

Metro North Hospital and Health Service *Putting people first*

Caboolture and Kilcoy Hospitals and
Woodford Corrections Health

Research Report

January 2019 – June 2020

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Research continues to drive evidence-based health care at Caboolture and Kilcoy Hospitals, and Woodford Corrections Health. As A/Executive Director, I have observed a positive research culture underpinned by multi-disciplinary collaboration and a desire to translate research into clinical practice. With the complexity and projected growth of our patient population we need to challenge ourselves to discover better health interventions and methods of service delivery.



In 2019, with the support of the MNHHS Office of Research and The Common Good, we welcomed our inaugural Research Director and appointed four Research Coordinators to build research capacity within each service line. This investment in research support will equip staff with the skills required to conduct high quality clinical and health service research.

In the last 18 months, Caboolture and Kilcoy Hospitals and Woodford Corrections Health staff have collaborated on 52 peer-reviewed publications and attracted over \$500k in research grant funding. I am excited that 28 new projects were approved across nursing, medicine and allied health and a growing number of staff enrolled in research higher degree programs.

Our research teams are leading and contributing to several high quality randomised controlled trials in children's health, emergency medicine and intensive care. Furthermore, our Intensive Care Unit (ICU) is contributing to several high-quality international trials implementing innovative methodologies to address septic shock and community acquired pneumonia.

We are committed to research that will benefit the health care needs of the local community. For example, we know there are increased admissions of patients with diabetic keto-acidosis in rural, regional and outer metropolitan hospitals like Caboolture. Therefore, our Emergency Department, with the support of the Emergency Medicine Foundation, is investigating individual and combined predictors that contribute to diabetic keto-acidosis and exploring interventions to improve the standard of care of people with type one diabetes in the local community. In parallel, ICU staff are leading a pilot trial to determine which type of fluid is best for the treatment of these patients should they be admitted to the ICU.

I hope you enjoy our 2018-2019 CKW Research Report which highlights stories of research successes across the service lines at Caboolture and Kilcoy Hospitals, and Woodford Corrections Health.

A handwritten signature in black ink that reads "Angie Dobbrick".

Angie Dobbrick

Acting Executive Director

Caboolture and Kilcoy Hospitals, and Woodford Corrections Health

CABOOLTURE AND KILCOY HOSPITALS
AND WOODFORD CORRECTIONS HEALTH
RESEARCH SUPPORT PERSONNEL



Research Development Unit

Since its inception in 2014, the Research Development Unit (RDU) at Caboolture and Kilcoy Hospitals, and Woodford Corrections Health has grown research capacity through the sourcing of research support, sharing of research training opportunities; and the provision of individualised advice to clinicians on research governance, design, evaluation and dissemination.

In 2019, Metro North, in partnership with The Common Good, dedicated funding to grow the RDU, which now comprises seven part time staff with diverse research expertise in diagnostic, therapeutic and health service research.

The 2019/2020 financial year has seen a 25% increase in peer-reviewed research outputs and over \$600,000 in research funding for Caboolture and Kilcoy Hospitals, and Woodford Corrections Health Staff. Furthermore, there has been increased participation in high quality international trials and registries.

How can the RDU help?

- The RDU team is based at Riverside – there are often desks available for clinicians to spend time working on projects. There is parking on site and SPSS software on all computers
- The RDU can help work out whether a project is research or quality improvement and from there advise on study design, steps to progress ethics, how to partner with Universities and can link staff to other Metro North research support e.g. statisticians, ethics information clinics, health economics.
- The RDU provide education for small groups based on local needs/questions i.e. REDCap for research and quality improvement project data management.
- The RDU are available to chat to anyone considering a research higher degree (Masters or PhD) – most of the team have one!
- Contact RDU.Caboolture@health.qld.gov.au to arrange a time or for more information.



(L to R, top to bottom). Julia Affleck, Dr Louise Purtell, Dr Thuy Frakking, Stacey Watts, Kylie Annetts, Dr Alison Craswell, A/Prof Chris Carty & Dr Kelsey Pateman

Research Governance Officer

The Research Governance Officer, Vanessa Constable, coordinates the site authorisation of research studies undertaken at Redcliffe Hospital, Caboolture-Kilcoy Hospitals and Community and Oral Health.

The Research Governance Officer provides a contact point for questions in regard to research ethics and governance. Early contact with the Research Governance Officer is recommended for staff and external researchers wishing to undertake research at Caboolture Hospital.

Vanessa Constable

Research Governance Officer

Redcliffe, Caboolture and Kilcoy Hospitals Community and Oral Health
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Caboolture Hospital Library

The COVID-19 pandemic saw a major change to Caboolture Hospital Library Services with the Library closed from March and Librarian based at Redcliffe until July. All services were maintained and after the initial intensive research on COVID-19 and related issues, focus turned to research and quality activity support.

Information sources consisting of databases, full-text journals and eBooks are available to staff via the state-wide Queensland Health portal CKN and the Queensland Health Libraries portal. All online resources are 24/7 via the Internet following initial registration. Our professional certified health librarian, Jane Orbell-Smith AFALIA (DCP) Health, CHIA, provides high level training and a range of information related to support library clients. Services include literature (evidence) searching, publishing support, research support, study support, sourcing reference material, training, and consumer and practitioner health information literacy.

