specific training for improving mobility in people with Parkinson's disease and multiple sclerosis: A systematic review and meta-analysis. *Physiotherapy* 2018; [Epub ahead of print].
42. Sansonetti D, Nicks RJ, Unsworth C. Barriers and enablers to aligning rehabilitation goals to patient life roles following acquired brain injury. *Australian Journal of Occupational Therapy* 2018; 65(6):512-522.
43. Sara G, Brann P. Understanding the mechanisms of transgenerational mental health impacts in refugees. *The Lancet Public Health* 2018; 3(5):e211-e212.
44. Sexton B, Taylor N. To sit or not to sit? A systematic review and meta-analysis of seated exercise for older adults. *Australasian Journal on Ageing* 2018; [epub ahead of print].
45. Simmance N, Cortinovic T, Green C, Lunardi K, McPhee M, Steer B, Wai J, Martin T, Porter J. Introducing novel advanced practice roles into the health workforce: Dietitians leading in gastrostomy management. *Nutrition & Dietetics* 2018; [Epub ahead of print].
46. Snowdon D, Leggat SG, Harding K, Boyd J, Scroggie G, Taylor N. The association between effectiveness of clinical supervision of allied health professionals and improvement in patient function in an inpatient rehabilitation setting. *Disability & Rehabilitation* 2018; [Epub ahead of print].
47. Summers BE, Laver KE, Nicks RJ, Lannin NA. What factors influence time-use of occupational therapists in the workplace? A systematic review. *Australian Journal of Occupational Therapy* 2018; 65(3):225-237.
48. Taylor N, Harding K, Lynch L, Wallis J, Kerridge G, Wilby A, Joy A, Thompson A, Kaminski M, Sheats J et al. Evaluating the introduction of an allied health clinical research office at a health service on research participation, interest and experience of allied health professionals. *Journal of Allied Health* 2018; [In press].
49. Twohig C, Adamski M, Murgia C, Collins J. Nutritional genomics for nutrition professionals: who undertakes online training and are they more knowledgeable, confident and involved? *Nutrition & Dietetics* 2018; [epub ahead of print].
50. Young N, Terrington N, Francis D, Robinson LS. Orthotic management of fixed flexion deformity of the proximal interphalangeal joint following traumatic injury: A systematic review. *Hong Kong Journal of Occupational Therapy* 2018; 31(1):3-13.

Conference including proceedings, papers, poster

International

1. **Allchin B**, Fernandes H, Cantwell S. Building resilient communities: The importance of integrating mental health and wellbeing in effective development thinking and practice. *7th Micah Global Consultation*, Philippines September 2018.
2. **Dennett AM**. A good stepping stone to normality: experiences of an oncology rehabilitation program. *International Conference of Physical Therapy in Oncology*, Amsterdam, June 2018.
3. **Dennett AM**. Motivational interviewing added to oncology rehabilitation did not improve physical activity levels: a randomised controlled trial. *International Conference of Physical Therapy in Oncology*, Amsterdam, June 2018.

4. **Harding K.** Improving quality of care by reducing waiting time in outpatient services. *International Forum for Quality and Safety in Healthcare*, Amsterdam, May 2018.
5. **Ong K, Williamson, P.** Implementing the Collaborative Recovery Model in an Australian tertiary mental health service. *American Psychiatric Association IPS Mental Health Services Conference*, Chicago USA, October 2018.
6. **Porter J,** Nguo K, Gibson S, Huggins CE, **Collins J,** Kellow NJ, Truby H. The energy needs of adults aged 65 years and over using doubly labelled water: current evidence and opportunities for international data sharing. *International Symposium on Understanding the Double Burden of Malnutrition for Effective Interventions*. Vienna, December 2018.
7. **Porter J,** Nguo K, Gibson S, Huggins CE, **Collins J,** Kellow NJ, Truby H. Extending international access to doubly-labelled water data in older adults. *Nutrition Society UK*, Leeds, July 2018.
8. **Snowdon, D.** Peer review of physiotherapists managing patients with hip fracture can improve compliance with guidelines: a before-and-after observation study. *Canadian Association for Health Services and Policy Research Conference*, Montreal, May 2018.
9. **Snowdon, D.** Reducing waiting time in ambulatory and community health services: A Stepped Wedge Cluster RCT. *Canadian Association for Health Services and Policy Research Conference*, Montreal, May 2018.
10. Ukovic BM, **Breik L.** End unnecessary fasting (ENUF): An Australian nutrition day experience. *40th ESPEN Congress on Clinical Nutrition and Metabolism*, Madrid, September 2018.
11. van Veenendaal N, **Breik L.** Nutrition practices in general medicine results from Australian Nutrition Day participation. *40th ESPEN Congress on Clinical Nutrition and Metabolism*, Madrid, September 2018.
12. **Williamson P.** Sensory modulation optimises daily life when co-created by young people with mental ill health and their families. *17th WFOT Congress*, Cape Town, South Africa, May 2018.
13. **Williamson P.** & Wilkens S. Introducing a sensory modulation room in a community mental health setting in Australia. *17th WFOT Congress*, Cape Town, South Africa, May 2018.

