

RESEARCH PROGRAM ACTIVITY REPORT

Allied Health – 2016

About Us

The **Allied Health Clinical Research Office** 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. Research activities receive direction through the Allied Health Research Committee. With representatives from programs, allied health disciplines and our research active clinicians, the committee aims to promote, support and do clinical research. As part of this emphasis on research promotion and training senior research fellow Dr Judi Porter has been appointed to work in conjunction with the Allied Health Clinical Research Office to increase the capability and capacity of Allied Health staff across all programs and to undertake collaborative translation research.

One of the major projects led by the Allied Health Clinical Research office, titled “**Improving access for ambulatory and community services**”, is funded by the NHMRC and led by Katherine Harding, assisted by project officers David Snowdon and Annie Lewis. The project aims to test whether a new approach to access and triage, known as STAT (specific and timely assessments for triage) can reduce waiting time in a range of ambulatory and community services without adversely impacting on other aspects of patient care.

Another major project has been **Improving outcomes after rehabilitation**; a collaborative program grant led by Nicholas Taylor and assisted by project officers Anne Thompson and Melissa Reed. This program is supported by Eastern Health Foundation and La Trobe University. This research aims to improve rehabilitation outcomes for people recovering from hip fracture and for cancer survivors attending oncology rehabilitation. A third significant piece of work, 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 and published by Katherine Harding, Lauren Lynch, Judi Porter and Nicholas Taylor.

As well as conducting research, the Allied Health Clinical Research Office has an important role in research promotion and research training. A major feature in 2016 was the **Allied Health Research Forum** held at Wantirna in May 2016, with guest speaker Professor Catherine Itsiopoulos, who spoke on her research on the Mediterranean diet. At this year’s forum, allied health clinicians also presented their work in the format of a 3 minute project competition. A quarterly newsletter and Twitter feed are also used to promote allied health research both within and beyond the borders of Eastern Health.

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 addition to formal training opportunities, the Research Office provides individual advice and research support for allied health clinicians looking to undertake research within their clinical areas as well as supervision to higher degree research students. In the last year, highlights included 38 publications and 36 conference presentations from allied health clinicians plus a number of higher degree completions. Imogen Clark was awarded her PhD in 2016 for her work on the role of music therapy to increase participation in older adults attending cardiac rehabilitation. Imogen’s outstanding thesis was recognised by being awarded with the Nancy Millis medal at La Trobe University.

Since its inception with a single professorial appointment in 2007, the Allied Health Clinical Research Office has grown to become a hive of research activity, employing multiple researchers and project officers, fostering

collaborations between local and international universities, and attracting over \$1,000,000 in research grant funding over the last two years.

Our team in 2016

The Allied Health Research Committee:

Nicholas 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

Research Office Staff 2016

Nicholas Taylor	Professor of Allied Health
Katherine Harding	Research Fellow & AHCRO Manager
Judi Porter	Research Fellow
David Snowdon	Project Officer (STAT Project)
Annie Lewis	Project Officer (STAT Project)
Amy Dennett	Project Officer (STAT Project)
Anne Thompson	Project Officer (RFA program grant)
Melissa Reed	Project Officer (RFA program grant)

Awards achieved 2016

Imogen Clark – Awarded Nancy Millis medal at La Trobe University for outstanding PhD thesis

Hannah Mitchell – Best poster, Eastern Health Research Week. “Meal rounds as a strategy to combat malnutrition in the clinical setting”.

Notable Funding 2016

Victoria Manning – Buddha Vihara Temple Research Grant, EH Foundation. Can novel computerised brain training reduce relapse amongst methamphetamine users?

Judi Porter – Box Hill Golf Club Research Grant, EH Foundation. Pilot study of doubly labelled water to develop international equations of total energy expenditure in the older elderly.

Research projects in progress in 2016

Social work interventions in cancer care: a quality assurance project (social work)

Lead Investigators: **Adcock G**, Araullo R, Pockett R, Hobbs K.

This multisite project involving hospitals in Victoria, NSW and Queensland, aims to improve understanding of the scope of oncology social work practice in hospital settings. The project is gathering data on the reason for referrals, the type of interventions provided and the outcomes of these interventions.

Reclaiming Occupation and Promoting its Value: A practical approach to preventing occupational dysfunction in hospitalised older patients (occupational therapy)

Lead investigators: **Bourke, J, Bradbury, J Reed R**

30-60% of hospitalised older adults experience deficits in their ability to participate in day-to-day activities during their hospital stay. An inability to participate in meaningful activity and roles in the hospital environment leads to occupational dysfunction. Utilising a pre and post mixed method design, this project aims to analyse the introduction of an occupational enhancement program as an effective strategy for hospitalised older patients to prevent occupational dysfunction and reduce the burden of care on the health care service.

Motivational interviewing and oncology rehabilitation (ambulatory and community services)

Lead investigator: **Dennett A**; Associate investigators: **Taylor N**, Shields N, Peiris C, O'Halloran P

This randomised controlled trial aims to find out whether motivational interviewing provided in addition to oncology rehabilitation is more effective than standard oncology rehabilitation for improving physical activity. It also aims to identify whether motivational interviewing can improve other outcomes such as systemic inflammation, fatigue, mood, strength, walking capacity, self efficacy and health related quality of life.

Implementation of tailored, multi-component knowledge translation intervention to increase the use of electrical stimulation to manage shoulder subluxation post stroke (occupational therapy)

Lead investigators: **Devlin A, Barr C, Terrington N, Joy A**. This study investigates the use of known knowledge translation strategies to improve adherence to an evidence-based stroke intervention.

The patient, their children, and the mental health ward (mental health)

Lead investigator: **Donley E**. Many patients treated on mental health wards are also parents. Little is known into how the parental role can continue during an inpatient stay, or how patients in this position feel about the continuation of their role as parents during this time. This qualitative study will explore the experiences of parents admitted for treatment of mental health conditions, including the strengths and weaknesses of the mental health ward for supporting parents who find themselves in this situation.

Reducing waiting time for ambulatory and community services (ambulatory and community services)

Lead investigators: **Harding K, Taylor N**; Associate investigators: Leggat S, Karimi L, Kotis M, **O'Reilly M**, Kearney J. 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.