Jane Orbell-Smith

Libraries Manager – Redcliffe and Caboolture Hospitals' Libraries

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E: RedCabLibrary@health.qld.gov.au

W: <http://redcab.libguides.com/RedCabLibrary>



QIMR Berghofer Statistics Unit

The QIMR/MNHHS Statistics unit provides a statistical consultancy service to the Metro North Hospital and Health Services and collaborate in research with clinicians and scientists. Biostatistical services available for researchers at Caboolture Hospital include assistance with:

- Study design, sample size/power calculation, statistical test selection and formulation of quantitative data analysis plans.
- Data collection advice
- Statistical analysis and interpretation
- Preparation and writing manuscripts with response and rebuttal of reviewers' comments



Karen Hay is the contact person for Caboolture Hospital. Karen has extensive experience across disciplines, particularly in observational studies and is pleased to be able to continue to offer support for research at Caboolture Hospital. If you require assistance, please complete the google form available here or email Karen for the link:

https://docs.google.com/forms/d/e/1FAIpQLSdCu7CPi35ugMkHG289oM_40dLVJCoHZnrtZ2jzDz2zIDAo1g/viewform?usp=sf_link

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Links 4 Health

The Links 4 Health collaboration between Caboolture Hospital (CH) and the University of Sunshine Coast (USC) aims to build positive and productive working relationships between the two organisations focussed the health of the Moreton Bay North Region. The strategic collaboration promotes links across four shared project areas and enables targeted reciprocal honorary / adjunct appointments across a wide range of multi-disciplinary professions and academic disciplines. The strategic timing of the collaboration also complements major redevelopment across both institutions. From a Caboolture Hospital perspective, the collaboration will indeed inform evaluations of unique and innovative Models of Care aimed at improving patient and family centred care for the Caboolture community. Over the past 12 months the LINKS 4 HEALTH leadership team has been working hard to refine projects that will be implemented over the next three years. These projects include:



1. Complex Care associated with Cognitive Impairment

Project Leads: Anne Bourke (CH) and Dr Christine Palmer (USC)

A unique Allied Health cognitive clinic model of care will be designed, implemented and evaluated. In brief, the model of care will allow Allied Health professionals to assess patients with cognitive impairment and to provide a preliminary report. The report can then be reviewed by the geriatrician in advance of the patients scheduled appointment. It is expected that the Allied Health cognitive clinic model of care will reduce the length, waiting times and waiting lists associated with geriatrician consultant outpatient appointments at Caboolture Hospital.

2. Organisational behaviour and leadership development

Project Leads: Adam Kent (CH), Donna Ward (CH), Dr Wayne Graham (USC)

Organisational Behaviour: This project will develop an organisational change management evaluation tool informed by Caboolture Hospital's 2019 Organisational Leadership Restructure. Prospective interviews with staff and managers impacted by the organisational restructure and organisational performance metrics be evaluated. The new organisational change management evaluation tool and results of the evaluation will be presented to hospital executive who will consider the recommendations and findings in the context of any further changes with the organisational structure.

Leadership Development: A series of six leadership workshops were conducted following the Caboolture Hospital Organisational Restructure with identified Leaders across the Directorate and Dr Wayne Graham.

- i. Introduction to new organisational structure, understanding what is important from the new leaders & Collaborative Leadership Model
- ii. Collaborative Leadership Roles and Responsibilities, Performance Measurement, Corporate Governance & Strategic Visioning for Metro North over the next 10-12 years & how Caboolture was part of that vision
- iii. Values in Action Part 1 – establishing a set of agreed Leadership Values
- iv. Values in Action Part 2
- v. Staff Wellness and Leadership Responsibilities
- vi. Best Practice Australia (Staff Survey) results relating to Leadership, Consumer Feedback Results and Future Leadership Workshops

The success of the workshops will inform several key initiatives that will be explored and implemented over the next three years of the LINKS 4 HEALTH collaboration including co-development of: generic and specific leadership on-boarding programs for each senior leadership role within the organisation, leadership development/education and training pathways for future leaders, and communication strategies education resources to improve engagement with the workforce on decisions and actions.

3. Research in Healthcare

Project Leads: A/Prof Chris Carty (CH) and Dr Alison Craswell (USC)

A key deliverable of the LINKS 4 HEALTH collaboration was the appointment of two conjoint positions in late 2019 (A/Prof Carty, Dr Craswell). A/Prof Carty and Dr Craswell have been working together to establish and nurture collaborative research between CH and USC in 2020. Current research strategies are aligned with organisational priorities related to models of care in medicine and older persons, emergency medicine and ICU. Furthermore, Dr Craswell has led the development of a number of nurse led research projects including “Peripheral Intravenous Catheter Management in Childbirth” (Assoc Prof Lauren Kearney (USC), Dr Alison Craswell (USC), Catherine Alexander (CH), “Vegetable intake in pregnancy” (Dr Jude Maher (USC), Dr Alison Craswell (USC), Catherine Alexander (CH), Sandra Lee (CH) and also mentored the enrolment of two clinical staff member into Higher Degree Research programs at USC (Katrina Cook and Paul Kemp).

4. Education through online learning

Project Leads: David Liddy (CH) and Dr Wayne Graham (USC)

This project will focus on skills for educating staff through online learning. USC has been using this platform for facility learning. This project would look at how CH could improve their skills in Online Learning for staff. LMS and Blackboard are two programs suggested.

FEATURED RESEARCH
HIGHLIGHTS



Integrated children's clinic care (ICCC) versus a self-directed care pathway for children with a chronic health condition: a multi-centre randomised controlled trial

Principal Investigator: Dr Thuy Frakking & Dr John Waugh
Caboolture Hospital investigator/site lead: Donna Ward, Kylie Annetts, A/Prof Christopher Carty

Background: Children with chronic health conditions have better health-related outcomes when their care is managed in a personalised and coordinated way. A community based service-integration approach, rather than self-directed care is proposed as increased service linkages are more likely to occur and improve the health outcomes of children with a chronic health condition. An open, unblinded, multi-centre randomised controlled trial across 3 Australian public hospitals was conducted, which evaluated the effectiveness of the role of an Allied Health Liaison Officer on caregiver, child quality of life outcomes and service usage across Education Queensland, Queensland Health, community and primary care sectors.

