



Reducing the Gap between Research Policy and Practice Initiative

Summary Report of
**Transforming Health:
Shaping the Research Agenda
Workshop**

Venue – University of Adelaide: Napier G03, North Terrace

July 17, 2015 1:30—5:30 pm



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Introduction

Transforming Health is a welcome investment in the South Australian health system. It seeks to systematically re-engineer the system, to unlock capacity and deliver genuine, sustainable improvements in the way in which health care is delivered, and patient outcomes. The initial focus is on the tertiary sector, but flow-on effects will impact primary health care and aged care services.

The *Shaping the Research Agenda Workshop* was a joint initiative of the Health Services Research Association of Australia and New Zealand (HSRAANZ); the South Australian Health & Medical Research Institute (SAHMRI); Cancer Voices, and the Primary Health Care Research and Information Service (PHCRIS). The workshop sought bold ideas from researchers and research users to inform the implementation and evaluation of the Transforming Health initiative.

Thirty two research ideas were submitted, with eight chosen for presentation at the workshop. Speakers included hospital clinicians, general practitioners, researchers, consumers and educators, covering topics ranging from end of life and palliative care; patient journey mapping; health care modelling; evaluation strategies, and clinical education. Over ninety participants registered for the workshop, including health care professionals and managers, researchers and consumers.

The presentations can be viewed at www.youtube.com/channel/UCkfHqDTxmFJdT0hdKoj48rg

Keynote speaker, Professor Dorothy Keefe, noted the opportunity this workshop provided for moving beyond a 'closed shop' approach towards synergies and above all sustainable collaborations with researchers and consumers as key partners in the implementation and evaluation of Transforming Health. Professor Steve Wesselingh added that whilst Transforming Health delivers the formal vision, as well as the goals for system change, collaboration is needed to maximise its value.

This report contains the 32 submitted abstracts, which provides a reference point for research that could be undertaken to support the Transforming Health initiative, as well as a basis to encourage collaboration between researchers, as well as between researchers and health professionals, managers, and consumers of health care services.

We hope that this report will expand as new research ideas to inform the success of Transforming Health emerge, and as the proposed research is applied.

The Reducing the Gap between Research, Policy and Practice Series Organising Committee

Jonathan Karnon (University of Adelaide & HSRAANZ),

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Program

Time	Outline	Presenter
13:15–13:30	Registration	
13:30–13:40	Open and welcome – Professor Ellen McIntyre, Director, PHCRIS	
Keynote speakers		
13:40–13:55	Professor Dorothy Keefe, Clinical Ambassador for Transforming Health, SA	
13:55–14:10	Professor Steve Wesselingh, Executive Director, South Australian Health & Medical Research Institute (SAHMRI) and Honorary Director, Advanced Health Research Translation Centre.	
Research ideas		
14:10–14:30	Research Idea 1 - <i>Developing efficient frameworks for the continuous evaluation of Transforming Health</i>	Jonathon Karnon
14:30–14:50	Research Idea 2 - <i>Mapping Patient Journeys - Reducing Risk While Transforming Health</i>	Janet Kelly
14:50–15:10	Research Idea 3 - <i>To improve the quality of life and increase longevity of Aboriginal and Torres Strait Islander people with type 2 diabetes in South Australia</i>	Odette Gibson
15:10–15:30 Networking Coffee		
15:30–15:50	Research Idea 4 - <i>Optimising Transformation: the Application of Simulation to Transforming Health: Mental Health as a Case Study</i>	Robert Adams
15:50–16:10	Research Idea 5 - <i>Stopping the revolving door: Reducing unplanned readmissions and emergency department visits after hospital discharge</i>	Isuru Ranasinghe
16:10–16:30	Research Idea 6 - <i>Impact of community led restorative care to reduce long stays in hospital</i>	Anna Gregory
16:30–16:50	Research Idea 7 - <i>How can we provide optimal care in South Australian hospitals for all patients approaching the end of their life?</i>	Gregory Crawford
16:50–17:10	Research Idea 8 - <i>Transforming Health: what is the role of clinical education?</i>	Koshila Kumar
17:10–17:30	Discussion and conclusion	Professor Ellen McIntyre & Professor Dorothy Keefe
17:30–18:30 Networking Drinks		



Abstracts

The following eight research ideas form the presentations at this *Transforming Health: Shaping the Research Agenda* workshop – 17 July 2015. More research ideas follow.

Research Idea 1 – Jonathan Karnon

Developing efficient frameworks for the continuous evaluation of Transforming Health

Jonathan Karnon¹, Derek Chew², Matthew Horsfall³, Aubyn Pincombe¹

1. School of Population Health, University of Adelaide
2. School of Medicine, Flinders University
3. South Australian Health & Medical Research Institute

Background and rationale

A driving force for the Transforming Health initiative is strong evidence of variation in clinical practice in South Australia, with patient outcomes highly dependent on the time and place a patient is admitted. Transforming Health aims to improve hospital services, through investment in new facilities and greater concentration of the delivery of certain services in specific hospitals.

Aim

The aim of the study is to develop and apply efficient methods for the continuous evaluation of Transforming Health, to assess variation in outcomes, costs, and processes of care over time to identify clinical areas with the largest capacity to benefit from Transformation.

Research Idea/study design

De-identified clinical and administrative hospital data will be extracted from existing data systems, and linked to inform outcomes post-discharge. Combined analysis of outcomes, costs, and processes of care will identify areas with potentially important unwarranted variation in clinical practice. The initial analyses will define analysis plans for alternative clinical areas that can be applied on an ongoing basis to monitor performance. The analysis plans will define the relevant clinical and administrative data to be extracted; the optimal time horizon over which outcomes are observed; and robust statistical models to control for potential confounding.

Potential Impact on Transforming Health

The developed analysis plans will provide a low cost framework for the continuous evaluation of Transforming Health, to identify areas in which quality has improved, and areas with the greatest capacity for improvement.

Stakeholder engagement

Engagement with clinicians and consumers in the evaluated clinical areas will be required to ensure the relevance, robustness and usefulness of reported analyses.

Presentation slides and audio recording link [here](https://www.youtube.com/watch?v=1AerAFrUzSc) <https://www.youtube.com/watch?v=1AerAFrUzSc>

Research Idea 2 – Janet Kelly

Mapping patient journeys - Reducing risk while Transforming Health

Dr Janet Kelly

School of Nursing, University of Adelaide and Health Care Management, Flinders University

Background

Studies involving patients, family members, staff and managers in a range of health care settings across South Australia and Northern Territory (such as Managing Two Worlds Together and Heart Foundation projects) have identified specific barriers and enablers to care within patient journeys from home to hospital to home and developed a set of patient journey mapping tools. Originating with Aboriginal patient journeys, these tools enable process mapping and quality improvement within, and across, health care services; specific risks occur when patients transition from one service to another.

Rationale

Utilising patient journey mapping assists in improving safety, accessibility, equity and patient centred care within a changing health care system.

Research Idea

To improve communication, collaboration and coordination of patient care within and across multiple health care and support sites. Enable complexities and key opportunities for improvement to become visible.