Local/State/National

1. **Adamski M, Collins J,** Twohig C, Mugia C. Opportunities for training for nutritional professionals in nutritional genomics: What's out there? *Dietitians Association of Australia National Conference*, Sydney, May 2018.
2. **Armstrong E, Jamieson R, Porter J.** Vitamin C content of foods served in hospitals or aged care facilities is reduced secondary to food service models: a systematic review. *Dietitians Association of Australia National Conference*, Sydney, May 2018.
3. **Armstrong E,** Hassen S. Surgical Snapshot *AusPEN (Parenteral and Enteral Nutrition) Conference*, Sydney, Nov/Dec 2018.
4. **Armstrong E,** O'Connor J. Fibre Restricted Diet Codes *AusPEN (Parenteral and Enteral Nutrition) Conference*, Sydney, Nov/Dec 2018.
5. **Berlandier M, Collins J.** Cost and waste of supplements automatically provided to patients requiring a texture modified diet. *Dietetics Association of Australia National Conference*, Sydney, May 2018.
6. **Boyd J, Leong A.** Defining advanced practice roles for occupational therapy – A competency-based framework to work with. *Occupational Therapy Vic-Tas Regional Conference*, Melbourne, June 2018.
7. **Boyd J.** The OT role in delirium. *Australasian Delirium Conference*, Melbourne, September 2018.

8. **Brennan E, Collins J.** Are moulded texture modified meals the way to go? A pilot study to evaluate quality, implications for patients and food service. *Dietetics Association of Australia National Conference, Sydney, May 2018.*
9. **Brennan E, Collins J.** How do you achieve 100% patient meal satisfaction on a maternity ward? Provide a flexible food service model designed to meet the patients schedule and mums will love it! *Dietetics Association of Australia National Conference, Sydney, May 2018.* (poster)
10. **Bruce C, Lynch L.** Do patients with a communication difficulty have a different experience of care when compared to patients without communication difficulty. *Speech Pathology Australia National Conference, Adelaide, May 2018*
11. **Collins J, Brennan E, Porter J.** Nutritional adequacy and foodservice satisfaction of adults admitted to mental health wards. *Dietitians Association of Australia 35th National Conference Sydney, May 2018.*
12. **Dallimore S, St Ruth F.** Managing Foot Wounds, *Australian Podiatry Conference, Melbourne, April 2018.*
13. **Dewar S, Porter J.** Evidence based nutrition clinical care pathways: a systematic review of their effect on nutrition outcomes in non-surgical cancer patients. *Dietetics Association of Australia National Conference, Sydney, May 2018.*
14. Dixon C, Nunn M, **Williamson P.** Finding one's voice above the roar: The lived experience of training clinical and medical mental health staff in the collaborative recovery model. *The MHS Conference, Adelaide, August 2018.*
15. **Donley E.** Putting technology into practice: Bringing tele-psychiatry to the ED. *2018 Victorian Healthcare Association Annual Conference, Melbourne, August 2018.*
16. **Fellner Y, Tawse S.** The Evolution of Hand Therapy Clinics. *Australian Hand Therapy Association Conference, Melbourne, October 2018.*
17. **Gokhale S, Paul E.** Improving efficiency of referral triage for ambulatory pain management service for improved patient access and flow. *Australasian Lean Healthcare Summit Conference, Melbourne, May 2018.*
18. **Griffiths D, Kaminski M.** Duration of total contact casting patients with acute Charcot Foot *LEAP (Lower Extremity Amputation Prevention) Conference, Melbourne, October 2018.*
19. **Haley M.** Delirium Management: Let's get physical. *Australasian Delirium Conference, Melbourne, September 2018.* (Winner best poster)
20. **Harding K, Leggat S, Watts J, Kent B, Prendergast L, Kotis M, O'Reilly M, Karimi L, Snowdon D, Lewis A, Taylor N.** The STAT model improves access to sub-acute ambulatory and community health services: a stepped wedge randomised controlled trial. *7th Annual NHMRC Symposium on Research Translation, Sydney, November 2018.*
21. **Kerridge G.** "Making the invisible visible" *International Forum on Quality & Safety in Healthcare, Melbourne, September 2018.* (Experience day presentation)
22. Kerrigan K, **Haley M,** Sheerin S, Golder A. Allied Health Assistant (AHA) led exercise before Physiotherapy assessment was safe and feasible in GEM: A pilot trial. *Allied Health Assistant Day Monash Health, Melbourne, November 2018.*
23. **Lawler K.** Additional Saturday allied health services for GEM. *Australian Association of Gerontology Conference, Melbourne, November 2018*
24. **Lewis A.** Reducing waiting times in ambulatory care. *International Forum on Quality & Safety in Healthcare, Melbourne, September 2018.*