Status update: After 3 years, finalised recruitment of more than 80 families from Caboolture Hospital, Gold Coast University Hospital and Queensland Children's Hospital general outpatient clinics. Our team are now in the data analysis phase.

Outputs: Our study protocol has been published in BMC Pediatrics and we've had requests for our results from colleagues within NHS to date. Our team were successful in excess of \$250,000 in competitive grants to support this project with thanks to The Prince Charles Hospital Foundation, Allied Health Professions of Queensland and Children's Hospital Foundation.

How will this research improve health for Caboolture patients and families? Families and children who have had additional access to an Allied Health Liaison Officer have anecdotally been linked into more services within our communities than families who have had to advocate for services on their own. We hope that we will have a balance of clinical and cost-effective outcomes (following our data analyses) to support sustainable funding of an Allied Health Liaison Officer role across all general paediatric outpatient clinics in Queensland.



(L to R). Dr John Waugh, Dr Thuy Frakking, Donna Ward

Why did you choose Caboolture Hospital as a research site? Caboolture Hospital was chosen as a lead site for our project because we knew that health literacy was a contributing factor towards cross-sector advocacy for our families.

What prompted you to develop your research questions? As paediatric allied health and medical professionals, we kept seeing many of our children and families with diagnosed chronic conditions re-present to review appointments without any success in educational or community linkages for further supports. This was frustrating as traditional formal reports were not effective in helping obtain relevant allied health supports in the community, despite our best efforts.

What were your challenges in conducting your research? Navigating the complexities of obtaining ethical and governance approvals across Queensland Health, Education Queensland and Department of Human Services. Maintaining momentum of the project in the context of changing organisational priorities.

How did you balance doing research with your normal clinical activities? We were lucky to receive grant funding to support this project exclusively.

Where next for your project? Dissemination of our results via conferences, publications and executive leads to advocate for sustainable funding of Allied Health Liaison Officer roles embedded into usual practice. Translational research on a national scale to see generalisability of results across different states in Australia and for more children and families to benefit from access to an Allied Health Liaison Officer.

Other additional information you would like to add/highlight? This project highlights the importance of how clinical practice drives research; and vice versa to improve the way we deliver care to our most vulnerable children and families.

WOMEN, CHILDREN & FAMILIES

Association between type of phototherapy management and hospital & patient related outcomes in neonates with non-Haemolytic jaundice at an Australian community hospital

Principal Investigator: Dr Manuel Bautista

Background: We aimed to compare different exposures of LED phototherapy (biliblanket alone vs biliblanket plus overhead lamps) to manage babies with non-haemolytic jaundice and see how it impacted on baby's and hospital's outcomes.

Status update: It was a retrospective observational study. We obtained an ethics waiver. Our main results showed that LED double-sided phototherapy was associated with faster reductions in SBR levels for non-haemolytic jaundice in term neonates. Age at initiation of phototherapy was associated with phototherapy treatment duration in neonates with non-haemolytic jaundice. We have also submitted for publication.

How has this project improved health for Caboolture patients and families? Results from our retrospective observational study showed that our phototherapy approaches seem to be relatively safe. When deciding what phototherapy method to use, we can consider being aggressive using multiple lights, dropping babies' bilirubin levels faster for older babies who returned from the community. That means sending them home quickly, or for younger babies we can consider using a biliblanket for longer and keeping them with their mothers. It opened the question about the role of home phototherapy in our unit. It gave us the framework to plan an RCT to assess bond, attachment and outcomes more systematically.

Why did you choose to do research here? There is a great opportunity given the number of babies we treat in our unit every year. It is something we can do better.

What prompted you to develop your research questions? There is a lot of variation in the guidelines about management of neonatal jaundice. We also have a lot of personal variation in how we choose one or another method of phototherapy. It is one of the most common interventions in our unit and it makes sense to develop a more baby-mother friendly approach still cost effective for the hospital.

What were your challenges in conducting your research? Accessing and collecting data. We still have physical charts and we had to review them one by one for many of the included variables.

How did you balance doing research with your normal clinical activities? I committed most of my non-clinical time to do it. There were weeks I could make a lot of progress and other times when no progress was made for many weeks depending on my other clinical commitments. Also, having a dedicated research coordinator allowed for this idea to progress from a simple audit to a research question and the basis for other prospectively designed research.

Where next for your project? We are designing a research protocol for a randomised control trial comparing single vs double-surface phototherapy and assessing hospital related outcomes as well as the impact of those interventions on parent and baby bond and attachment.



Dr Manuel Bautista

BLING-III: Beta lactam continuous infusion versus intermittent infusion in septic shock

Local Chief Investigator: Dr Timothy Warhurst

Local Associate Investigators: Dr Mahesh Ramanan, Dr Alexis Tabah

Background (e.g. what the study is about): This is a large multinational randomised controlled trial of two different antibiotic delivery techniques. Beta-lactam antibiotics are a group of antibiotics commonly used to treat infection in patients with sepsis and septic shock. Currently, beta-lactam antibiotics are most commonly given to patients as intermittent infusions that is, given at regular intervals throughout 24 hours. However, giving the beta-lactam antibiotic as a continuous infusion may mean that antibiotic concentrations in the blood remain more consistent and may be more effective at killing bacteria. Previous studies in humans have not been large enough to show if there is any benefit to the patient by giving beta-lactam antibiotics this way. The purpose of this research is to explore whether beta-lactam antibiotics, commonly used in the treatment of sepsis, work better when they are administered by 24-hour continuous infusion as opposed to multiple intermittent infusions each day.