Study Design

Map, track and plan patient journeys from the perspectives of patients, family/carers, multidisciplinary staff (nurses, doctors, allied health, support staff, educators) in a range of health care settings and across transition points (primary mainstream, Aboriginal, refugee, aged care, tertiary, city, country, general, specific).

Potential Impact

Mapping patient journeys from multiple perspectives enables issues to be identified early and addressed effectively – ‘like a root cause analysis but proactive’ (NT Health).

Stakeholder engagement

Patients, family members, staff and managers from a range of health care sites can be directly involved in identifying risks and strategies. Tools are adaptable to local sites, specific issues, entire systems of care, single or multiple journeys.

Presentation slides and audio recording link [here](https://www.youtube.com/watch?v=iYk0r15eOis) <https://www.youtube.com/watch?v=iYk0r15eOis>

Research Idea 3 – Odette Gibson

To improve the quality of life and increase longevity of Aboriginal and Torres Strait Islander people with type 2 diabetes in South Australia

Dr Odette Gibson

Wardliparingga Aboriginal Health Research, SAHMRI

Project

Develop a Strategy for Type 2 Diabetes in Aboriginal and Torres Strait Islander People in South Australia.

Background and Rationale

Despite significant research into the burden of type 2 diabetes mellitus (T2DM) it is still the leading cause of disability and premature death among Indigenous Australians. Four out of ten Aboriginal people living in South Australian remote communities report a diagnosis of T2DM (South Australian Aboriginal Health Survey, 2011).

At present, there is no integrated system or model of care in the management of diabetes health within the two main health sectors, SA Health Departments and Aboriginal Community Controlled Health services.

One of the key outcomes of this project is a much needed state-wide coordinated approach to diabetes health care and management. This will help to achieve better health outcomes through a more effective and efficient delivery of care across both health sectors.

Aim

The development of a multi-sector health service coordinated strategy for the prevention and management of T2DM among Aboriginal and Torres Strait Islander people in South Australia that will provide a collaborative direction for government and community controlled health services in tackling the diabetes epidemic.

Research Idea/Design

Engage with the Aboriginal community and key stakeholders to identify the quality of diabetes care, describe the health profile of Aboriginal people with T2DM, what are the system level characteristics that support the delivery of high quality care, map diabetes care services including related cardiovascular, renal, retinal and mental health care conditions, undertake a gap analysis on South Australian diabetes and related services.

Potential Impact on Transforming Health

- 1 Provide an overall state-wide picture of what diabetes health care and management looks like for Aboriginal and Torres Strait Islander people with T2DM.
- 2 The information and knowledge collected will inform government and Aboriginal Community Controlled Organisations of diabetes health care and management for Aboriginal and Torres Strait Islander people and
- 3 Directly influence policy development and reorientation of programs and/or services specific to preventing and managing T2DM including other related diabetes complications.

Stakeholder engagement

SA Health Aboriginal Health Care Planning Steering Committee, Wardliparingga SA Aboriginal Diabetes Advisory Committee, Aboriginal Community Controlled Health organisations, SA Health.

Presentation slides and audio recording link [here](https://www.youtube.com/watch?v=9GxB6QPHR04) <https://www.youtube.com/watch?v=9GxB6QPHR04>

Research Idea 4 – Robert Adams

Optimising transformation: The application of simulation to Transforming Health: Mental health as a case study

Prof R Adams, University of Adelaide
Prof J Karnon, University of Adelaide
Adj Professor K Zeitz, University of Adelaide and SA Health
Dr M Mackay, Flinders University
Members of Cumberland.au

Background

The Australian Health Care Modelling and Systems Design Collaboration (Cumberland.au) promotes the use of design and systems thinking, and operations research to support improved decision-making.

Aims

1. Use systems thinking when designing change strategies
2. Use simulation modeling to test ideas and options and improve stakeholder engagement during the change process.

Research Idea

To use simulation, design and systems thinking to explore and refine alternative service improvement options within the Transformation Health initiative.

Improving services for mental health patients is a key area of Transforming Health, with a particular focus on emergency departments.

Mental health provides a suitable demonstration project for the use of simulation to support and evaluate Transforming Health because the patient journey involves a series of steps of care within an integrated model that includes community services, and acute and sub-acute bedded services.

Study design

Established processes for creating health care simulation models will be applied in this project.

Impact on Transforming Health

- Comparing changes being considered before their introduction will refine and improve proposed actions prior to implementation. This provides better understanding of the likely benefits of single changes, or groups of changes, leading to improved outcomes.
- Increase the understanding of proposed system changes by staff involved in the target areas.
- Engage skilled modellers who can work with SA Health on other Transforming Health projects and facilitate skill transfer from Cumberland.au to SA Health staff.
- Simulating the impact of proposed changes will facilitate meaningful discussions with stakeholder groups, including staff and the community.

Presentation slides and audio recording link [here](https://www.youtube.com/watch?v=Jab2O5cV1KU) <https://www.youtube.com/watch?v=Jab2O5cV1KU>

Research Idea 5 –Isuru Ranasinghe Stopping the revolving door: Reducing unplanned readmissions and emergency department visits after hospital discharge

Isuru Ranasinghe
Central Adelaide Local Health Network

Background and Rationale

Unplanned hospital visits (readmissions and emergency department visits) occur in 1 of 4 patients within 30-days of hospital discharge, contributing to bed-block, avoidable costs and increasing the burden on overextended acute care resources. These visits are not always visible to care teams because patients are often readmitted to different units or hospitals. Real-time reporting of unplanned visits, and identifying patients at high-risk, may reduce unplanned visits.

Aim

To reduce unplanned visits by (i) real-time reporting of unplanned visits to clinician; and (ii) predicting and flagging patients at high-risk of unplanned visits prior to discharge.

Research Idea

Utilising the SA Health corporate collection data, 30-day unplanned hospital visits will be detected for the past 5 years. Big data analytical methods will be used to predict patient groups at high-risk of unplanned visits. Concurrently, the Local Health Network Analytics and Reporting System (LARS) developed by Safety and Quality Unit of SA Health will be adapted to routinely report unit-specific unplanned hospital visits. Following the development of a predictive algorithm, LARS will also notify clinicians of patients at high-risk for unplanned visits.

Potential Impact on Transforming Health

This proposal propagates the ethos of 'best care, first time, every time' consistent with the core values of Transforming Health. Moreover, this low cost, implementable proposal empowers care teams to reduce unplanned visits by realtime documentation of their status and identifying patients at risk.

Stakeholder engagement

The project will be undertaken in collaboration with SA Health's Safety & Quality Unit and clinical care teams to achieve important healthcare goals.

Presentation slides and audio recording link [here](https://www.youtube.com/watch?v=T81MpRRGe40) <https://www.youtube.com/watch?v=T81MpRRGe40>

Research Idea 6 – Anna Gregory

Impact of community led restorative care to reduce long stays in hospital

Anna Gregory
Research Officer, Silver Chain Group

Background and Rationale

Long stay patients in hospitals are experiencing care in the wrong place, while waiting to be transferred to another care location. To improve patient centred care for long stay patients, Transforming Health initiatives promote nurse led restorative care. In-reach partnerships with informal carers and home based service providers may enhance these initiatives. Our proposed research idea considers potential impact of these partnerships and community led restorative care interventions which aim to reduce long stays in hospital.