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

Lead investigators: **Joy A, Terrington N, Grindon-Ekins K**. This pre and post study will investigate the use of cognitive assessment tools by Occupational Therapists and adherence with clinical practice guidelines.

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.

Helping older people move: the therapy with family project (ambulatory and community services)

Lead investigator: **Lawler K**; Associate researchers: **Taylor N**, Shields N

This pilot randomised controlled trial aims 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, self-efficacy, health-related quality of life and caregiver strain.

Home assessment visits prior to discharge for patients after hip fracture: A randomized controlled trial (occupational therapy)

Lead Investigator: **Lockwood K**; Associate researchers: **Harding K, Boyd J, Brusco N, Taylor N**

This randomised controlled trial aims to determine whether a pre-discharge occupational therapy home visit reduces readmissions, reduces anxiety, improves activity participation, and/or improves quality life in patients returning to the community after hip fracture. An economic evaluation of home assessment visits from a health service perspective will also be included.

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

Lead investigator: **Moritz T**; Associate Investigators: **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.

The efficacy of protected mealtimes in hospitalised patients (dietetics)

Lead investigator: **Porter J**. This stepped wedge cluster randomised controlled trial aims to determine the effect of implementing protected mealtimes on energy and protein intake of patients in subacute settings.

Exploring mealtimes on the subacute ward using an ethnographic approach (dietetics)

Lead investigator: **Porter J**; Associate researchers: **Ottrey E**, Huggins CE, Palermo C

This series of three qualitative studies aims to explore and understand mealtime culture, environment and social practice on the subacute hospital ward. How mealtime culture influences the implementation of a mealtime intervention will also be examined.

The association between perceived effectiveness of clinical supervision in allied health and patient functional outcomes (allied health)

Lead investigator: **Snowdon D**; Associate researchers: **Taylor N**, Leggat S. This observational study aims to explore the association between effective clinical supervision and improved functional outcomes during rehabilitation. More than 50 clinicians and more than 1,500 patients will be evaluated.

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**. This project is investigating the influence of communication difficulties on the incidence of falls in hospital.

An additional Saturday allied health service for Geriatric Evaluation and Management to reduce patient length of stay and increase functional independence (continuing care)

Lead Investigator: **Taylor N**; Associate researchers: **Darzins P**, Shields N, **Wilton A, Boyd J**, Peiris C, Brusco N, **Harding K, Raftis D, Ferraro J, Scroggie G**. This controlled before and after trial aims to determine whether providing a full additional Saturday allied health service in a GEM ward reduces patient length of stay and

increased the rate of improvement in functional independence. One ward will receive the additional service for 6 months and outcomes will be compared with a comparison ward and historical data.

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 K, Hau R, Kennedy G**, Prendergast L, Shields N, Peiris C. We do not know how physically active people recovering from their hip fracture should be. Therefore, before strategies are put into place to increase physical activity in this group, we need to work out the optimum level of physical activity to prescribe. This observational study will determine the optimum level of physical activity associated with improved function for people who have returned home after hip fracture.

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 observational study will monitor progress of patients referred to the Community Rehabilitation Program after proximal fracture of the humerus.

An integrated interdisciplinary approach to upper limb rehabilitation in stroke (occupational therapy)

Lead investigators: **Toal A, Joy A, Terrington N**. This study evaluates the implementation of a structured, interdisciplinary, evidenced-based approach to upper limb therapy for clients post-stroke.

Research projects completed in 2016

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? (occupational therapy)

Lead investigator: **Baldwin C**; Associate researchers: **Harding K, Wilkinson A, Pope K, Power L**. This pilot randomised control trial (n=19) aimed to evaluate the feasibility and outcomes of an adapted version of constraint induced movement therapy in a community rehabilitation setting for patients following stroke. Results suggested that the intervention group had a small increase in use of the affected arm in functional tasks at post intervention assessment when compared to the usual care group, but no other between group differences were observed. CIMT was found to be suitable for only a small percentage of stroke survivors, with very few people meeting eligibility criteria. However, it is a feasible treatment option for those who are appropriate and may help to increase use of the affected limb during activities.

A 7-day allied health service (occupational therapy and physiotherapy)

Lead investigators: **Boyd J, Bond A, Millard G**; Associate Investigators: **Harding K, Taylor N**. The aim of this mixed methods study was to evaluate the impact of clinical service provision changes to patient flow, length of stay and staff satisfaction with the implementation of a 7 day Allied Health service model for occupational therapy and physiotherapy in general medical wards. Following the changes to service delivery, discharges were observed to be more evenly distributed throughout the days of the week, most notable on Sunday and there was an observed reduction in length of stay by approximately 0.5 days per patient. Maintaining continuity of care and efficient management of handovers have been key challenges in the implementation of the 7 day service.

What is the inter-rater reliability of the newly developed speech pathology prioritisation tool?

Lead investigator: **Brady J**; Associate investigator: **Harding K**. This project compared the inter-rater reliability of triage decisions for speech pathology case scenarios by speech pathologists using three different decision tools. One group used a newly developed tool, one used a pre-existing tool and the third group used clinical judgement alone without the use of a formal tool. The inter-rater reliability was shown to be improved with the new compared to the old tool, but no better than the group relying on clinical judgement without written protocols.

Using an activity monitor to measure of upper limb movement (physiotherapy)

Lead investigator: Bruder A; Associate investigators: **Taylor N**, Shields N, Dodd K, **Hau R**, McClelland J, van de Water A. This study aimed to determine if commercially available activity monitors can be used to reliably and accurately measure upper limb movement in patients recovering from distal radius fracture. The first study found that for gross upper limb movement there were high levels of retest reliability and high levels of association with the gold reference standard, the Vicon. The second study indicated that patients with wrist fracture who received advice from a physiotherapist, may be just as active in upper limb activity as patients receiving prescribed exercise and advice. The study provided preliminary evidence that clinicians and researchers could use an activity monitor to monitor progress in patients recovering from wrist fracture.