Status update (e.g. ethics/recruitment/results): BLING-III is first randomised trial that Caboolture ICU has ever participated in. Funded by NHMRC and sponsored by the George Institute of Global Health, the BLING-III trial aims to recruit 8000 patients. Caboolture ICU has consistently been one of the highest recruiting sites in the world (when recruitment is indexed to ICU beds) among ~125 ICUs from 7 countries.

Sodium Chloride Or Plasmalyte Evaluation for Diabetic Keto-Acidosis (SCOPE-DKA Trial)

Principal Investigator: Dr Mahesh Ramanan & Professor Bala Venkatesh (PA Hospital)

Background: Diabetic keto-acidosis (DKA) is a common acute complication of diabetes (both Type 1 and Type 2) which is becoming increasingly common in Australia and leads to hospitalisation and sometimes ICU admission. Most of the increase in DKA admissions is happening in rural, regional and outer metropolitan hospitals like Caboolture. The four cornerstones of therapy for DKA are treating the trigger (e.g. urine infection, missing some insulin doses) intravenous fluids, insulin and electrolytes.

The SCOPE-DKA project is aimed at determining which type of fluid is best for DKA patients. The SCOPE-DKA trial is designed to test the two most commonly used fluids- sodium chloride 0.9% solution and Plasmalyte-148. The trial is pilot study, meaning that our main aim is gather information that will allow us to conduct a large, definitive trial in the future to determine whether outcomes, such as reversal of DKA, hospital and ICU length of stay, are better with one or the other type of fluid.

How will the study improve health for Caboolture patients? The big picture goal is to improve the management of DKA and provide well-researched evidence that can inform the development of guidelines and protocols for DKA. We want patients to get out of hospital faster and bounce back to their normal lives sooner after DKA.

Status Update: SCOPE-DKA commenced recruitment in September 2019 and the pilot trial is due to be completed in September 2020. Caboolture Hospital is the lead site with 6 other hospitals in Queensland also recruiting patients. Caboolture Hospital ICU has recruited approximately 65 patients to date. As soon as recruitment finishes, the results will be analysed promptly to work out whether a definitive trial is feasible.

Randomised, Embedded Multifactorial, Adaptive, Platform Trial for Community Acquired Pneumonia (REMAP-CAP)

Caboolture Hospital Site Principal Investigator: Dr Mahesh Ramanan

Coordinating Principal Investigator: Professor Steven Webb (Monash University)

Associate Investigator: Dr Ramsy D'Souza

Background: Each year in Australia, Community Acquired Pneumonia (CAP) results in more than 7000 patients being admitted to an Intensive Care Unit (ICU) of whom 1400 die. Patients with severe CAP receive a combination of multiple different treatments such as antibiotics to treat infection and treatments to manage or prevent key organ failures. There are often many available options for each therapeutic category. The evidence base for existing treatments is of low quality, resulting in variation in guidelines as well as variation in clinical practice. Clinicians do not know which treatment options are best. REMAP-CAP is a new type of trial, known as a Platform Trial, has been in development since 2011.

How will the study improve health for Caboolture patients? The study aims to improve survival and recovery for patients with pneumonia. It is a platform trial whereby researchers analyse the results during the trial rather than only at the end, meaning participants have a better chance of getting a better treatment the longer the study is in progress. Additionally, the novel design of the REMAP-CAP trial enables it to adapt in the event of a pandemic. This should then improve patient outcomes, benefiting the hospital and the community in general.

Status Update: Led by Monash University's Australian and New Zealand Intensive Care Research Centre there are currently over 200 hundred participating sites, across 14 countries. Recruitment at Caboolture Hospital began in April 2020 and plans to continue until 2022.

Treatment of invasively ventilated adults with Early Activity and Mobilisation (TEAM) trial

Caboolture Hospital Site Principal Investigator: Louisa Lightfoot

Coordinating Principal Investigator: A/Professor Carol Hodgson

Associated Investigators: Dr Mahesh Ramanan, Dr Roland Bartoldy, Hannelie De Beer

Background: Invasive mechanical ventilation (IMV) is a life-saving intervention, however patients receiving this intervention are typically confined to a bed with no active exercise. Consequences related to this immobilisation include muscle weakness and wasting, which in turn contribute to increased hospital length of stay, increased mortality after hospital discharge and poor long-term functional recovery. Developed over the past eight years, a multidisciplinary intervention called “early activity and mobilisation”. The TEAM trial was developed to evaluate the effect of early activity and mobilisation during prolonged IMV in the composite outcome “days alive and out of the hospital to day 180”. The effect of the intervention on mortality, health status, physical function and cognitive function at day 180, as well as the cost-effectiveness of the intervention will also be evaluated. The trial aims to recruit 750 patients worldwide, with Caboolture representing one of 38 sites.

Status Update: This is the second, ever multicentre RCT that Caboolture ICU has participated in, and the first with an allied health intervention. We plan to recruit ~5-8 patients in the TEAM trial, with an over-arching plan to embed allied health research into the ICU going into the future.