Aim

To measure the impact of community led restorative care interventions in reducing long stays in hospital.

Research Idea

A multi phased program of research is proposed:

- 1 Patient engagement and participation to guide priorities and study design.
- 2 Exploration of patient experiences of restorative care (in home and acute care settings).
- 3 Investigation of factors affecting bed occupancy for maintenance care in acute hospitals.
- 4 Linked data, cohort studies to measure the impact of community led restorative care interventions to reduce long stays in hospital.

Potential Impact on Transforming Health

The proposed research has potential to improve patient centred care for long stay patients and patient flow through hospitals, by investigating cross sector interventions and impacts on long stays in hospital.

Stakeholder Engagement

Stakeholders for this research include patients and informal carers, hospital based and community based providers of restorative care, and researchers in the fields of public health, epidemiology and data linkage.

Presentation slides and audio recording link [here](https://www.youtube.com/watch?v=rMKdPPBwbyk) <https://www.youtube.com/watch?v=rMKdPPBwbyk>

Research Idea 7 – Gregory Crawford

How can we provide optimal care in South Australian hospitals for all patients approaching the end of their life?

Associate Professor Gregory Crawford, Teresa Burgess, Professor Annette Braunack-Mayer
University of Adelaide

Background and rationale

Large numbers of South Australians die in acute hospital from chronic diseases. Their care is often sub-optimal with frequently no recognition of the approaching end of life. This has implications for quality, appropriateness and cost of care. It is assumed that referral to specialist palliative care is the best model. There is almost no evidence to measure the need nor to inform the best model of care in the acute care setting.

Aim

To establish the numbers and characteristics of hospital inpatients requiring a palliative approach to care and describe the extent to which their care and treatment needs are met.

Research Idea

To undertake a comprehensive survey based on a proven methodology (Gardiner et al, 2013) with inpatient end-of-life need assessment, and interviews of patients, carers and staff.

Potential Impact on Transforming Health

ACQSHC has identified end-of-life care is less than optimal in Australian hospitals (2013). South Australia can lead the country in implementing services which actively incorporate the 10 essential elements for safe and high-quality end-of-life care identified in the ACQSHC 2015 consensus statement. This research will provide strong evidence to transform acute hospital care.

Stakeholder engagement

An advisory committee with a broad community representation is required to ensure that the needs and wishes of our community are considered and included in all stages of the project. This includes representation from: Aboriginal and Torres Strait Islanders; CALD communities; chronic disease and palliative care specialists; GPs and aged care (RACFs and community based).

Presentation slides and audio recording link [here](https://www.youtube.com/watch?v=cB73fG7ewSM) <https://www.youtube.com/watch?v=cB73fG7ewSM>

Research Idea 8 – Koshila Kumar

Transforming Health: what is the role of clinical education?

Koshila Kumar, Jennene Greenhill, Adrian Schoo, Lucie Walters
Flinders University Rural Clinical School, South Australia

Background and rationale

Transforming Health aims to enhance the quality, safety and accessibility of health services and improve healthcare outcomes in South Australia. It is well established there is an interdependent and reciprocal link between health and education. Clinical education contributes to the quality and safety of health services and also enhances work satisfaction and staff recruitment and retention. Education is a key element of strengthening the health system and achieving meaningful and sustainable change. The clinical education system must have the capacity to support the current workforce and prepare the next generation of health professionals to work in a complex and changing healthcare environment which is further amplified in rural and poorer urban regions which are also areas of workforce shortages.

Aim

The broad aim of this project is to explore what models of workplace learning for health professional students and trainees add value to the South Australian health system and Transforming Health. It is anticipated this information can be used to inform, support and sustain health service improvement and build a better health workforce in South Australia.

Research idea

Our research will address the following questions:

- What models of clinical education and supervision can or should be implemented as we are Transforming Health in South Australia?
- What are clinical supervisors' needs within the SA Health system in relation to their role as teachers, and what support and development do they require?
- What is the effect of clinical education on the quality and safety of health services and health workforce?
- How can SA Health and educational institutions work in partnership to identify workable solutions and transform health?

Study design (optional)

This mixed methods study will seek to understand the mechanisms and contexts of workplace learning within SA Health which facilitate effective and efficient clinical education from the perspective of clinicians, hospital managers, patients and students.

Potential impact on Transforming Health

From a symbiotic perspective, investing in clinical education will have flow on clinical, economic and workforce benefits to the health service, patients and the wider community. In fact, without a focus on clinical education there may be a negative effect on the morale and culture of the health service, and undermine the Transforming Health aim of creating 'permanent change in health systems and the culture of healthcare delivery'.

Stakeholder engagement

Developing collaborative partnerships with key stakeholders across multiple sectors as informed by the symbiotic clinical education model will be a key element of this study. Consultation will occur across health and education and urban and rural sectors, and with international collaborators.

Presentation slides and audio recording link [here](https://www.youtube.com/watch?v=1PSp6fcJNT0) <https://www.youtube.com/watch?v=1PSp6fcJNT0>

Supplementary research ideas

The following pages include the other research ideas (in alphabetical order by presenter) submitted for this *Transforming Health: Shaping the Research Agenda Workshop*.

Research Idea – David Banham

Transforming Healthcare System Performance Assessment: Tracking service activity into equitable, effective and efficient outcomes for patients

David Banham

University of Adelaide; University of South Australia; and Wardliparingga Aboriginal Research, SAHMRI.

Background

Transforming Health aims to improve healthcare related outcomes in the community through a sustainable healthcare system. The underlying change principles clearly focus on quality, patient-centred outcomes using effective, efficient and equitable means.

Transforming the culture, metrics and practice of assessing system performance is a timely and necessary support for this endeavour. The World Health Organization's Equity-Effectiveness Loop shares Transforming Health's principled approach. With adaptation into a dynamic, continual improvement cycle it entails: assessing the amount and distribution of potential benefit from healthcare; appraising intervention effectiveness; evaluating efficiencies; applying the knowledge in decision-making; then evaluating progress before (re)assessing ongoing need.

Aim

To apply the adapted Equity-Effectiveness Framework (EEF) in iteratively improving links between health program investment and the outcomes experienced by patients and populations throughout the South Australian community.

Research Idea/Design

Three initial case studies will apply the EEF in diverse settings of:

- 1 Mortality outcomes and cancer control;
- 2 Morbidity outcomes and the use of Patient Reported Outcome Measures (PROMs); and
- 3 Service modalities and the nexus between primary and acute care.

Potential Impact on Transforming Health

The findings will assist the healthcare system's development of person-centred, dynamic performance measurement which includes clinicians and citizenry in the decision making and review processes.

Stakeholder engagement

Aboriginal Community Reference Group (Cancer Data & Aboriginal Disparities Project), SAHMRI; University of Adelaide; University of South Australia; Flinders University; SA health portfolio's Data & Analysis Group Community of Practice.

Research Idea – Donald Bramwell

Neck of femur fractures: improving clinical practice and patient outcomes through a focus on patients' journey from presentation to discharge

Donald Bramwell

Department of Orthopaedics, Flinders University

Background

Neck of femur fractures are serious fall injuries sustained by older individuals and often result in long term functional impairment, nursing home admissions and increased mortality. In South Australia alone incidents of neck of femur fractures have increased by approximately by 30% in last 2 years. In Australia, the proportion of individuals aged 65 years or older is predicted to increase to 23% (8.1 million people) by 2050 from 13% (1.1 million people) in 2010. The growth of the ageing population will contribute towards an increase in the need for hip fracture treatment and care.

