**Allied Health Research Newsletter – Issue 51, June 2020**

**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 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. 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.

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

**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.

**COVID-19 has inspired our regular columnist Euan 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!

**2020 Allied Health Research Forum**

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

**Introducing our first ever Easter Health Virtual Allied Health 3 Minute Presentation Competition!**

**Thursday 15th October, 1.00-2.30pm. Save the date and stay tuned for further details.**

**Stepping into Research 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.**

**Hospital food waste from the perspective of Eastern Health patients**

**By Judi Porter**

As we know, food waste is a massive environmental problem. We know that in hospitals the problem is exacerbated by the need for many therapeutic diets, menu ordering systems with long lags between ordering and eating, models of food services and hospital kitchen design that do not support high quality food, use of portion control food items and resource constraints. In addition, many patients have poor appetite, a short length of stay and are dissatisfied with the food and foodservice system.

But one thing we don’t know about hospitals is how patients feel about waste of food in hospitals. What are their perceptions, beliefs and expectations relating to food waste during their hospital admission?

In 2019 I led a qualitative study using semi-structured interviews with 40 patients. The interviews were transcribed and organised in to themes.

Participants in the study were influenced by their historical experiences, and cost (rather than environmental concerns) was the primary motivator to limit food waste at home. Participants   
reported that the amount, management and implications of hospital food waste were invisible to them.

Participants felt that major contributors to food waste were lack of appetite and/or interest in ood, food quality and quantity, and the foodservice model.

They suggested three overarching strategies to address hospital food waste: modify the oodservice system to decrease waste; adopt multi-method food waste management strategies; and reduce and manage non-food waste. Contamination was identified as a barrier to waste management.

This project has shown that patients who authentically experience the foodservice   
system from the user perspective can contribute valuable information regarding food waste and its management in hospitals.

**Farewell Judi Porter**

After 12 years at Eastern Health, Judi Porter is leaving to take up the position of Discipline lead and Professor of Dietetics at Deakin University. Judi has made an enormous contribution to research at Eastern Health. She has led a high quality, internationally recognised program of research in dietetics, and inspired a new generation of researchers in this field.

Judi has also made important contributions to building a culture of research in allied health at Eastern Health, including mentoring participants through the Stepping into Research training program, contributions to the Allied Health Research Committee, and low risk ethics committees, and collaboration on many inter-disciplinary projects. We will miss Judi in the corridors of Eastern Health, but look forward to continuing collaboration in her new role.

**A farewell message from Judi…**

I can't believe it, my time at Eastern Health has come to an end.What a wonderful journey I have had over almost 12 years, I am incredibly grateful to Anita Wilton, Erin Brennan, Nick Taylor, Katherine Harding, and many others of you, for the opportunities that have come my way over this period.My clean out of the filing cabinet at the Angliss last week brought back some amazing memories.... As I locked the door it really did feel like the end of an era, and now I look forward to a new challenge that awaits.

As you know I am moving into the Discipline lead role at Deakin to work with a fabulous team of dietitians in the School of Exercise and   
Nutrition Science.Do come to visit when we get back on campus, you will find me in an office in Block J, level 5, room 5.52 on the Burwood Campus, my email isJudi.Porter@deakin.edu.au. I will still be working with the Allied Health Clinical Research Office on a number of projects now, and into the future, and continuing in an Adjunct role at Monash University. I hope to see you all soon and wish you all the best, Judi

**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

**“It’s not the second coming but it’s not the devil either”:**

**Early experiences and tips from Eastern Health staff transitioning to Telehealth**

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** availableor **struggle** to use it

**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 8year-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)

**Senior Clinical Educator:Learning & Teaching, Mental Health Program**

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