Participant selected music and physical activity in older adults following cardiac rehabilitation (ambulatory and community services)

Lead investigator: **Clark I**; Associate researchers: **Taylor N**, Baker F, Peiris C, **Shoebridge G**

To evaluate effects of participant-selected music on older adults' achievement of activity levels recommended in the physical activity guidelines following cardiac rehabilitation. A total of 56 participants, were randomized to the experimental ($n = 28$) and control groups ($n = 28$). There were no differences between groups in proportions of participants achieving activity recommended in physical activity guidelines at Week 6 or 26. Secondary outcomes demonstrated between-group differences in male waist circumference and observed effect sizes favoured the experimental group for amounts of physical activity ($d = 0.30$), exercise capacity ($d = 0.48$), and blood pressure ($d = -0.32$). The results indicated that participant-selected music did not increase the proportion of participants achieving recommended amounts of physical activity, but may have contributed to exercise-related benefits.

What else is going on here? Exploring factors that influence hospital foodservice staff's capacity to deliver a nutrition intervention (dietetics)

Lead investigator: **Collins J**; Associate researchers: **Porter J**, Huggins C, Palermo C. This study aimed to explore foodservice staffs' experience delivering a high energy menu and enhanced mid meal service to subacute patients. Fifteen foodservice assistants and foodservice supervisors participated in focus groups and semi structured interviews, respectively. Theories of behaviour change and implementation research were used to understand what worked and didn't work. In particular, lack of time, existing rigid structures and processes, resistance from patients and knowledge gaps among staff were barriers to delivering a nutrition intervention. Teamwork, problem solving, leadership and job satisfaction were enablers. Many interacting factors can influence staff's ability to deliver an intervention as planned, and these need to be considered when implementing change.

A food and service based nutrition intervention for patients in subacute care (dietetics)

Lead investigator: **Collins J**; Associate researchers: **Porter J**, Huggins C, Truby H. This intervention study compared the effect of a high energy menu and enhanced mid meal delivery with the standard hospital menu, in addition to usual multidisciplinary care. In total 122 elderly subacute patients were recruited. We found that those receiving the intervention ate more and were satisfied with the foodservice. This study emphasises the important role of nutritious food and service at the bedside. Further research is required to determine the effects on clinical outcomes. The intervention came at a cost (monetary and time) to foodservice, and this was explored further in a qualitative study.

Oncology rehabilitation in Australia: a national survey (ambulatory and community services)

Lead Investigator: **Dennett A**; Associate researchers: **Taylor N**, Shields N, Peiris C, **Morgan D**

This national survey found that there are only 31 oncology rehabilitation services in Australia, including the service provided at Eastern Health. The second main finding was the exercise component of these programs is often guided more by patient preference and clinician assessment rather than based on guidelines. Despite evidence to support oncology rehabilitation, there are few programs in Australia and there are challenges that limit it becoming part of standard practice. Programs that exist are multidisciplinary with a focus on exercise with the majority of programs following a cardiac rehabilitation model of care.

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

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 (SGA); QoL using the Food Enjoyment in Dialysis (FED) 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 (DASS21); and health literacy using Health Literacy questionnaire. Measurement of Quality of life was found to be useful in identifying factors contributing to reduced QoL in dialysis patients. The FED questionnaire in combination with the Subjective Global Assessment (SGA) and intake assessment provided better indication of nutritional status, which enabled tailored dietary education.

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

Lead investigator: **Donley E**. This project explored consumer experiences of psychiatric assessment in the ED. Twenty participants assessed presenting to the ED following a suicide or deliberate self-harm (DSH) attempt, completed an anonymous online mixed method questionnaire. Participants reported an overall improvement in mood and expressed a positive view of the quality of service from the ED psychiatric team. Most helpful to participants was being listened to, not feeling judged, and having time to talk. What they found unhelpful was the lack of a private area for assessment, feeling 'labelled', and at times a lack of individual focus.

Evaluation and implementation of a tele-psychiatry trial in the emergency department of a metropolitan public hospital (mental health)

Lead Investigator: **Donley E**. Tele-psychiatry via video conferencing is not new to mental health but has been expanding at a rapid rate over recent years. Initially introduced to service remote and rural communities, it is now being utilised in other health settings due to increasing patient demand and cost effectiveness. This mixed methods study examined the experiences of 44 participants from both clinical and patient perspectives using tele-psychiatry in the Emergency Department. For those mental health consultations considered appropriate for tele-psychiatry, participants generally reported a positive experience. They were satisfied with the assessment, felt well-informed of the benefits and risks of tele-psychiatry assessment, and most did not feel disadvantaged by not having a face to face assessment. Most reported feeling happy to participate in another tele-psychiatry assessment if required, and no adverse events were recorded. There were some technological issues experienced, and some patients reported a perception that rapport was impacted slightly. Tele-psychiatry did reduce waiting times, staff resources, and was cost effective.

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. A total of 62 participants with stroke were allocated to the intervention ($n = 30$) and control groups ($n = 32$). There were no differences between the groups for measures of adherence (mean difference 2%, 95% CI -12 to 17) or change in the Wolf Motor Function Test log transformed time (mean difference 0.02 seconds, 95% CI -0.1 to 0.1). There were no between-group differences in how participants found instructions ($p = 0.452$), whether they remembered to do their exercises ($p = 0.485$), or whether they enjoyed doing their exercises ($p = 0.864$). This trial demonstrated that the use of smart technology was not superior to standard paper-based home exercise programs for patients recovering from stroke.

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**. This study evaluated a new model of care for patients presenting to the emergency department at Box Hill Hospital with hand injuries, requiring referral to hand therapy. The new model enabled these patients to be directly booked into hand therapy without first having a plastics clinic appointment. The model was trialled with 25 patients and the experience compared with 25 patients using the traditional model.

Mean time from ED presentation to assessment by a specialist (hand therapist or plastics doctor) reduced from 6.2 to 2.6 ($p < 0.01$) days in the intervention group with no adverse impacts on clinical outcomes.