There is a clear need for optimising clinical practice and improving patient outcome.

Aim

Streamlining management of neck of femur fracture patients: making patient-care more efficient and sustainable.

Research Idea

This project will follow a clinical improvement cycle to develop a more patient centred approach to managing neck of femur fracture patients and making the services more accessible and effective.

Potential impact on transforming health: The principles of this research project align with the goals of Transforming Health. They will be addressed by shortening in-hospital time, reducing mortality and reducing the burden of disability on patients and the community.

Study Design

- Identify the gaps in current practices
- Develop a model to enhance recovery of these patients
- Optimise patients preoperatively, perioperatively and postoperatively
- Focus on patient and staff education
- Evaluate the model and complete the clinical practice improvement cycle

Stakeholder Engagement

- Orthopaedic surgeons
- Orthogeriatric physicians
- Allied Health-physiotherapy, Occupational Therapy, Social Workers and Dieticians
- Nursing staff

Research Idea – Gregory Crawford

Can advance care directives facilitate optimal end of life care for people from vulnerable communities in acute care settings?

Associate Professor Gregory Crawford, Teresa Burgess, Dr Jaklin Elliott, Associate Professor Bernadette Richards, Dr Debbie Faulkner, Dr Tanya Zivkovic, Alwin Chong
University of Adelaide

Background and rationale

Unspoken assumptions/concerns often underlie community and health-care professional reluctance to undertake end-of-life care conversations and complete advance care directives (ACDs). South Australian hospitals have introduced the “7-Step Pathway” to assist in advance care planning (ACP). Despite implementation of the Advance Care Directives Act 2013 and focus on ACDs, we do not know how these will function within vulnerable populations, i.e. Aboriginal and Torres Strait Islanders, and people from Culturally and Linguistically Diverse (CALD) backgrounds.

Aim

To determine the use of the 7-step pathway and ACDs in the nominated vulnerable populations and their perceptions of the appropriateness and value of these processes.

Research Idea

Following To et al. (2011), we will: undertake a point-prevalence survey of hospital inpatients from CALD backgrounds and ATSI peoples in 3 major Adelaide hospitals; identify those who meet the criteria for end-of-life care need and review access to end-of-life care; analyse interviews focused on perceptions of care, with those identified (and their families where appropriate); feed-back findings to each community to develop strategies to implement culturally appropriate ACP.

Potential Impact on Transforming Health

With the increasing imperative to improve end-of-life care in acute care settings, Transforming Health has the opportunity to lead Australia in demonstrating how the voices of the most vulnerable groups in our community can be incorporated into developing inclusive processes for the facilitation of ACP in acute care.

Stakeholder engagement

Aboriginal Health Council SA; Multicultural Communities Council SA; Multicultural Aged Care; chronic disease and palliative care specialists; major Adelaide hospitals; aged care providers; aged care groups.

Research Idea – Marion Eckert

Developing a Cancer Survivorship Monitoring System for South Australia

M.Eckert, N.Corsini, G.Sharplin, D.Roder, B.Koczwara, K.Gunn, C.Wilson, I.Flight, M.Fitzgerald
Cancer Council South Australia

Background

Currently in South Australia there is no mechanism for collecting patient reported outcomes (PROs) experienced by cancer survivors (i.e. quality of life and unmet needs). PROs are not routinely collected in clinical settings and are not part of the Clinical Cancer Registry data set due to the difficulty of collecting this information. With a predicted increase in cancer prevalence across the state the need to monitor psychosocial impact of cancer is paramount to evaluate the care needs of cancer survivors. Data related to PROs are a key gap in population level data to inform cancer control activities.

Aim

The aim of the project is to establish the feasibility of collecting PROs and developing a minimum dataset and model for cancer survivorship population monitoring.

Strategy

Cancer Council SA is leading an engagement strategy with key stakeholders to establish the requirements to set-up and implement a cancer survivorship registry, undertake research to test the feasibility of collecting PROs from cancer survivors and linking this data to clinical and population registry data, and if possible advocate and seek funding to establish broader implementation.

Program

Stage 1 - undertake a systematic review to identify existing cancer survivorship registries and in particular best practice. Stage 2 - develop a minimum dataset and monitoring survey. Stage 3 - Conduct a pilot study at FCIC to determine the feasibility of collecting PROs post cancer treatment and monitored over time from cancer survivors with curative intent. Stage 4 - scope opportunities to progress and develop the infrastructure for a state-wide population based model.

Implications

Monitoring cancer survivorship will enable a better understanding of the psychosocial needs of cancer survivors to inform health service delivery to be more consumer centred, policy makers to deliver equitable services that achieve the best care, first time every time and inform research and advocacy. It will address a critical gap in cancer control data.

Research Idea – Arthas Flabouris ***Detecting and Responding to Acute Inpatient Deterioration***

A/Prof Arthas Flabouris
Intensive Care, Royal Adelaide Hospital and School of Medicine, University of Adelaide

Background and Rationale

Acute hospital admissions, and acute inpatient deterioration, are common and potentially preventable. Detecting and responding to acute deterioration is challenging, but rewarding, as it is associated with fewer serious adverse events such as cardiac arrests, unanticipated Intensive Care admissions and mortality. Traditional acute hospital silo structures are less suited and less responsive to complex, poorly differentiated patients who deteriorate acutely. Medical systems that are not confined to, yet support sub-specialties, and more responsive to inpatient fluctuations, have evolved for such patients.

Aim

Evaluate, and inform Rapid Response Systems for the detection, and timely response to, acutely deteriorating inpatients at risk of serious adverse events.

Research Idea

Detecting, responding, and monitoring acutely deteriorating inpatients admitted to the nRAH and prevent serious adverse events. Identify patients for whom end of life decisions are preferred and so avoid inappropriate acute interventions.

Study design (optional)

Interrogation of linked administrative and clinical datasets, and clinical observational data. Pre and post interventional analysis and longer-term trend analysis. Utilise such data to inform the development of risk stratification tools. Qualitative patient, and end user satisfaction and perception of Rapid Response Systems.

Potential Impact on Transforming Health

Reduce patient harm and unnecessary utilisation of critical care resources. Ensure early utilisation of patient centred choices of end of life care and avoid inappropriate acute interventions. Develop decision support tools for detecting inpatients at risk of deterioration. Early evaluation of the medically undifferentiated and complex patient, that transition through the Emergency Department, regardless of the time of day.

Stakeholder engagement

Health Service researchers from disciplines within acute medicine/surgery and critical care

Research Idea – Oliver Frank

Reducing the numbers of inappropriate GP referrals to public hospitals

Oliver Frank^{1,2}, Nigel Stocks¹, Richard Reed³

1. University of Adelaide

2. Northern Health Network

3. Flinders University South Australia

Background and Rationale

The quality of care provided in general practice influences demand on public hospitals, partly through the number and appropriateness of referrals made by GPs to public hospitals. Public hospitals have provided little or no feedback to general practitioners who refer patients with non-emergency problems to emergency departments or who refer patients to outpatient clinics, for whom care could and should have been provided elsewhere. The numbers and proportions of such inappropriate referrals are unknown.