(L to R): Rachel Bailey, Dr Mahesh Ramanan, Louisa Lightfoot & Lincy Joby

Transforming nursing assessment in acute hospitals: a cluster randomised controlled trial of an evidence-based core assessment protocol (the ENCORE trial)

Principal Investigator: Prof Clint Douglas

Caboolture Hospital Investigators/site leads: Prof Clint Douglas; A/Prof Carol Windsor;
Adjunct Prof Robyn Fox; Dr Catriona Booker; Adjunct Prof Alanna Geary

Background: In re-focusing nursing assessment practices from minimal vital signs recording to purposeful assessment, the ENCORE intervention was developed to strengthen nurse surveillance to ensure adequate and ongoing monitoring of acute care patients' health status. This practice model was designed to optimise nurses' capacity to detect and act on emerging indicators of a change in patient status, enabling early intervention for preventable deterioration, adverse events and patient deaths.

The aim of this study was to rigorously evaluate, using a cluster-RCT design, a systems initiative for improved nursing assessment of acute care patients to determine its effect on patients, staff and economic outcomes. Specifically:

- Implement an innovative, evidence-informed model of nursing patient assessment within a systems change framework (ENCORE), on allocated acute care wards
- Evaluate the impact of the ENCORE intervention on patient and staff outcomes
- Establish benefit-to-cost ratio of the ENCORE intervention

What prompted you to develop your research questions? The project has built upon three years of research activity by a collaborative team of nurse researchers from Queensland University of Technology and nurse leaders at the Royal Brisbane and Women's Hospital. This activity resulted in several landmark studies on nursing assessment practices around patient deterioration. The research showed that nursing assessment practices were narrow, focused on vital signs and concentrated at the pointy end of actual patient deterioration.

How will the study improve health for Caboolture patients? The project evaluated an established model (ENCORE) of nurse surveillance and prevention of clinical deterioration in acute hospital patients. Accordingly, the outcomes are expected to provide new evidence to influence directions in practice, research and policy for the patient safety and quality agenda. Outcomes of the project will be translated into practice and policy-ready processes for our partner organisations and disseminate by publication of results to the broader research and health service sectors to influence policy and practice.

What were your challenges in conducting your research? COVID-19 presented challenges which we were able to navigate. Data was collected from patients in Caboolture hospital wards from November 2019 until April 2020. ENCORE data collectors were still able to access medical records following talks with staff from Medical Records and Education. Access was arranged for ENCORE staff to review these medical records in booked rooms within the Education Centre which allowed for social distancing.

Status Update: Ethics application, intervention and data collection is now complete. Overall 45 4-hour workshops (6 here at Caboolture) were conducted with over 80% of nursing staff in 11 wards across 6 study hospitals. Three wards were recruited at Caboolture hospital; one intervention and two control wards.

The active intervention commenced in February 2019 and was completed by December 2019. Data collection finished in September 2020. Overall more than 35,000 patients were included in the overall study, 4541 from Caboolture hospital.

Nurses and Doctors also completed two surveys on perceptions of safety culture. Response rates were over 50%. Clinical and managerial staff also participated in semi-structured interviews to analyse the process of implementing the ENCORE intervention.

Where to next for this project? Completion of data analysis, publications, broader communication of outcome and possible follow up longitudinal research.

Other additional information you would like to add/highlight? The research required almost 12 months of committed involvement and support by Caboolture nursing staff in the intervention ward and in managerial positions.



Ward 3A and CCU nursing staff, Annabelle Watts (QUT), Marguerite Byrnes, Prof Clint Douglas & Julie Lahey



(L to R): Jane Congdon, Dr Sean Clark, Stacey Watts

Emergency Department diabetic ketoacidosis presentations in people with type 1 diabetes: pilot study to improve clinical and public health system outcomes

Principal Investigator: Dr Sean Clark

Coordinating Principal Investigator: Dr Stephen James (USC), A/Professor Marc Broadbent (USC)

Caboolture Hospital Associated Investigators: Dr John Waugh, Dr Thuy Frakking, Kylie Annetts

Consultant Investigators: A/Professor Julia Lowe, Professor Lin Perry

Background: This research study aims to explore the presentation of people to the Caboolture Hospital Emergency Department in diabetic ketoacidosis. The project employs an explanatory sequential design, consisting of two phases. The first will establish the problem of people with T1D presenting to Caboolture Hospital in DKA, and the second will seek explanations as to why this occurs and how it may be corrected. More specifically, the study aims to

- describe the demographic, clinical and ED presentation characteristics of people with T1D presenting to the Caboolture Hospital ED in DKA,
- determine whether access to timely acute care healthcare support, regardless of time or day, or insulin had been a factor in any presentations by people with T1D to the CBH ED in DKA,

- describe the factors that predict ED and hospital-related outcomes in people with T1D presenting to the CBH ED in DKA,
- explore consumer and healthcare professionals' perceptions of factors affecting presentation of people with T1D to the CBH ED in DKA and
- explore possible interventions that may improve the standard of care with people with T1D who develop DKA and how best to prevent DKA in this population.

Status update: This project is supported by funding from the Emergency Medicine Foundation (EMF) and is a collaboration between University of Sunshine Coast (USC) and Metro North (Caboolture). This study has commenced and is currently in recruitment phase.

Outputs: Findings will be disseminated through publication in peer review journals. The research team involves clinicians in both Emergency and Paediatrics, who are in positions to directly translate study findings into current practice.

How will this research improve health for Caboolture patients and the community? There is a need to focus on the vulnerable T1D population who present a disproportionate burden on the Australian healthcare system and who require better standards of care. This project is an important first step in outlining the issue of DKA, and in helping to provide the evidence-based solution. A reduction in DKA presentations would ultimately help reduce morbidity and mortality and lessen ED presentations, workload, and both hospital admissions and economic impact.

Why did you choose Caboolture Hospital as a research site? To provide research-based evidence of the need to maintain or change practice, assist in the development and implementation of strategies to improve the health status of people with T1D, and reduce emergency department diabetic ketoacidosis presentations, within a low socio-economic area.