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

Lead investigators: **Harding H, 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 was completed to evaluate research interest, experience and confidence. Allied health professionals were surveyed using the Research Spider tool in 2007 and 2015. A total of 377 surveys were returned. Overall, allied health professionals rated themselves as having 'some research interest' with no significant difference from 2007 to 2015 ($p = .111$). Overall, allied health professionals rated themselves as having 'little research experience' with no change from 2007 to 2015 ($p = .509$). Allied health professionals with at least some research interest reported increased experience of critically reviewing literature ($p = .045$) and finding relevant literature ($p = .009$), and a trend to increased experience of publishing research ($p = .059$) in 2015. The proportion of allied health professionals who classified themselves as participating research had increased from 41% in 2007 to 51% in 2015 ($p = .028$). Despite these positive changes most allied health professionals still have little research experience and only some interest in research.

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 researchers: **Taylor N, Harding K, Bowes A, Miller S, Wallis J, J Robertson.** This study aimed to determine whether a short-term outpatient orthopaedic exercise group with a focus on graduated functional exercise improved function and self-reported physical activity post hip or knee joint replacement. A case series of 79 participants referred to a six-week outpatient orthopaedic exercise group post total hip or knee replacement were evaluated. Fifty-four participants completed the study. All functional measures improved significantly at both discharge from the program and six-week follow up. Self-reported activity levels improved significantly at discharge but not at the six-week follow up. Mean changes for all functional measures exceeded the minimal clinically important difference. A group exercise program with a focus on functional rehabilitation may have improved performance in functional measures and self-reported activity levels post hip and knee joint replacement.

Clinical document audit of patient weights in Eastern Health Bed Based Services (dietetics)

Lead Investigator: **Jamieson R**; Associate Investigator: **Wilton A.** This audit explored the documentation and practices related to recording of patient weights in patients admitted to Eastern Health bed based services. As a result of audit findings, a new Eastern Health policy (Policy 2989) and practice guideline were developed and implemented.

The 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 investigators: **Joy A, Carey L, D'Cruz K.** This study mapped the current state of clinical supervision for Occupational Therapists working in rehabilitation to investigate this potential platform for supporting evidence-based practice. Findings from the survey indicated that clinical supervision was used on some occasions to support knowledge translation, but this was variable. Competing demands and a lack of direction detracted from the efficiency of clinical supervision as a knowledge translation strategy. One quarter of the respondents were unable to identify clinical practice guidelines to guide their day-to-day practice. Importantly, all clinician respondents identified that they were motivated to participate in evidence-based practice with a desire to elicit the best clinical outcomes for patients. Four main themes emerged from the journaling task: finding supervision beneficial; competing demands of supervision; supporting professional development; and evidence-based practice. Overall clinicians valued their participation in formal clinical supervision.

Validation of the Malnutrition Screening Tool (MST) for use in the Eastern Health Community Rehabilitation Program (dietetics/ambulatory and community services)

Lead Investigators: **Leipold C; Bertino S; L'Huillier H.** Associate Investigators: **Howell P, Rosenkotter M.**

The aim of this study was to determine if the MST is a valid screening tool to be used within the Community Rehab program (CRP) setting. A cross sectional study of 160 CRP clients compared the MST completed by an allied health clinician during initial needs screening with a Subjective Global Assessment (SGA) completed by an experienced dietitian. It was found that the MST had a sensitivity of 72% which was comparable to other studies validating the MST and has acceptable diagnostic accuracy for the population's needs. It also had a high specificity of 84% which would help prevent a large number of inappropriate referrals. In addition, secondary findings were total malnutrition prevalence of 34% in CRP clients and statistically significant findings that malnutrition was more likely to be present in those who were older and who had a lower body mass index (BMI). Overall it is deemed that the MST is valid for use in CRP and it has been recommended for addition to the updated CRP initial needs screening assessment.

Factors predicting completion of a pre-discharge home assessment visit for patients following hip fracture (occupational therapy)

Lead investigator: **Lockwood K**; Associate investigators: **Taylor N, Harding K, Boyd J**

The aim of this study was to investigate the rate of pre-discharge home visits by occupational therapists for patients following hip fracture and explore factors associated with their occurrence. A retrospective cohort study including 293 patients admitted to a metropolitan health service following hip fracture. Multi-variate logistic regression was used to identify significant variables associated with receiving a home visit. Home visits were conducted by occupational therapists for 28% of patients admitted from a private residence, and for less than 5% of patients admitted from low-level residential care facilities. The variables significantly associated with receiving a home visit at a private residence were older age and being admitted to a rehabilitation ward, but the model only explained between 9% and 13% of the variance. Other clinical and socio-demographic variables evaluated were not associated with the provision of a home visit.

Examining the relationship between client factors and post program exercise adherence in clients with chronic pain (ambulatory and community services)

Lead investigator: **Marlow N**. Exercise based self management strategies are central to the treatment of chronic pain, but adherence to these programs can be challenging for this population. The aim of the study (n=75) was to determine the degree to which patients with chronic pain adhere to prescribed exercise program developed during an eight week Pain Management Program (PMP) at 10 week review and to examine the relationship between adherence and client factors. Results showed that 41% of clients were classed as using exercise consistently, 32% as using exercise inconsistently and 31% not using exercise as a pain management strategy. Participants reported experiencing the benefits of exercise, such as weight loss and improved mood as motivating factors to continue to engage in a regular exercise routine, and reported time and pain as the largest barriers to adherence to an exercise program. The DASS anxiety scale and TAMPA scores at discharge from the PMP were predictive of adherence, accounting for approximately 10% of variation in total reported exercise sessions.

The effects of introducing a falls implementation pathway in community rehabilitation program setting (ambulatory and community services)

Lead investigators: **Martin E, L'Huillier H**. This project aimed to evaluate the implementation of a pathway for prompting action and interventions for patients who experience a fall at home during a period of treatment with the community rehabilitation program (CRP). Ten percent of patients admitted to CRP 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.

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

Lead investigators: **Reed R, Tuck J, Terrington N.** Delirium is a serious problem in older hospitalised people. Occupational Therapy is well placed to assess and manage complications associated with delirium. This mixed method retrospective project involved an analysis of current practice and review of current evidence to facilitate the development and implementation of a delirium clinical practice guideline and interactive education package. The guideline aims to embed evidenced based early occupational therapy assessment and treatment, with subsequent improvement in outcomes for patients diagnosed with a delirium, as well as improved staff satisfaction and patient flow efficiencies.