Aim

To estimate the size of the problem of inappropriate GP referrals to public hospitals and to understand the reasons for them with a view to developing interventions to reduce the proportions of such referrals.

Research Idea

Quantify and describe the numbers, proportions and reasons for inappropriate GP referrals to public hospitals

Study design

Relevant hospital clinicians and experienced GPs will jointly review GP referrals to public hospital emergency departments and to outpatient clinics, judge whether each referral was appropriate, and if not, what other care could or should have been arranged for the patient.

For a sample of referrals considered inappropriate, referring GPs will be interviewed in order to gain an understanding of their reason(s) for the referral, and for not arranging alternative care that may have been more appropriate.

Potential Impact on Transforming Health

Decreased proportions of inappropriate referrals to public hospitals, and consequent reduction of demand on those hospitals.

Stakeholder engagement

Public hospitals in South Australia

The Adelaide Primary Health Network

The Royal Australian College of General Practitioners

Research Idea – Catherine Gibb
The impact of frailty on decision making in complex elective surgery

Catherine Gibb, Clarabelle Pham, Kanchani Rajopadhyaya, John Beltrame, Robert Fitridge, Jonathan Karnon
Central Adelaide Local Health Network

Background and Rationale

There is a growing recognition of the need to better manage patients at increased risk of poor surgical outcomes. Key targets for optimisation in Transforming Health include elective surgeries, but there is a question as to how the new systems will support the management of frail patients at high risk of perioperative morbidity and mortality after elective surgery.

Frailty is a marker for risk of morbidity, mortality and institutionalisation after surgery. Death rates in some vulnerable populations are as high as 30% in the three month period after surgery.

Frailty encompasses clinical, social and emotional states of health.

Aim

Establish a model to efficiently detect patients with frailty and increased perioperative risks. Deliver tailored appropriate management pathways prior to surgery. Appropriately consider alternatives to complex surgery in high risk patients. Better inform shared-decision making between clinicians and patients.

Potential Impact on Transforming Health

The proposed study will support the efficient integration of surgical and medical care alongside one of the key Transforming Health initiatives – the move to three dedicated elective surgery centres.

Better identification of the patient at increased risk of poor post-operative outcomes will enable the most optimal utilisation of the strengths and resources of the different surgical sites across SA Health.

Stakeholder engagement

Key stakeholders include

- clinicians across a range of specialties
- health services researchers and health economists
- nursing and allied health care providers
- patients

Research Idea – Sophie Guy

Preventing adult mental illness through implementation of a needs-based, best-practice workforce and health service planning framework

Sophie Guy,

Health Economics and Social Policy Group, School of Population Health, University of South Australia

Background and rationale

Mental illness is emerging as a wicked problem in Australia. Despite increased expenditure in recent decades, and considerable research energy being directed towards addressing the problem, rates of mental illness are not abating. The reasons for this are multifactorial but those particularly relevant to transforming health include: 1) failure to bridge the research-policy gap; 2) failure to direct resources towards modifying important risk factors for mental illness; and 3) failure to conduct needs-based workforce planning.

Aim

To prevent adult mental illness through development of a needs-based, evidence-informed mental health workforce and service planning framework.

Research idea

Our research idea is to collate: 1) evidence on risk factors for adult mental illness; 2) prevalence of risk factors in the SA population; 3) evidence on best-practice interventions and distil this information into a workforce and service planning framework for prevention of adult mental illness. Given the relationship between mental and physical health, the likely savings to health as well as to the justice, child protection, and employment sectors make a very strong case for reform. Moreover, there is potential for very large reductions in social harms as a result of action on mental health.

Potential impact on transforming health

Funding workforce based on comprehensive needs analysis would drastically improve access to essential services for those with risk factors for mental illness. This would also address inequities in mental healthcare that currently sees the most disadvantaged groups being least likely to receive services. Through taking a systematic approach to mental health service planning, this research has the potential to create a world-class mental health system for SA.

Stakeholder engagement

We are consulting with Child and Adolescent Mental Health Services, SA Health, and the Health Consumers Alliance of South Australia (HCA) on this project. We have partnered with HCA to conduct a consultation of young people with experience of accessing mental health services to gain an understanding of their views on youth-friendly services.

Research Idea – Susan Hillier

Rehabilitation – the how, where, why and for whom

Associate Professor Susan Hillier
University of South Australia

Background and rationale

Who receives rehabilitation, where and for what goals, has been receiving critical attention in specific diagnostic groups in the SA health care system. In particular we have been trialling implementation strategies to standardise and streamline assessment for rehabilitation in stroke units, and have found high levels of opaque practice and shifting sands.

Aim

Our overarching aim is to begin a data-driven inquiry into equitable, effective and sustainable rehabilitation services for all, irrespective of admission site.

Research idea and Study design

We propose to investigate the variability of assessment for rehabilitation, and subsequent referral patterns, across diagnostic groups and across the state. We would perform follow-up activity to evaluate the endpoint for the person regardless of receipt of rehabilitation. This will take the form of audit, interviews and individual patient questionnaires/telephone interviews. We will also conduct a systematic appraisal of relevant best practice literature and a scan of best practice in situ in other jurisdictions.

Potential impact on Transforming Health

In the context of Transforming Health and the early goals around transforming rehabilitation, we will be able to provide a map of current practice which can be benchmarked against best practice standards, across all relevant sites.

Stakeholder engagement

We propose to establish a team of experts to drive this project including all relevant disciplines and consumer groups, across diagnostic groups, local health networks and the rehabilitation spectrum. With our track record in undertaking this process for stroke rehabilitation, we feel well-placed to continue the process for all rehabilitation consumers in SA Health.

Research Idea – Kylie Johnston

Transforming the transition from hospital to home for people with chronic lung disease

Kylie Johnston¹, Mary Young², Debra Kay³, Aeneas Yeo⁴

1. Physiotherapist and Senior Lecturer, School of Health Sciences, University of South Australia.

2. Nurse Practitioner, Integrated Multi-disciplinary COPD Programme (inSCOPE), Department of Thoracic Medicine, Royal Adelaide Hospital, Central Adelaide Local Health Network.

3. State and National Consumer Representative; Guest Research Associate Consumer Engagement and Program Manager, International Centre for Allied Health Research (iCAHE), School of Health Sciences, University of South Australia.

4. Consultant Respiratory Physician, Integrated Multi-disciplinary COPD Programme (inSCOPE), Department of Thoracic Medicine, Royal Adelaide Hospital, Central Adelaide Local Health Network.

Background and rationale

Transitional care programs are internationally recognised as effective to reduce readmission and ED presentations and improve quality of life in people with chronic lung disease. These programs are established in most Australian states *but remain absent or haphazardly funded in SA*. In SA, 32% of patients leaving hospital after an admission related to chronic lung disease are readmitted within 28 days.

Aim

Evaluate care coordination by respiratory nurse practitioner plus early rehabilitation by physiotherapist at the time of transition from hospital in people with chronic lung conditions. Key outcome measures will be patient flow (28 day readmission rates), patient experience and integration of care into primary health.