What prompted you to develop your research questions? Over a 5-year period, Caboolture Hospital saw 228 people with T1D had presented to the ED in DKA and been admitted. Despite this, the problem of people with T1D presenting to the Caboolture Hospital in DKA is unclear, as are explanations as to why this occurs and how it may be corrected.

Where to next for the project? It is envisaged that findings from this pilot project may also form the basis of a much larger Brisbane metropolitan north and wider Queensland study.

Why families present to Queensland emergency departments

Principal Investigators: Hannah Johnson & Kelsa Laughlin (Children's Health Queensland)

Caboolture Hospital Associated Investigators: Stacey Watts & Dr Sean Clark

Background: In order to deliver a child and family centered and integrated model of care and improve health equity, it is necessary to address the underlying causes of poor health. The study will aim to provide an understanding of why a parent/carer presents to a hospital emergency department (ED) with their child. The study will cover aspects about their current health status; how they currently access healthcare (e.g. primary care, child health services, specialist services and ED usage, and if this has changed due to COVID-19); their understanding of their child's health; their social situation (e.g. housing, their ability to afford utilities, food and medication); their general levels of stress (and if it has been affected by COVID-19); and domestic and family violence.

The study will use a mixed methods approach to understand why parents attend an emergency department, and what social determinants may impact on attending an emergency department.

Status update: This is a multi-centre study that has been conducted at the Queensland Children’s Hospital – a tertiary paediatric emergency department and has now been expanded to include Redcliffe and Caboolture, both mixed emergency departments.

Outputs: Any findings will be submitted for publication in a peer reviewed journal.

How will this research improve health for Caboolture patients, families and the community? Staff screening families in ED are well positioned to assist families who express needs related to housing, financial stress, food insecurity or safety concerns. This data will demonstrate whether there is a need for greater connections with greater primary care services, including general practice and child health services. Through improving connections, we will improve health outcomes and reduce health inequities, particularly for the vulnerable families, children and young people we serve.

What prompted you to develop your research questions? This study involves screening for social needs, asking about primary care connections, and understanding why some families visit the hospital repeatedly. The study hopes to decrease unnecessary repeat visits, reduce avoidable hospital admissions, better connect families and young people with social supports and primary care, and reduce fragmentation of health and social services.

What were your challenges in conducting your research? COVID-19 is changing the way healthcare is provided and accessed in Australia and across the globe. As the COVID-19 pandemic has changed the way health care is delivered, and may be changed for the foreseeable future, this data will provide relevant evidence and insight into whether COVID-19 has had an effect on families’ access to health care, as well as their levels of parental stress, financial security and personal safety.

Where to next for the project? The data will inform the design of a larger project.

APPROVED RESEARCH PROJECTS

Caboolture & Kilcoy Hospitals and Woodford Corrections Health approved research projects with relevant site-specific approval between January 2019 – June 2020. *Please note only full HREC research projects are listed below.*

SSA #	Principal Investigator/ Site Contact	Research Title	Stream	Professional Group	Collaborating Institution(s)
SSA/18/QNR/C17	John Waugh	Nasal High Flow Therapy for Infants with Bronchiolitis – Translating new knowledge into practice	Paediatrics & Emergency	Medicine	UQ
SSA/18/QNR/C/42855	Philip Stokes	Paired radiographs for the evaluation of possible pneumothorax in the Emergency Department: A study on the use and utility of expiratory films for the detection of pneumothorax at Redcliffe Hospital Emergency Department.	Emergency	Medicine	Emergency Medicine Foundation
SSA/18/QNR/C/44322	John Waugh	An innovative Antimicrobial Stewardship Program for children in remote and regional areas: optimising antibiotic use through early intravenous-to-oral conversion	Paediatrics	Medicine	UQ
SSA/18/QNR/C/45318	Tracey Kaczmarek	Effects of training podiatrists to use an imagery-based motivational interviewing intervention in the treatment of people with diabetic foot disease.	Podiatry	Allied Health	QUT
SSA/19/QNR/C/32859	Gunjan Chawla	Preoperative Renin Angiotensin system antagonists and blood pressure responses during ambulatory procedures	Anaesthetics	Medicine	MNHHS
SSA/19/QNR/C/35589	Louisa Lightfoot	Treatment of invasively ventilated adults with Early Activity and Mobilisation (TEAM) trial	ICU	Allied Health & Medicine	Monash University
SSA/19/QNR/C/40590	Melissa Patman	How to improve Aboriginal and Torres Strait Islander women's access and engagement with the Australian Nurse Family Partnership Program in South East Queensland: A sequential explanatory mixed methods study (ANFPP)	Maternity	Nursing	Mater Hospital
SSA/19/QNR/C/41015	Verina Johnston (UQ) Mark Scott	Functional outcomes following a Road Traffic Crash	Emergency	Medicine	UQ
SSA/19/QNR/C/41273	Helena Cooney	Paediatric Sepsis Breakthrough Collaborative: Improving Outcomes for Children with Sepsis in Queensland - an observational study to measure the quality improvement within the collaborative	Nursing	Nursing	QLD Health

