

Allied Health Research pressing on through COVID-19

The COVID-19 pandemic has brought many challenges and changes to our work over the last few months, but Allied Health research services have continued to adapt and move forward. Here is a quick summary of the current state of play.

Staff of the allied health clinical research office continue to work remotely, and will continue to do so pending further advice from the State Health Department. Nick Taylor and Katherine Harding continue to be available by email (see p.6 for contact details) and are happy to meet with allied health clinicians via telephone or videoconference to provide research support.

COVID-19 has led to some new research questions, in order to support evidence-based decision making as services move beyond the current crisis. A staff survey about early experiences of telehealth was completed in April (p.5). Other studies planned or underway include an evaluation of consumer perceptions of telehealth, an evaluation of telerehabilitation in oncology, and an evaluation of changes to the allied health leadership structure in response to the pandemic.

Key projects are continuing with some modifications to comply with social distancing. The MIHip and COMEBack trials are both providing telephone based interventions that are ideal for older people who may continue to be socially isolated (p. 4).

Some of our research events and services are moving online. We are offering a research advice session via videoconferencing on 13th July (see p.3), and our annual Allied Health Research Forum which was deferred in May will now become an online 3 minute presentation competition on October 15th. (p.2)

We continue to have Eastern Health clinicians doing some great work in research. See some examples p. 3 and 4 as well as an impressive list of publications this quarter (p.6)

COVID-19 has inspired our regular columnist Evan Donley to reflect on working from home. At least he would have done if he hadn't been interrupted. Any of our readers who have been trying to juggle work and home schooling will be able to relate to this issue's musings! (p.6)

A Research Newsletter for Allied Health Clinicians

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2020 Allied Health Research Forum

easternhealth



Our 2020 Allied Health Research Forum due to be held on the 7th May had to be cancelled due to COVID-19, but the 3 Minute Presentation will be back in a new format in October!

Introducing our first ever Eastern Health

**Virtual Allied Health
3 Minute Presentation Competition!**

Thursday 15th October, 1.00-2.30pm

Save the date and stay tuned for further details



Program Update

Due to disruptions caused by the COVID-19 pandemic we have decided not to proceed with the Stepping into Research Training Program in 2020.

The program requires a commitment of both participants and mentors over several months. Given the continuing uncertainty in regard to demand on our health service in the coming weeks as well as pressures on the university sector that provides several of our mentors, we don't feel that this is the right time to be undertaking the program.

We look forward to bringing Stepping into Research back to Eastern Health when the time is right.

Socially Distant

Allied Health Research Support

Do you have a research idea that you would like to turn into action?

Over recent weeks the Allied Health Research Office has had many discussions with allied health clinicians wanting advice on project ideas. Many of these relate to evaluations of changes made over recent months, to facilitate evidence-based decision making about "what should stay?" as we move out of the COVID-19 crisis phase.

If you have a project idea that you'd like some advice on, join us online for an informal discussion.

Tuesday 14th July

12.00-1.00pm

Please contact

Katherine.harding@easternhealth.org.au
to RSVP and access the meeting link.

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

This recently published study led by Eastern Health physiotherapist and PhD candidate Ali Gibbs explored the feasibility of implementing an Osteoarthritis Hip and Knee Service (OAHKS) in a community setting.

OAHKS involves advanced practice musculoskeletal physiotherapists assessing and triaging patients with hip and knee osteoarthritis referred from primary to tertiary care. After assessment, the physiotherapists may refer patients for evidenced-based non-surgical management such as exercise or refer for surgical opinion.

OAHKS clinics have typically been provided in public hospitals alongside orthopaedic clinics but remote from community-based exercise options. In this study, the service was trialled at Access Health and Community and

compared to the hospital-based OAHKS service at Box Hill Hospital. The feasibility domains of acceptability, demand, efficacy potential and practicality were explored.

A total of 91 eligible patients attended an OAHKS clinic (40 community-based, 51 hospital-based). Both the community-based and hospital-based OAHKS had high patient and general practitioner satisfaction, with small differences in favour of community-based OAHKS. Mean waiting times for initial assessment were significantly shorter in community-based OAHKS (17 days) compared to hospital-based OAHKS (155 days). The waiting time to commence non-surgical management was also shorter in the community setting (32 days compared to 67 days in the hospital setting).

Referral rate to orthopaedics was substantially lower from

community-based OAHKS (3%) compared with hospital-based OAHKS (33%), and there were no adverse events.

In conclusion, Ali's study showed community-based OAHKS is feasible and acceptable to patients and general practitioners, with potential benefits including shorter waiting times for assessment and commencing non-surgical management programs.