Research idea

We have successfully piloted this approach (<http://aphcri.anu.edu.au/aphcri-network/research-completed/implementing-care-co-ordination-plus-early-rehabilitation-high>) demonstrating improvements compared with controls in 28 day readmissions and physical activity levels. This approach improved patient experience of transition, demonstrated collaboration with primary care services and was enthusiastically welcomed by GPs.

Study design

A controlled study powered to determine differences between current practice and implementation of this multidisciplinary initiative.

Potential impact on Transforming Health

This initiative delivers key Transforming Health priorities by proactively managing patients at risk of readmission and delivering seamless care across the tertiary/primary health continuum. It unlocks capacity by engaging nurse practitioners and delivering accessible early rehabilitation.

Stakeholder engagement

Our pilot study developed strong engagement with patients, primary and acute health care services, with evidence from all groups regarding the success of this approach and their commitment to see it delivered in a standardised way across SA.

Research Idea – Bogda Koczwara

Improving management of chronic conditions in breast cancer survivors

Prof Bogda Koczwara
Flinders Centre for Innovation in Cancer

Background and Rationale

Breast cancer is the most common cancer of Australian women. While cancer specific outcomes for breast cancer are excellent, majority of breast cancer survivors suffer from chronic conditions requiring hospitalisation and the rates of chronic conditions are higher than aged matched controls. While chronic disease management programs, are well established in management of non-cancer chronic conditions, this approach is not utilised in cancer and management of chronic conditions is not well integrated the overall care of cancer survivors.

Aim

To develop a model of chronic conditions management in breast cancer that could serve as a framework for chronic conditions management in other cancers.

Research Idea

Design and pilot an implementation strategy of the Flinders Program for management of chronic conditions in breast cancer survivors adapted for the needs and context of cancer management.

Study design (optional)

The study will utilise Pronovost model (BMJ 2008) and will consist of 2 parts – the formative cross sectional, mixed methods study and the prospective single institution pilot of an intervention.

Potential Impact on Transforming Health

The proposed approach offers an opportunity to address an area of major health need in a largest subset of cancer survivors that would lead to better integration and quality of care for cancer survivors. The approach, if successful, could then be adapted to other cancers where chronic conditions are prevalent.

Stakeholder engagement

This proposal builds on the results of the Cancer and Chronic Conditions Think Tank conducted by the Flinders Centre for Innovation in December 2014 which brought together clinicians, researchers and consumers interested in this area and thus initial steps of stakeholder engagement has already taken place.

Research Idea – Saravana Kumar
Testing and implementing *i-HOM-FRA* (In Home Falls Risk Assessment) tool: closing an evidence-practice gap

Dr Saravana Kumar, Dr Shylie Mackintosh, Ms Chrissie Isaksson, Ms Amanda Burton
School of Health Sciences, International Centre for Allied Health Evidence, University of South Australia

Background and rationale

Falls are a significant issue in Australian communities with devastating psychological, physical and medical impacts. Timely identification of falls risk with targeted, patient-centred interventions can ameliorate risks which are amenable to change. To date, the tools available to assess the risk of falls have had significant limitations (inpatient and non-allied health focus) and hence a falls risk assessment tool (*i-HOM-FRA*) was exclusively developed for use with older people at home in the community.

Aim

This project aims to test and implement *i-HOM-FRA* tool for use in older people at home in the community.

Research Idea

Despite a large and sound body of evidence on falls risk and means to ameliorate it, evidence-practice gaps persist. This research will test and implement a bespoke falls risk tool, developed in partnership by South Australian researchers and clinicians. The tool has a range of clinically relevant indicators, which complement evidence-informed falls risk factors, which together can be used to underpin healthcare decisions.

Study design

Mixed-methods using quantitative (psychometric testing) and qualitative (stakeholders perspectives of clinical utility and applicability) research methods.

Potential Impact on Transforming Health

One of the priorities for the Transforming Health is fragility fractures (as set out by the Clinical Advisory Group) and this project aims to implement an evidence-based practice approach to tackle this problem. The outcomes of this project will result in closing an evidence-practice gap in South Australia resulting in increased quality care and ensuring the wellbeing of older people in the community (thereby reducing unnecessary admissions).

Stakeholder engagement

This project's genesis was driven by clinicians (end users) who identified an existing need and engaged researchers. Therefore, the project has been underpinned by partnership, collaboration and engagement with different stakeholders (clinicians, administrators, clients and researchers). The proposed project builds on this approach and will engage with relevant stakeholders as required.

Research Idea – Kim Moretti
Improving workflow efficiencies and outcomes by electronic collection of patient symptoms prior to hospital visits

Associate Professor Kim Moretti Division Surgery, TQEH, Woodville Adelaide, SA.

Associate Professor Andrew Vickers Memorial Sloan Kettering Cancer Centre (MSKCC), NY, USA

Background and rationale

Many important medical outcomes are best reported directly by patients. OPD clinics are often under considerable time constraints. If this data can be collected electronically prior to an appointment as a routine part of clinical care, the workflow process is more efficient. The AMPLIO (Latin for “to improve”) team at MSKCC have developed software and use such a system in many of their clinics, and actively promote multi-institutional collaborations in a fashion that protects patient privacy and clinician confidentiality and meets regulatory requirements.

Aim

To institute an AMPLIO pilot program for collection of urinary, erectile and bowel dysfunction domains following prostatectomy surgery.

Research Idea

MSKCC has developed the “STAR” software which obtains such patient-reported outcomes. Patients complete an interactive, online questionnaire that is converted into a report for their clinician to use in the follow-up visit. Compliance rates are very high because the clinician finds the report clinically useful, and patients like their doctors to know how they are doing, and to proactively contribute to their personal care. AMPLIO is a bottom-up rather than a top-down system.

Study Design (Optional)

All patients presenting for follow up of radical prostatectomy within a CALHAN’s site will be engaged to contribute to the project, by either emailing them at home before their appointments, or for those without email access, provide iPads in clinic to complete the interactive questionnaire

Potential Impact on Transforming Health

Outpatient clinics will become more efficient, in that the questionnaire will be available immediately to the clinician (urologist) at the time the patient is seen. This “time saving” will allow for better workflows and greater efficiencies, lower costs, and enhanced patient comfort and convenience that come with providing treatment on an outpatient basis. Transforming Health is moving to an electronic medical record model of care, and as such this method of online interactive patient symptom collection would be highly desirable to foster that endeavour, as it could eventually be expanded to the other areas in which STAR already has software (external beam radiotherapy, breast reconstruction, rectal cancer, hysterectomy)

Stakeholder engagement

Amplio is led by Dr Andrew Vickers, Director of the Web Survey Core Facility at Memorial Sloan Kettering and he specializes in localized prostate cancer, clinical trial design, and outcomes research. He and his team are willing to provide resources and support for the pilot study and continuing advice and support if the project progresses further.

Research Idea – Claire Morris
Past, Present and Future: A Comparison of Home Rehabilitation service delivery models

Claire Morris
Repatriation General Hospital, SA Health

Background and Rationale

Home Rehabilitation services have traditionally consisted of home visits by clinicians. This has meant access to such services has been restricted to a local geographical area, excluding patients who live outside those boundaries, and clinicians or patients are required to spend valuable time travelling. Pressure on existing services due to an ageing population and increased incidence of disease including stroke is driving a reorganisation of services and service delivery.