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

Lead investigator: **Shay L**; Associate investigators: **Lindsay E, Embuldeniya U, Harding K.** This project explored the relationship between measured cognitive impairment in patients and informant report of cognitive change. 106 pairs of clients and their loved ones/carers were recruited to the study. Findings suggest that carers are generally good observers of cognitive change in patients. This may, however, depend on the cognitive domain investigated. For instance carers were more accurate in their perception of changes in memory function in comparison to other domains, such as executive functions. Other factors, such as personality traits, may impact carers' perception of cognitive changes as well. In particular, introverts were found to be more 'specific' and 'sensitive' in their perceptions in comparison to extroverts. This study highlights both the importance and the complexities of using carers as informants of cognitive change in our patients.

Clinical Supervision: Determining its effectiveness within the allied health department (allied health)

Lead Investigator: **Snowdon D**; Associate Investigators: **Millard G, Taylor N.** This project investigated the effectiveness of clinical supervision of an allied health department. Two-hundred and sixteen allied health professionals, across seven different professions, were surveyed using the Modified Manchester Clinical Supervision Scale. Results showed that clinical supervision was effective for social workers, psychologists and occupational therapists. Physiotherapists, podiatrists, dieticians and speech pathologists did not report receiving effective supervision, highlighting the importance for further intervention in these professions, to improve the quality of clinical supervision.

Overcoming barriers to improved long term outcomes in type 2 diabetes and pre-diabetes in community health (ambulatory and community services)

Lead investigator: **Stanford J.** The aim of this research was to evaluate the impact of the Healthy Living and Diabetes program on clinical outcomes. Statistically significant improvements were observed in many clinical indicators including body weight, waist circumference and BMI. Indicators of diabetes control such as HbA1c and fasting glucose showed statistically significant improvements after 6 months, and these benefits were maintained at 12 months. Most clients reported that they either achieved or partly achieved their health goals. Following completion of the program, clients had greater confidence in their ability to manage their health condition and had developed more healthy lifestyle skills.

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 aimed to determine whether Hand Therapy Led Clinics for post-operative patients with specific upper limb conditions, can reduce appointment waiting times, improve efficiency of clinic flow and patient satisfaction while not adversely affecting functional outcome. The project reduced the the average length of time participants waited to see a clinician from 84 minutes pre intervention compared to 12 minutes post intervention, and reduced the time participants spent in outpatient clinics from 155mins pre intervention to 43minutes post intervention. By eliminating the post-surgical review by the plastic surgeon, prior to hand therapy intervention, substantial reductions to clinic waiting times were achieved, with no adverse clinical outcomes.

Prescribing the maximum tolerated dose of walking for people with severe knee osteoarthritis: A phase II randomised controlled trial (physiotherapy/orthopaedics)

Lead Investigator: **Wallis J**; Associate researchers: **Taylor N, Fong C, Singh P**, Levinger P, Webster K

This mixed methods study investigated the effect of a dosed walking program for patients with severe osteoarthritis of the knee. Participants completed a 12 week program of walking which included supervision from a physiotherapist once weekly. Participants could complete the program without any increase in knee pain, with improvements in some cardiac risk factors, such as reduced waist circumference and a likely lowered systolic blood pressure. Qualitative analysis also confirmed these benefits from the program, but found a focus on the knee. The results indicate that with support it may be possible for patients with severe osteoarthritis of the knee to participate exercise that can improve health.

The evaluation of the Eastern Metropolitan Region Occupational Therapy referral pathways tool (occupational therapy)

Lead investigators: **White C, Waldron S, Koukounas C, Devlin A, Joy A.**

This mixed methods study aimed to evaluate a new tool for streamlining referrals between acute and community occupational therapy (OT) services. An audit of referrals from Eastern Health OTs to a local community health service demonstrated that almost half were deemed to be not appropriate. Themes from clinician interviews recognised that the tool increased confidence amongst OTs to define the scope of community health programs and had the potential to reduce waitlist time by streamlining referral processes. Community Health OT's described a sense of obligation to accept inappropriate referrals once patients had experienced long wait times to access their service. Client interviews reflected a reduced understanding of the OT role and often did not recall referrals being initiated to community based services while they were in hospital. This study has highlighted the need for ongoing education to increase awareness of the tool, the importance of ongoing communication between services regarding referral outcome.

Comparison of upper limb outcomes for patients on early supported discharge versus inpatient rehabilitation (occupational therapy/ambulatory and community services)

Lead investigator: **Whittaker S**; Associate investigator: Barr C, **Harding K.** Early Supported Discharge (ESD)

Programs for stroke aim to discharge patients early from hospital to receive intensive rehabilitation in the community, and have been shown to have benefits in helping clients to regain more functional independence in their daily activities. However, research to date has not. This observational study aimed to specifically explore the benefits of this model on motor recovery of the upper limb by comparing subjects within the ESD setting (n=19) with a group (n=17) receiving traditional inpatient rehabilitation (IPR). The Action Research Arm Test (ARAT), Motor Activity Log (MAL) and grip strength measurement was used at baseline and at follow up at four weeks. Patients in the ESD group were more independent and had a higher functioning upper limb at baseline. Statistically significant improvements were noted in both groups, but the rehabilitation setting was found to not have a statistically significant effect. This study supports the principle of early, intensive rehabilitation to enable functional gains of the upper limb following a stroke in both the ESD and IPR setting. The most preferable rehabilitation environment for upper limb therapy was unable to be identified through this study.

Evaluating clinical supervision in Ambulatory and Community Services (ambulatory and community services)

Lead Investigator: **Wilson E.** This mixed-methods project evaluated the barriers to participation in clinical supervision in Ambulatory and Community Services. 153 allied health professionals (AHPs) completed a survey exploring the knowledge and attitude towards clinical supervision and the perceived barriers to participation. Focus groups with 23 AHPs were then conducted to increase understanding of themes that emerged from the surveys. The majority of participants highly valued having access to clinical supervision but lack of time, limited access to clinical supervisors and quality were perceived as barriers to participation. There were also differing opinions and levels of understanding of the definition and purpose of clinical supervision. This study highlighted the complex topic of clinical supervision and suggested multiple strategies are required to improve rates of participation.