To read the full article:

Gibbs A, Taylor NF, Barton C, , Fong C, Hau R, Durant K, de Vos L, Wallis JA. . Osteoarthritis Hip and Knee Service (OAHKS) in a community health setting compared to the hospital setting: a feasibility study for a new care pathway. *Musculoskeletal Science and Practice*

<https://www.sciencedirect.com/science/article/abs/pii/S2468781219301845>

Ongoing trials

The following trials are ongoing and recruiting participants



RCT testing physical activity coaching for adults with mobility limitations. Participants are randomised to home based health coaching, single session phone advice and text messaging or a control group.

Key eligibility criteria:

- Referred to/attending CRP
- Have difficulty walking 800m
- Able to participate in phone based coaching delivered in English

If you have a potentially eligible client, please contact:

Claire.longden@easternhealth.org.au.



MIHip is continuing to recruit patients to enter a randomised control evaluating the effectiveness of motivational interviewing to improve outcomes after hip fracture.

Patients over 65 years who present to Eastern Health with a hip fracture and have sufficient English language and cognitive capacity to participate in a telephone based intervention are eligible to participate. For further information contact:

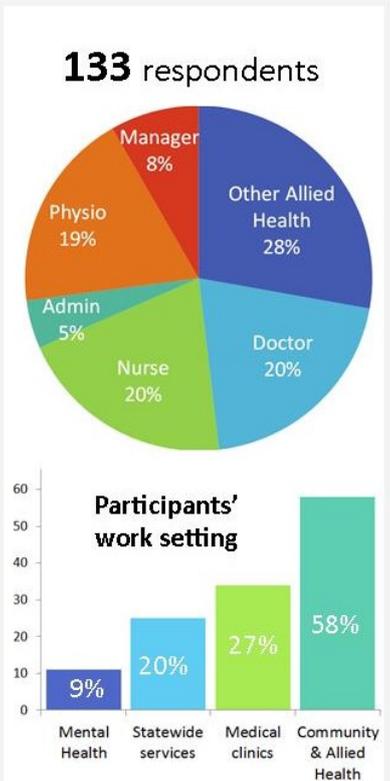
Rebecca.morris@easternhealth.org.au

“It’s not the second coming but it’s not the devil either”: Early experiences and tips from Eastern Health staff transitioning to Telehealth

Your Telehealth Tips

- Have a positive attitude**
 - **Be patient and open to change**
 - **Be kind to yourself**
 - **Acknowledge the difference** to routine care
- Identify supports**
 - For less “tech-savvy” clients, try to involve a **family member** familiar with technology to assist
 - Look for a **champion** within your team/ area
 - **Buddy up with a colleague** to practice
 - **Share information** across the organisation
 - Engage **administration staff** to assist with appointment preparation, follow up and management of patient queries
- Infrastructure and resources**
 - **Get your hardware set up as best you can:** Camera, headphones are useful, dual monitor if possible
 - **Familiarise yourself with the software:** Have a trial run before your first client
 - **Develop and share resources:** Instruction sheets, patient education materials etc.
 - **Video has significant advantages** over telephone. Use video if you can.
- Preparation and follow up**
 - **Select appropriate patients:** Start with simple/familiar clients
 - **Prepare the patient:** Send instructions in advance, consider a test call, may need to talk it through over the phone
 - **Prepare yourself:** Be organised. Have everything you need ready, consider preparing a checklist, opening script or templates for questions and notes.
 - **Have a contingency plan:** e.g .phone number ready in case the call drops out
- During the call**
 - **Speak clearly**, be aware of body language
 - **May need warm ups or ice breakers** for some patients (e.g. children)
 - **Replicate structure and routine** of face to face sessions as much as possible. (e.g. routines for beginning/ending sessions)
 - **Expect things to take a little longer** at first. Reduce goals for each session

The COVID-19 epidemic has led to a rapid transition to Telehealth services across Eastern Health. We used an online survey to ask clinicians who have recently begun using Telehealth what they like, what has been challenging and what tips they would give to others. This is what they said.