Telerehabilitation was introduced into Home Rehabilitation ‘usual’ practice in July 2014 following RGH and Flinders University’s Tele-Health in the Home Project. The service now combines home visits with telerehabilitation (video-conference via iPad) and use of iPad for therapeutic apps including exercises.

Patients who live too far away for clinicians to visit at all can receive telerehabilitation alone.

Aim

To assess equivalence of outcomes when comparing 3 models of Home Rehabilitation: traditional home visiting only, mixed model of home visiting and telerehabilitation and telerehabilitation only.

Research Idea

Compare patient and service outcomes from Home Rehabilitation during 2011/12 with outcomes during 2014/15, after telerehabilitation was introduced. To develop and pilot a clinical model suitable for implementation across SA Health, discharging patients directly from acute units to home rehabilitation, and model requirements for a telerehabilitation-only service.

Study Design

A retrospective audit of outcomes from Home Rehabilitation service during above time periods. Outcomes will include patient functional measures, service delivery outcomes, costs and clinical activity. Implementation and evaluation of a pilot telerehabilitation-only service.

Potential Impact on Transforming Health

This research will provide data to support the re-design of Home Rehabilitation services to maximise access, reduce patient and clinician travel and increase efficiency whilst maintaining quality and safety.

Stakeholder engagement

SA Health, Country Health, Statewide Rehabilitation Clinical Network, Flinders University

Research Idea – Patrick Russell
South Australian Deprescribing Initiative

Patrick Russell, MD

Consultant Physician, Department of Internal Medicine, Royal Adelaide Hospital

Background and Rationale

Polypharmacy, often defined as ≥ 5 medications, is common in elderly patients and associated with numerous bad outcomes including increased risk of falls, cognitive decline, and death. Efforts to reduce medication burden are hindered for a multitude of reasons that are structural, cultural, or related to clinical processes. Ceasing or reducing a medication or dose is called deprescribing.

Aim

To assess the safety and sustainability of inpatient deprescribing for elderly patients in hospital being discharged to residential care.

Research Idea

Deprescribe medications whose time to benefit is longer than the individual patient's life expectancy.

Study design (optional)

Multi-site, randomised control trial of deprescribing of patients in-hospital who will be discharged to residential care. This will be a superiority study with a primary outcome of mortality. Secondary outcomes will be readmission rate, frailty, quality of life, falls, cognitive decline, and skin integrity.

Potential Impact on Transforming Health

This study has a number of overlapping aims. First, to provide Australia with robust data on the safety of deprescribing and its effect on the other listed outcomes. Second, to inculcate a more consistent culture of rational use of medications in elderly patients by demonstrating the cognitive and physical benefits of deprescribing.

Stakeholder engagement

This project will span hospitals, academic institutions, clinical settings (inpatient and outpatient), and disciplines (clinical hospital pharmacy, geriatrics, community pharmacy, clinical pharmacology, general practitioner, residential care nursing staff, and general physicians).

Research Idea – Ian Spark

Consistency in Peripheral Arterial Care

Professor Ian Spark
Flinders University

Background and rationale

Variance in inter-hospital management of Peripheral Arterial Disease may lead to variance in patient outcomes and length of stay. Currently vascular surgical management of patients with Peripheral Arterial Disease (PAD) is not uniform across South Australia.

Flinders Medical Centre (SALHN) seek to observe and record variance in clinical management practices of PAD between vascular sites to facilitate cross pollination of clinical practices to facilitate the best outcomes for consumers.

Research Proposal

A four-year prospective observational study to gather a range of intervention and outcome data on patients diagnosed and/or treated for PAD in any tertiary public hospital in South Australia.

The review will focus on clinical practice to achieve the goals of:

- Discovery of potential practice efficiencies
- Learning through cross pollination
- Standardisation of clinical practice
- Informing maximisation of clinical outcomes

Study Design

Development of a data gathering tool, utilising existing systems, for the purpose of consistent and reproducible collection of data pertaining to the four key outcome markers described above.

Development of matrices of current PAD Vascular Surgical practices across South Australia, to determine variances in current state practices and inform clinical practice improvement / standardisation initiatives.

Potential Impact on Transforming health

Aligns with overarching goals of seeking to provide patients with the best care, first time, every time, regardless of site where care is delivered.

Stakeholder Engagement

Establishment of a research steering committee to involve key stakeholders within the Vascular Surgical teams across South Australia, and consumer representatives. This committee will direct the research efforts and facilitate a vehicle for communication with appropriate executive bodies.

Research Idea – Rosanna Tavella

Appropriateness of Elective Angioplasty/Stenting – Optimising Patient Centered Care

Rosanna Tavella

Central Adelaide Local Health Network, The University of Adelaide

Background and Rationale

Elective percutaneous coronary intervention (PCI, or angioplasty/stenting) for stable heart disease costs the South Australian health system over \$10million/year and is associated with a 2.5% complication rate. Importantly, clinical trials show this procedure does not reduce cardiovascular events beyond that achieved with medications. Moreover, 50% of patients continue to experience chest pain 12 months following PCI. Thus its clinical effectiveness should primarily focus on patient-centred outcomes.

Aim

To improve appropriate use of elective PCI by identifying characteristics of patients who derive symptomatic benefit at 12 months following procedure.

Research Idea

Utilising the Coronary Angiogram Database of South Australia (CADOSA), the characteristics of patients who benefit from elective PCI can be identified. This can be used to develop a clinical algorithm for clinicians to use in selecting appropriate patients for elective PCI.

Study design

CADOSA collects 12-month patient-related outcome measures (PROM's) but further active recruitment will ensure a sufficient sample to develop a meaningful algorithm. The algorithm will then be assessed for its clinical utility and improvement in value healthcare delivery.

Potential Impact on Transforming Health

Consistent with the Transforming Health (TH) focus on patient-centred care, this project will incite a paradigm shift in cardiology mindset, promoting the TH mantra by ensuring appropriate use of elective PCI and thus 'best care, first time, every time'.

Stakeholder engagement

This project will involve collaboration with the Safety & Quality Unit in SA Health, utilizing the Department's digital health intelligence to streamline the PROM's collection via an innovative electronic tool.

Research Idea – Deborah van Gaans ***Improving Accessibility to Health Services***

Dr Deborah van Gaans
Centre of Research Excellence in Prevention of Chronic Conditions
School of Health Sciences, University of South Australia
South Australian Health & Medical Research Institute (SAHMRI)

Background

Cardiovascular disease within Australia continues to increase due to an ageing population and higher survival rates following a cardiac event. Out-patient cardiac rehabilitation programs can lessen the impact of the disease, however issues of accessibility mean that these services are greatly underutilised.

Aim

- To identify the accessibility of out-patient cardiac rehabilitation programs to the elderly, professionals and Aboriginal and Torres Strait Islander patients in Australia.
- To highlight where future investment in specific components of out-patient cardiac rehabilitation should be targeted to decrease the barriers for the elderly, professionals and Aboriginal and Torres Strait Islander patients in Australia.