Research Training

Current Higher Degree Research Students (PhD, Masters by Research)

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

Dennett A. PhD (year 2). Physical activity and rehabilitation for cancer survivors living in the community. La Trobe University, F/T

Donley E. PhD (year 3). 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) (final year). Flinders University, P/T

Joy, A. Master of Occupational Therapy Practice (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 (NHMRC Postgraduate Primary Health Care Scholarship).

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

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

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

Sekhon J. PhD (year 1). Speech pathology counselling practice with people experiencing post stroke aphasia. La Trobe University. P/T

Snowdon D. PhD (year 2). Clinical supervision in allied health. La Trobe University, P/T

Toal A. Master of Clinical Rehabilitation (year 1). Flinders University. P/T

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

Whittaker S. Master of Clinical Rehabilitation (final year). Flinders University, P/T

Publications for 2016 (calendar year)

Journal articles

1. **Bowman S, Jones R.** Sensory interventions for psychiatric crisis in Emergency Departments -a new paradigm. *Journal of Psychiatry and Mental Health.* 2016;1:1.
2. **Bruder AM,** Shields N, Dodd KJ, Hau R, **Taylor NF.** A progressive exercise and structured advice program does not improve activity more than structured advice alone following a distal radial fracture: a multi-centre, randomised trial. *Journal of Physiotherapy.* 2016;62:145-52.
3. Bruder AM, McClelland J, Shields N, Dodd KJ, Hau R, van de Water ATM, **Taylor NF.** Validity and reliability of an activity monitor to quantify arm movements and activity in adults following distal radius fracture. *Disability and Rehabilitation.* (In press).
4. **Cheng TE, Wallis JA, Taylor NF,** Holden CT, Marks P, Smith CL, et al. A prospective randomized clinical trial in total hip arthroplasty-comparing early results between the direct anterior approach and the posterior approach. *The Journal of Arthroplasty.* (In press).

5. **Clark I, Taylor NF, Baker B.** 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*. 2016;25:76-104.
6. **Clark IN, Baker FA, Peiris CL, Shoebridge G, Taylor NF.** Participant-selected music and physical activity in older adults following cardiac rehabilitation: A randomized controlled trial. *Clinical Rehabilitation*. (In press).
7. **Clark IN, Baker FA, Taylor NF.** Older adults' music listening preferences to support physical activity following cardiac rehabilitation. *Journal of Music Therapy* 2016;53:364-397.
8. **Clark IN, Baker FA, Peiris CL, Shoebridge G, Taylor NF.** The Brunel Music Rating Inventory-2 is a reliable and valid instrument for older cardiac rehabilitation patients selecting music for exercise. *Psychology of Music*. 2016;44(2):249-262.
9. **Collins J, Porter J, Truby H, Huggins CE.** How does nutritional state change during a subacute admission? Findings and implications for practice. *European Journal of Clinical Nutrition*. 2016;70:607-12.
10. **Collins J, Porter J, Truby H, Huggins CE.** A foodservice approach to enhance energy intake of elderly subacute patients: a pilot study to assess impact on patient outcomes and cost. *Age and Ageing*. 2016; [Epub ahead of print]
11. **Dennett AM, Peiris C, Shields N, Prendergast L, Taylor NF.** Moderate intensity exercise reduces fatigue and improves mobility in adult cancer survivors: a systematic review and meta-regression. *Journal of Physiotherapy*. 2016;62:68-82.
12. **Dennett AM, Shields N, Peiris C, Reed M, O'Halloran P, Taylor N.** Does psycho-education added to oncology rehabilitation improve physical activity and other health outcomes? A systematic review. *Rehabilitation Oncology*. (In press).
13. **Dennett AM, Peiris CL, Shields N, Morgan D, Taylor NF.** Exercise therapy in oncology rehabilitation in Australia: A mixed-methods study. *Asia-Pacific Journal of Clinical Oncology*. 2016; [Epub ahead of print]
14. **Donley E.** National emergency access targets and psychiatric risk assessment in emergency departments: Implications for involving family or carers. *Journal of Psychiatry and Mental Health*. 2016;1.
15. **Emmerson KB, Harding KE, Taylor NF.** Home exercise programmes supported by video and automated reminders compared with standard paper-based home exercise programmes in patients with stroke: A randomized controlled trial. *Clinical Rehabilitation*. 2016. [Epub ahead of print]
16. English C, Shields N, Brusco NK, **Taylor NF**, Watts JJ, Peiris C, et al. Additional weekend therapy may reduce length of rehabilitation stay after stroke: a meta-analysis of individual patient data. *Journal of Physiotherapy*. 2016;62:124-9.
17. **Gillman A, Winkler R, Taylor NF.** Implementing the Free Water Protocol does not Result in Aspiration Pneumonia in Carefully Selected Patients with Dysphagia: A Systematic Review. *Dysphagia*. 2016. [Epub ahead of print]
18. **Harding KE, Lynch L, Porter J, Taylor NF.** (in press). Organisational benefits of a strong research culture in a health service: a systematic review. *Australian Health Review*. 2016.[Epub ahead of print]
19. **Harding K, Robertson N, Snowdon D, Watts J, Karimi L, O'Reilly M, Kotis M, Taylor NF.** Are wait lists inevitable in sub-acute ambulatory and community health services? A qualitative analysis. *Australian Health Review*. (In press).
20. **Harding KE, Shields N, Whiteside M, Taylor NF.** "A Great First Step into Research": Stepping Into Research Is an Effective and Sustainable Model for Research Training in Clinical Settings: A Report of 6-Year Outcomes. *Journal of Allied Health*. 2016;45:176-82.
21. **Harding KE, Watts JJ, Karimi L, O'Reilly M, Kent B, Kotis M, Leggat SG, Kearney J, Taylor NF.** Improving access for community health and sub-acute outpatient services: protocol for a stepped wedge cluster randomised controlled trial. *BMC Health Serv Res*. 2016;16:364.