25. McCall A, Allchin B. "LET'S TALK" Approaches to implementation and sustainability, *'Best practice/Next practice: Working with families where a parent has a mental illness*, Melbourne, March 2018.
26. **McGrice M, Mitchell H.** Complex nutritional complications during pregnancy post bariatric surgery: a case report. *Dietitians Association of Australia National Conference*, Sydney, May 2018.
27. **Mitchell H, Armstrong E.** Low FODMAP and gluten free hospital menus - patient satisfaction levels and innovative interventions. *Dietitians Association of Australia National Conference*, Sydney, May 2018.
28. **Ottrey E, Porter J,** Huggins CE, Palermo C. "Meal realities" in hospital: Exploring mealtimes using an ethnographic approach. *Dietitians Association of Australia National Conference*, Sydney, May 2018.
29. **Pendleton R, Jasonides A, Lawler K, Sloan C, Pagram A, Albiston T, Parslow S, Haley M.** Up and Active. *Allied Health Assistant Day, Monash Health*, Melbourne, November 2018.
30. **Pinsent B, Armstrong E.** Bariatric Surgery: Bypassing Follow Up? *AusPEN (Parenteral and Enteral Nutrition) Conference*, Sydney, Nov/Dec 2018.
31. **Porter J, Brennan E, Wilton A.** Professional identity: how do dietitians compare with other allied health staff? *Dietitians Association of Australia National Conference*, Sydney, May 2018.
32. **Porter J, Haines T,** Truby H. Protected Mealtimes: results of a clinical trial and future directions. *Dietitians Association of Australia National Conference*, Sydney, May 2018.
33. **Porter J,** Neale E, Palermo C. Reviewing for peer reviewed journals: progressing from novice to expert. *Dietitians Association of Australia Conference*, Sydney, May 2018. (workshop)
34. **Porter J.** A National Fellowship: What Next? Guide to Applying for Research Fellowships Workshop, University of Newcastle. *Dietitians Association of Australia conference*, Sydney, May 2018. (workshop)
35. **Schneider C.** Implications of an ageing society for Gerontology Social Workers: A scoping review. *Australian Association of Gerontology Conference*, 21st - 23rd November 2018.
36. **Sexton B.** Seated Exercise for Older Adults. *Australian Association of Gerontology Conference*, Melbourne, November 2018.
37. **Slater S, Wade K, Collins J.** Volunteer mealtime practices in geriatric evaluation and management. *Dietitians Association of Australia National Conference*, Sydney, May 2018.
38. **Sullivan R, Harding K.** Speech Pathologists have a vital role in post stroke falls prevention in hospitals: a retrospective audit. *Speech Pathology Australia National Conference*, Adelaide, May 2018.
39. **Taylor N, Harding K,** Watts J, Kent B, **Lewis, A, Snowdon,** Leggat S. Staff perceptions of implementation of an access and triage intervention that reduced waiting time in ambulatory services. *7th Annual NHMRC Symposium on Research Translation*. Sydney, November 2018.
40. **Tuck J.** Family caregiver intervention improves outcomes for patients with delirium. *Occupational Therapy Australia Vic-Tas regional conference*, Melbourne, June 2018.
41. **Tuck, J.** Family intervention improves outcomes for patients with delirium. *Australasian Delirium Conference*, September 2018. (Winner best presentation)
42. **Twohig C, Collins J,** Murgia C, Adamski M. Nutritional genomics for nutrition professionals: who undertakes online training and are they more knowledgeable, confident and involved? *Dietitians Association of Australia National Conference*, Sydney, May 2018.
43. **White J.** Does cognitive retraining after stroke result in better everyday living? A systematic review and meta-analysis. *Occupational Therapy Australia Vic- Tas regional conference*, Melbourne, June 2018.

44. **Whittaker S, Rennison M.** Improving timely, efficient and meaningful clinical handover for occupational therapy within a large health network. *Occupational Therapy Australia Vic-Tas regional conference*, Melbourne, June 2018.
45. **Whittaker S.** Evaluation of occupational therapy practices for continuity of care in rehabilitation from bed based services to ambulatory and community models of care. *Occupational Therapy Australia Vic-Tas regional conference*, Melbourne, June 2018.
46. **Williamson P, Dixon C, Nunn M.** Ong K, Fraser F. Co-producing the Collaborative Recovery Model in an Australian Tertiary Mental Health Service. *The Mental Health Services (TheMHS) Conference*, Adelaide, August 2018.