Research Idea

Improve the match between the health service and clients.

Study Design

All out-patient cardiac rehabilitation programs in South Australia will be surveyed to assess their accessibility against the known barriers.

Responses from the survey will be incorporated into a Geographic Information System (GIS) to create a multi-factorial spatial model of accessibility. Individual maps of accessibility for each of the population groups will be created.

Hospital admission data for admissions for cardiovascular disease will then be obtained for each of the population groups and analysed against the accessibility to out-patient cardiac rehabilitation programs.

Potential Impact on Transforming Health

Better service planning aimed at increasing participation in cardiac rehabilitation programs by at-risk populations through improved access by service planners and managers to information for determining the barriers that hinder access these services, whereby they are able to design and delivery more customised services to meet the specific needs of targeted at-risk populations.

Research Idea – Amy Watts

Reducing Hospital Length of stay: A multi-disciplinary approach

Amy Watts

Flinders University, Department of Orthopaedics

Background and Rationale

Readmission and hospital length of stay (LOS) following a procedure are important quality indicators and markers of resource utilisation respectively. With an ageing population and increasing burden of osteoarthritis the demand for orthopaedic surgery and joint replacement treatment options is of increasing importance. Joint replacement surgery plays an important role in improving quality of life and reducing the disability burden, however more can be done for patients to get them home and active sooner. Healthcare in South Australia encompasses patient centeredness, outcomes, safety, and access to equitable high-quality, while ideally providing efficient healthcare at a relatively low cost.

Aim

To reduce hospital length of stay for elective Total Joint Replacement using a multi-disciplinary hospital approach.

Research Idea

To re-evaluate current hospital protocols on all aspects of patient care. Assess the use of waiting list prioritisation tools, education seminars, anaesthesia methods which enhance fast recovery and early discharge, goal oriented rehabilitation and confidence building programs. This will be achieved by a multi-disciplinary approach where units of orthopaedics, anaesthesia, rehabilitation and physiotherapy and nursing will be responsible to look at ways to enhance patient recovery and reduce length of stay by returning medically stable patients to their home environment. Audits will be conducted across departments to document progress and reflect on practice change.

Potential Impact on Transforming Health

The principals of this project align with the goals of Transforming Health to reduce hospital length of stay, reduce mortality and provide financially sustainable healthcare while maintaining a patient centred approach.

Stakeholder engagement

Joint replacement centres, Flinders University School of Medicine.

Research Idea – Paul Yerrell

Beyond the Cancer Data and Aboriginal Disparities (CanDAD) Project: Sustaining clinical system change; what works, for whom, and in what circumstances, and why?

Dr Paul Yerrell

Wardliparingga Aboriginal Research, SAHMRI on behalf of the CanDAD Aboriginal Community Reference Group and Research Team

Background and Rationale

CanDAD seeks to assess the unacceptable disparities between Aboriginal and non-Aboriginal South Australians in incidence, mortality, survival, stage, stage adjusted survival, extent of co-morbidity and technical appropriateness of treatment by socio-demographic descriptors. Uniquely, this data will be linked with Aboriginal patients' and service providers' narratives of cancer and cancer services to facilitate assessment of existing service quality and appropriateness, trends in cancer risk, burden and determinants, and areas of immediate need.

Key outcomes from this process will be to map issues for areas of prioritisation and feasibility for clinical system change from the perspectives of service providers and consumers and to develop an Aboriginal Self-Report Outcome Measure (AS-ROM) to enable ongoing monitoring and quality improvement of cancer services.

Aim

To enable long-term, sustainable data-linkage of clinical and AS-ROM data in a complex environment where multifaceted interventions at patient, provider and system levels are required.

Research Idea/Design

To deploy AS-ROM as part of routine service delivery with linkage to clinical data. Identified, potential, system interventions would be road-tested using the 90-Day Change Project methodology.

Potential Impact on Transforming Health

Findings will inform the Statewide Cancer Control Plan for cancer services for Aboriginal people and directly influence policy development via a coalition of CanDAD partnered organisations.

Stakeholder engagement

CanDAD Governance: Aboriginal Community Reference Group

CanDAD Partners: SAHMRI; UniSA; SA Cancer services (including Breast Screen SA); Cancer Council SA; Cancer Council SA's Beat Cancer Project; SA Department for Health & Ageing; Aboriginal Health Council of South Australia; and SA-NT DataLink.

Appendix: Evaluation summary

The evaluation comments provide valuable information to inform our planning for future events.

An invitation flyer was circulated through HSRAANZ, PHCRIS, SAHMRI and Cancer Voices, communication via email, shared on social media, and stories on the Flinders University website.

- Number of registrations: **N=96**
- Number of attendees (approximate): **N=50**
- Number of evaluations returned: **N=13** (26% approximate response rate)

Expectations

Participants came to the workshop with a range of expectations. They were keen to learn, think about their own contribution to Transforming Health, and hear proposals from 'colleagues, stakeholders, community etc. re research plans and ideas'. Others were interested in strategies for evaluation of Transforming Health.

Were expectations met?

Over 60% of respondents said their expectations of the event were met. They liked the wide range of ideas/ proposals; the quality and passion of the presentations; exchange of ideas; discussion/Q&A opportunities as well as the opportunity to put faces to names. The presence of senior health executives was appreciated as was the inclusion of all submitted abstracts in the programme. Networking was important and respondents indicated sufficient time was provided at the event.

The value of the event was reflected in the evaluation responses. Comments included:

- *Range of presentations – modelling, health economics; LARS perspectives as well as patient journeys, care transitions – very thoughtful selection process.*
- *Great exchange of ideas – opportunities to strengthen research base of health staff. Provide staff input into development of evaluation research agenda.*
- *Quality presentations; short sharp presentations.*
- *Hearing more about the proposals and putting names to faces. Good to hear many proposals embedded system's thinking.*
- *Good to have leading executives present.*
- *Great exchange of ideas – opportunities to strengthen research base of health staff.*

Areas for improvement

Areas for improvement included: the room layout; opportunities for Q&A from keynote speakers; sharing of email addresses; more information on the selection process for Research Ideas; and a stronger linkage from some presentations to Transforming Health. There was a comment that greater engagement from senior academics could assist in changing/improving training of health care professionals. One respondent noted the value of extending the focus into community care and prevention.

There was support for holding a similar forum a couple of times a year to ensure people stay informed of progress. As one respondent noted, 'the wrap-up was good and it would be useful to advance this conversation at an early opportunity'.

Suggestions to reduce the gap between research, policy and practice

Indicative responses included:

- *Research ideas need to be expressed, heard, nurtured, engage partners (& more!) as pre-requisite to getting a Guernsey at policy level. This was a great start!*
- *Use language such as 'exchange' rather than translation. Translation suggests expertise with one group - policy & practice, also have expertise to exchange.*
- *Joint appointments between University sector & SA Health. Student research projects based on 'business' /industry needs.*
- *When applying evidence to practice, don't stop the intended model if outcomes aren't achieved in a short time frame - tweak the intervention and re-trial them. Don't give up on clinicians. Keep supporting them. They can't do everything.*
- *Ensure research based programs/projects are linked to partners who would take the evidence to practice, include policy maker, clinician & community.*