22. **Lockwood KJ, Taylor NF, Boyd JN, Harding KE.** Pre-discharge home visits by occupational therapists completed for patients following hip fracture. *Australian Occupational Therapy Journal.* 2016;1:41-48.
23. New PW, **Scroggie GD, Williams CM.** The validity, reliability, responsiveness and minimal clinically important difference of the de Morton mobility index in rehabilitation. *Disability and Rehabilitation.* 2016. [Epub ahead of print].
24. O'Halloran PD, Blackstock F, Shields N, **Wintle E, Taylor NF.** Motivational interviewing increases physical activity and self-efficacy in people living in the community after hip fracture: a randomized controlled trial. *Clinical Rehabilitation.* 2016;30:1108-1119.
25. **Ottrey E, Porter J.** Hospital menu interventions: A systematic review of research. *International Journal of Healthcare Quality Assurance.* 2016;29:62-74.
26. **Ottrey E, Porter J.** Exploring patients' experiences with meal ordering systems: A qualitative study. *Nursing Standards.* (In press).
27. **Porter J,** Adderley M, Bonham M, Costa RJS, Dart J, McCaffrey T, et al. The effect of dietary interventions and nutritional supplementation on bone mineral density in otherwise healthy adults with osteopenia: A systematic review. *Nutrition Bulletin.* 2016;41:108-21.
28. **Porter J,** Haines T, Truby H. Implementation of protected mealtimes in the subacute setting: stepped wedge cluster trial protocol. *Journal of Advanced Nursing.* 2016;72:1347-56.
29. **Porter J,** Huggins CE, Truby H, **Collins J.** The effect of using mobile technology-based methods that record food or nutrient intake on diabetes control and nutrition outcomes: A systematic review. *Nutrients.* 2016;8:815.
30. **Porter J, Ottrey E,** Huggins CE. Protected Mealtimes in hospitals and nutritional intake: Systematic review and meta-analyses. *International Journal of Nursing Studies.* (In press).
31. **Salter K, Musovic A, Taylor NF.** In the first 3 months after stroke is progressive resistance training safe and does it improve activity? A systematic review. *Topics in Stroke Rehabilitation.* 2016;23:366-75.
32. **Snowdon DA,** Hau R, Leggat SG, **Taylor NF.** Does clinical supervision of health professionals improve patient safety? A systematic review and meta-analysis. *International Journal of Quality in Health Care.* 2016;28:447-55.
33. **Snowdon DA, Millard G, Taylor NF.** Effectiveness of clinical supervision of allied health professionals: a survey. *Journal of Allied Health* 2016;45:113-121.
34. **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.* 2016;97:292-301.
35. **Taylor NF,** Peiris CL, **Kennedy G,** Shields N. Walking tolerance of patients recovering from hip fracture: a phase I trial. *Disability and Rehabilitation.* 2016;38:1900-8.
36. Van de Water ATM, Davidson M, Shields N, Evans MC, **Taylor NF.** The Shoulder Function Index (SFInX): evaluation of its measurement properties in people recovering from a proximal humeral fracture. *BMC Musculoskeletal Disorders.* 2016;17:295.
37. **Wallis JA,** Webster KE, Levinger P, **Singh PJ, Fong C, Taylor NF.** A walking program for people with severe knee osteoarthritis did not reduce pain but may have benefits for cardiovascular health: a phase II randomised controlled trial. *Osteoarthritis and Cartilage.* (In press).
38. **Zheng C, Lynch L, Taylor NF.** Effect of computer therapy in aphasia: a systematic review. *Aphasiology.* 2016;30:211-44.

Conference including proceedings, papers, poster

International

1. Sekhon J. Speech language pathologists' training in counselling for people impacted by aphasia after stroke: A literature review. *International Aphasia Rehabilitation Conferences*, London, December 2016. (Poster).
2. Fellner Y. Hand Therapy Direct from Emergency Referrals. Less can be more. *New Zealand Orthopaedic Association Conference*, Queenstown, July 2016. (Oral presentation).
3. Donley E. Impact of National Emergency Access Targets (NEAT) on psychiatric risk assessment in Emergency Departments. *Australia and NZ (RANZMH) international Mental Health Conference*, Queensland, August 2016. (Poster).

State/National

1. Boyd J and Leong A. Advance Practice: Building our professions practice. *Occupational Therapy VIC-TAS Regional Conference*, Melbourne, September 2016. (Oral presentation).
2. Campbell J, Porter J. Use of dietary mobile apps in patients with chronic renal disease: what is the evidence? *Dietitians Association of Australia, 33rd National Conference*, Melbourne, May 2016 (poster).
3. Collins J, Porter J, Truby H, Catherine Huggins. Change in subacute patients' energy and protein intake during admission. *Dietitians Association of Australia, 33rd National Conference*, Melbourne, May 2016 (oral presentation).
4. Corken M, Desai A, Bertino S, Stanley L. Assessment and personalised treatment of malnutrition in the haemodialysis population. *Dietitians Association of Australia, 33rd National Conference*, Melbourne, May 2016 (poster).
5. Corken M, Desai A, Bertino S, Stanley L. Assessment and personalised treatment of malnutrition in the haemodialysis population. *Renal Society of Australasia Annual Conference*, Gold Coast, June 2016 (oral and poster presentations).
6. Dennett AM, Peiris CL, Shields N, Prendergast LA, Taylor NF. Moderate-intensity exercise reduces fatigue and improves mobility in cancer survivors. *Exercise and Sport Science Association (ESSA) Conference, Research to Practice*, April 2016, Melbourne. (Poster).
7. Dennett AM. Oncology Rehabilitation in Australia. *Exercise and Sport Science Association (ESSA) Conference, Research to Practice*, Melbourne, April 2016. (Poster).
8. Dennett AM. Oncology Rehabilitation in Australia. *Victorian Comprehensive Cancer Centre (VCCC) Survivorship Conference*, Melbourne, October 2016. (Poster).
9. Dennett AM. Oncology Rehabilitation in Australia. *Clinical Oncology Society of Australia (COSA) Annual Scientific Meeting*, Gold Coast, November 2016. (Poster & mini-oral presentation).
10. Emmerson K. Home exercise programs supported by video and automated reminders for stroke patients: A qualitative analysis, *Smart Stoke Conference*, Canberra, August 2016. (Oral presentation).
11. Fellner Y. Less can be more. A change in management of simple hand injuries. *Australian Hand Therapy Association Conference*, Sydney, September 2016. (Poster).
12. Harding K, Taylor N, Watts J, Karimi L, Leggat S, Kent B, Kotis M, O'Reilly M, Kearney J. Improving access for Community Health and Subacute Outpatient Services: The STAT Project. *5th APAC Forum*, Sydney, September 2016. (Poster).