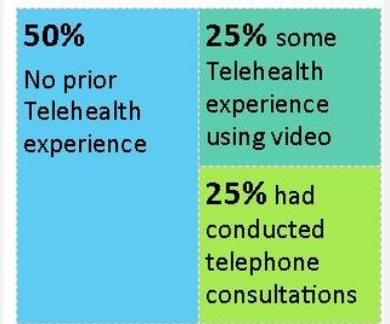
Telehealth Positives

- The Eastern Health telehealth software platform is **easy to use**
- Most patients are positive about **efforts to provide** telehealth services. They appreciate that they are still receiving services while protecting their health
- Survey respondents reported that **it is possible** to deliver many of their usual clinical services using telehealth
- There are some **unexpected benefits** of telehealth, including some advantages over usual care. For example, Telehealth can be more time efficient (especially for follow-ups), saves travel and cost, has fewer missed appointments and is particularly good for selected clients who find it safer or more convenient (parents with young children, those who live far away, people with disabilities or chronic disease and people who feel safer in a familiar place)

Telehealth Challenges

- There is a **lack of suitable technology and infrastructure** in some areas (computers with cameras, availability of headphones, appropriate software installed etc)
- **Lack of connectivity** in some places, for both health service and clients
- Some health professional feel that they **lack skills or confidence**
- There are some negative impacts on **clinical interactions** and some limitations in what can be achieved over Telehealth compared with face to face consultations
- At the organisational level, we currently have **limitations in the processes and capacity of support services** for Telehealth (administration, interpreters, delivery of scripts, arranging pathology tests etc)
- **Some patients don't have technology** available or **struggle** to use it

Previous Telehealth experience



This research was conducted by Katherine Harding, Nick Taylor, Amy Dennett and Annie Lewis of the Allied Health Clinical Research Office, Eastern Health. For more information please contact katherine.harding@easternhealth.org.au.

Allied Health Research Achievements

Publications

Taylor NF, Wintle E, Longden C, van de Water ATM, Shields N. (in press). Rehabilitation outcomes after proximal humeral fracture: an observational study. *Physiotherapy Practice and Research*.

Benjamin D, Frawley H, Shields N, Georgiou C, Taylor NF. (in press). Establishing measurement properties in the assessment of inter-recti distance of the abdominal muscles in a postnatal women. *Musculoskeletal Science and Practice*

Gibbs A, Taylor NF, Barton C, Fong C, Hau R, Durant K, de Vos L, Wallis JA. (early online). Osteoarthritis Hip and Knee Service (OAHKS) in a community health setting compared to the hospital setting: a feasibility study for a new care pathway. *Musculoskeletal Science and Practice*

Dennett AM, Peiris CL, Shields N, Taylor NF. (in press). From cancer rehabilitation to recreation: A coordinated approach to increasing physical activity. *Physical Therapy*

Snowdon DA, Sounthakith V, Kolic J, Brooks S, Scanlon S, Taylor NF. (early online). Many inpatients may not be physically prepared for community ambulation on discharge from a publicly-funded rehabilitation centre: a cross-sectional cohort study. *Disability and Rehabilitation*

Kendrick M, Kendrick K, Morton P, Taylor NF, Leggat SG. 2020. Hospital staff report it's not burnout, but a normal stress reaction to an uncongenial work environment: findings from a qualitative study. *International Journal of Environmental Research and Public Health* 17:4107

Snowdon DA, Storr B, Davis A, Taylor NF, Williams CM. 2020. The effect of delegation of therapy to allied health assistants on patient and organisational outcomes: A systematic review and meta-analysis. *BMC Health Services Research* 20:491

Ukovic B, Porter J. Nutrition interventions to improve the appetite of adults undergoing cancer treatment: a systematic review. *Supportive Care in Cancer* [early online]

Allchin B, O'Hanlon B, Bente W, Goodyear M. Practitioners' application of Let's Talk about Children intervention in adult mental health services. *International Journal of Mental Health Nursing* (early online)

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Alison Wilby (Psych)	Judy Bottrell (PT)
Sarah Dallimore (Pod)	Peter Brann (Mental Health)



Euan's Musings

Working remotely

Hello everyone, or hello to the one person reading. I thought in the spirit of all things COVID-19 I would discuss with you some tips for doing research while working from home.

I have two young children who....

....Hang on, excuse me, my 6 year-old is asking for a drink. Back in a sec.

Right. I thought I would talk with your about working from ho....

...Just a sec, my 8 year-old wants to use toilet and is telling me in great detail what he is planning on passing. Can skip my lunch now. Back in a sec.

Righto then. As I was saying, working from home. It's....

....Just a sec. The 6 and 8 years-olds are fighting. Back in a sec.

So, working fro....

....Frick, someone's crying. Back in a sec.

OK, bandaid applied. Children sent to their rooms. So, let's discuss....

...Hang on. One wants to know if they can have a book while they are in their room. Back in a sec.

You know what? Forget it. Just figure out how you're going to be agile yourself. I'm off to get a good solid three minutes of straight work done.

Euan is working remotely. He usually ends on something funny and.... Hang on, back in a sec.

Dr Euan Donley (PhD)

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Clinical Coordinator: Mental Health Access (CATT, MHaP, ED, Psychiatric Triage)