SSA/19/QNR C/41413	Andrew Maurice	Laparoscopic appendicectomy versus antibiotics for radiologically confirmed acute uncomplicated appendicitis: a two-centre pilot trial (PLAPPY)	Surgery	Medicine	MNHHS & Townsville Hospital
SSA/19/QNR C/43868	Mahesh Ramanan	A cluster-randomised crossover trial of buffered salt solution versus 0.9% sodium chloride as fluid therapy for patients presenting with diabetic ketoacidosis (SCOPE-DKA Trial)	Medicine	Medicine	PAH & The George Institute
SSA/19/QNR C/45079	Amelia Cornish Cate Carter	Pilot testing of the clinical assessment video vignettes to compliment the training and interpretation of the APP tool in women's, men's and pelvic health physiotherapy clinical practice.	Physiotherapy	Allied Health	MNHHS
SSA/19/QNR C/45119	Roland Bartholdy	INTUBE: International observational study to understand the impact and best practices of airway management in critically ill patients	ICU	Medicine	MNHHS
SSA/19/QNR C/46860	Amy Thompson	Food insecurity in families of paediatric patients attending Health Services in Queensland	Dietetics	Allied Health	QUT
SSA/19/QNR C/48376	Alexis Tabah Mahesh Ramanan	Epidemiology and determinants of outcomes of Hospital Acquired Blood Stream Infections in the Intensive Care II (EUROBACT II)	ICU	Medical	University of Paris
SSA/19/QNR C/48529	Aleeta Cowen	Ottawa Ankle Rules Chart Audit	Nursing	Nursing	QUT
SSA/19/QNR C/50373	Subodh Kumar	Randomised controlled trial of electronic resources to help smokers quit	Respiratory	Medicine	MNHHS
SSA/19/QNR C/51653	Louise Purtell	An evaluation of the General Practitioner with Special Interest (GPwSI) in Specialist Outpatient Clinics	GP (Multi-Disciplinary)	Nursing	QUT
SSA/19/QNR C/51827	Alexis Tabah Mahesh Ramanan	Point Prevalence Program	ICU	Medicine	The George Institute
SSA/19/QNR C/53316	Clare Burns Brooke Cowie	Examining stakeholder perceptions of an asynchronous tele practice program for the delivery of dysphagia rehabilitation	Speech Pathology	Allied Health	UQ
SSA/19/QNR C/54102	Mark Scott Shannon Bakon	What now: Exploring the emergency healthcare response to Domestic Violence	Emergency	Multi-disciplinary	CQU
SSA/19/QNR C/58463	Kevin Laupland Alexis Tabah Mahesh Ramanan	Is intensive care unit mortality a valid survival outcome measure related to critical illness?	ICU	Medicine	MNHHS

SSA/19/QNR C/58874	Thuy Frakking	Frame rates in Paediatric videofluoroscopic swallow studies for the detection of Oropharyngeal aspiration.	Speech Pathology	Allied Health	Griffith University
SSA 2020 - 53507	Jessica Ng	The Regional Queensland Colorectal Cancer Survival Study	Surgery	Medicine	DDHHS
SSA 2020 - 51809	Catherine Alexander	Peripheral intravenous catheter management in childbirth (PICMIC): An observational study	Maternity	Nursing	SCHHS, USC & Griffith University
SSA 2020 - 36069	Mahesh Ramanan	Randomized, Embedded, multifactorial adaptive platform trial for Community-Acquired Pneumonia (REMAP-CAP)	ICU	Medicine	Monash University
SSA 2020 - 31316	Mahesh Ramanan	Short period Incidence study of Severe Acute Respiratory Infection (SPRINT-SARI)	ICU	Medicine	Monash University
SSA 2020 - 62652	Sharyn Plath	Evaluation of a Nurse Practitioner after-hours service	Nursing	Nursing	MNHHS

GRANTS

Grant recipients from Caboolture & Kilcoy Hospitals and Woodford Corrections Health staff between January 2019 – June 2020 include the following:

Project title	Chief Investigator	Caboolture Hospital Investigator/s	Granting Agency	Total Funding Awarded	Grant Type
Real-world Validation of Deep Learning Algorithm ROP. AI for the Automated Diagnosis of Retinopathy of Prematurity	Shaun Dai	Christopher Carty	Children's Hospital Foundation	\$ 97,553	Health Service Research Grant
Integrated Children's Care Clinic – Expansion	Thuy Frakking	Thuy Frakking John Waugh Donna Ward Christopher Carty	Children's Hospital Foundation	\$ 95,943	Health Service Research Grant
Research Coordinator	John Waugh	John Waugh Anne Clayton Thuy Frakking	Metro North Hospital and Health Service	\$ 83,393	Research Coordinator Grants
Formalising collaborative cross-sectoral partnerships: An alliance to improve maternal and child healthcare access and outcomes for Aboriginal and Torres Strait Islander women, children and families.	Lisa Kane	Lisa Kane Thuy Frakking John Waugh Anne Clayton	LINK Project	\$ 80,563	LINK Project
Research Coordinator	Sean Clark	Sean Clark Thuy Frakking	Metro North Hospital and Health Service	\$ 65,959	Research Coordinator Grants
Emergency department diabetic ketoacidosis presentations in people with type 1 diabetes: a pilot study to improve clinical and public health system outcomes	Sean Clark	Sean Clark John Waugh Thuy Frakking	Emergency Medical Foundation	\$ 64,314	EMF Grant
To investigate polypharmacy in the elderly		SEED Funding	Metro North Hospital and Health Service	\$ 56,000	Metro North SEED Funding
Pilot an Indigenous Liaison Officer	Megan Sinclair	Megan Sinclair	Metro North Hospital and Health Service	\$ 25,000	Better Together ATSI Grant

Conferences, seminar and workshops presentations involving Caboolture & Kilcoy Hospitals and Woodford Corrections Health staff between January 2019 – June 2020 include the following:

Bailey, R. (2019, October). *Staff perspectives on visiting policies and family involvement in ICUs: Registry linkage and the Welcome ICU Research Program*. World Congress on Intensive Care, Melbourne, VIC, Australia.