13. Harding KE, Lynch L, Porter J, Wilton A, Taylor NF. The Organisational Benefits of a Strong Research Culture in a Health Service. *NH&MRC Research Translation Symposium*, Melbourne, November 2016. (Poster and short oral presentation).
14. Harding KE, Lynch L, Porter J, Wilton A, Taylor NF. The Organisational Benefits of a Strong Research Culture in a Health Service. *Joint 2016 ACHSM/ACHS Asia-Pacific Congress*, Brisbane, October 2016. (Poster).
15. Kerridge G. Complex patients: Social workers understanding of complexity in patient care. *Annual Research Symposium for Social Workers in Victorian Health Services*, Geelong, September 2016. (Oral presentation).
16. Lamba N. Management of post extubation patients: Dysphagia in prolonged intubated patients in intensive care. *Speech Pathology Australia Conference*, Perth, May 2016. (Oral presentation).
17. Lee P, Bennett C, Collins L, Lye A, Walker R, Porter J. Challenges, barriers and facilitators for quality foodservice at a Victorian volunteer-run campsite: a case study. *Dietitians Association of Australia, 33rd National Conference*, Melbourne, May 2016 (poster).
18. Liapis J. Computer says 'yes'. Can meaningful computer usage improve cognition and quality of life for people with dementia? A systematic review. *Occupational Therapy VIC-TAS Regional Conference*, Melbourne, September 2016. (Oral presentation).
19. Maywood K. Assessing Responses to Domestic Violence Disclosures at the Angliss Hospital *Annual Research Symposium for Social Workers in Victorian Health Services*, Geelong, September 2016. (Poster).
20. Mitchell H, Chuang R. Meal Rounds as a strategy to combat malnutrition in the clinical setting. *Dietitians Association of Australia, 33rd National Conference*, Melbourne, May 2016 (poster).
21. Ottrey E, Porter J. Hospital menus: Insights from a systematic literature review. *Dietitians Association of Australia, 33rd National Conference*, Melbourne, May 2016 (poster).
22. Power L. The Experience of Early Supported Discharge (ESD) for stroke survivors. *5th APAC Forum*, Sydney, September 2016. (Poster).
23. Reed R and Tuck J. Enhancing patient management and care through the implementation of an occupational therapy clinical practice guideline for patients with delirium in the inpatient setting. *Occupational Therapy VIC-TAS Regional Conference*, Melbourne, September 2016. (Oral presentation).
24. Sekhon J. Psychological care of people with aphasia and their families: The Speech Pathologist's role in collaborative practice. *Smart Strokes Conference*, Canberra, August 2016. (Oral presentation).
25. Seto D, Wong E, Porter J Assessment of the nutrient content and portion size of selected meals provided by a meals-on-wheels program in Australia in comparison to recommendations for home-delivered meals: A descriptive study. *Dietitians Association of Australia, 33rd National Conference*, Melbourne, May 2016 (poster).
26. Steer B, Cortinovic T, Green C, McEachern K, McPhee M, Nyulasi I, Porter J, Simmance N, Wai J. Gastrostomy tube management: an opportunity to advance dietetic practice. *Dietitians Association of Australia, 33rd National Conference*, Melbourne, May 2016 (oral presentation).
27. Stone C. Every patient ... every interaction. .. every time. Redefining the Therapeutic Principle to maximise inter-professional practice and patient outcomes. *Speech Pathology Australia Conference*, Perth, May 2016. (Oral presentation).
28. Stone C. In our own words: Giving consumers with communication difficulties a say in their healthcare. *Speech Pathology Australia Conference*, Perth, May 2016. (Oral presentation).
29. Tawse S. Hand Therapy Led Clinics: First point of contact post surgery. *Australian Hand Therapy Association Conference*, Sydney, September 2016. (Oral presentation).
30. Taylor NF, Harding KE, et al. Research interest and experience of allied health clinicians. *NH&MRC Research Translation Symposium*, Melbourne, November 2016. (Poster).

31. Terrington N. Cognition clinical practice guidelines – are they useful and followed? *Occupational Therapy VIC-TAS Regional Conference*, Melbourne, September 2016. (Poster).
32. Tovey J, Tassone E, Paciepnik J, Keeton I, Khoo A, van Veenendaal N, Porter J. Hospital mealtime assistance programs: how do they effect patient intake and anthropometry? *Dietitians Association of Australia, 33rd National Conference*, Melbourne, May 2016 (PRIZE: Best Novice Researcher Poster).
33. Wallis J. The maximum tolerated dose of walking for people with severe knee osteoarthritis: a phase II randomised controlled trial. *Sports Medicine Australia Conference*, Melbourne, October 2016. (Oral presentation).

Concluding statement

The research outputs from Allied Health staff in 2016 once again reflect the continued growth in quality and quantity of research activity. The increase substantial increase in staff working for the Allied Health Clinical Research Office represents a noticeable shift in the nature of research being undertaken, from small, locally funded projects to the delivery of more substantial projects with external funding. Our research themes of community integration, health service delivery and expanded roles for allied health continued to be a focus of research activity in 2016, although the diversity of research across the health service beyond these focus areas is also of note. We will also continue to build on our current research base through active promotion of research, provision of training and support for clinicians, and continue to pursue opportunities for external funding to support future projects.