Bhasin, V. (2019, October). *Development, pilot and feasibility assessment of an innovative Medical Education Prevocational/ Resident Medical Officer Position*. 24th Australian and New Zealand Prevocational Medical Education Forum (ANZPMEF 2019), Canberra, ACT, Australia.

Brackman, N. (2019, October). *Everyone's a Winner: A design better than we've ever done before*. 17th International Conference for Emergency Nurses 2019, Adelaide, SA, Australia.

Congdon, J. (2019, October). *Decentralising the nurses station: the mobile nurses' station*. 17th International Conference for Emergency Nurses 2019, Adelaide, SA, Australia.

Cook, K. (2019, October). *A survey of post intensive care follow-up clinics in Australia*. World Congress on Intensive Care, Melbourne, VIC, Australia.

North, R. (2019, October). *The use of quantitative fetal fibronectin to determine length of time until term labour in rural women*. RANZCOG ASM, Melbourne, VIC, Australia.

O'Keefe, J. (2019, October). *An observational and simulation study comparing a pivot nurse with traditional triage model for increasing patient flow through the emergency department*. 17th International Conference for Emergency Nurses 2019; Adelaide, SA, Australia.

Olivo, R. (2019, August). *Oral glucose tolerance testing in pregnancy and impact on perinatal outcomes*. ADIPS ASM (Australasian Diabetes in Pregnancy Society), Sydney, NSW, Australia.

Olivo, R. & Stolz, A. (2019, October). *Resident Medical Officers as teachers: The establishment and delivery of a near-peer approach to supporting medical students during clinical placement*. 24th Australian and New Zealand Prevocational Medical Education Forum (ANZPMEF 2019), Canberra, ACT, Australia.

Ramanan, M. (2019, December). *Towards objective evaluation of external validity*. Intensive Care Society State of the Art Meeting 2019, Birmingham, UK.

Ramanan, M. (2019, March). *Analysing recruitment into randomised trials in critical care using the Pareto principle*. ANZICS Clinical Trials Group 21st Annual Scientific Meeting, Noosa, QLD, Australia.

Ramanan, M. (2019, October). *Analysing recruitment into randomised trials in critical care using the Pareto principle*. World Congress on Intensive Care, Melbourne, VIC, Australia.

Ramanan, M. (2020, March). *Site-level Factors Effecting Recruitment into the ADRENAL Trial*. ANZICS Clinical Trials Group 22nd Annual Meeting, Noosa, QLD, Australia.

Sutherland, D. (2019, May). *Health and Social outcomes of the Integrated Caboolture Young Mothers for Young Women program*. Child Aware Conference, Brisbane, QLD, Australia.

Sutherland, D. (2019, August). *CYMYW program and opportunities for Creative Health Education and connection for young women*. Australian Young Parent Symposium, Maroochydore, QLD, Australia.

Publications by Caboolture & Kilcoy Hospitals and Woodford Corrections Health staff and affiliated personnel (underlined) between January 2019 – June 2020 include the following:

Bakon S, Taylor A, Meyer S, Scott M. (2019) The provision of emergency healthcare for women who experience intimate partner violence: part 1. An integrative review. *Emergency Nurse*. 27(6):19-25.

Bakon S, Taylor A, Meyer S, Scott M. (2020) The provision of emergency healthcare for women who experience intimate partner violence: part 2. Strategies to address knowledge deficits and negative attitudes. *Emergency Nurse*, 28(3).

Bertenshaw, C., & Clark, S. (2020). Practical palliative care for the emergency trainee. *Emergency Medicine Australasia*, 32: 501-503.

Burns, C. L., Ward, E. C., Gray, A., Baker, L., Cowie, B., Winter, N., . . . Turvey, J. (2019). Implementation of speech pathology telepractice services for clinical swallowing assessment: An evaluation of service outcomes, costs and consumer satisfaction. *Journal of Telemedicine & Telecare*, 25(9), 545-551.

Chapman, P., Forde, B. M., Roberts, L. W., Bergh, H., Vesey, D., Jennison, A. V., ... & Harris, P. N. (2020). Genomic investigation reveals contaminated detergent as the source of an ESBL-producing *Klebsiella michiganensis* outbreak in a neonatal unit. *Journal of Clinical Microbiology* 58(5).

Clark, S., Shaw, C., Padayachee, A., Howard, S., Hay, K., & Frakking, T. T. (2019). Frailty and hospital outcomes within a low socioeconomic population. *QJM: An International Journal of Medicine*, 112(12), 907-913.

Cook, K., Bartholdy, R., Raven, M., von Dohren, G., Rai, S., Haines, K., & Ramanan, M. (2020). A national survey of intensive care follow-up clinics in Australia. *Australian Critical Care*. <https://doi.org.10.1016/j.aucc.2020.03.005>

Cui, J., & Mehanna, D. (2019). Jejunal diverticulitis secondary to enterolith: A case report. *ANZ Journal of Surgery*, 89(6).

De Bus, L., Depuydt, P., Steen, J., Dhaese, S., De Smet, K., Tabah, A., Akova, M., Cotta, M. O., De Pascale, G., Dimopoulos, G., Fujitani, S., Garnacho-Montero, J., Leone, M., Lipman, J., Ostermann, M., Paiva, J.-A., Schouten, J., Sjövall, F., Timsit, J.-F., ... De Waele, J. J. (2020). Antimicrobial de-escalation in the critically ill patient and assessment of clinical cure: The DIANA study. *Intensive Care Medicine*, 46(7), 1404–1417.

Dhadlie, S., & Ratnayake, S. (2019). A rare case report of ascending colon perforation secondary to acute pancreatitis. *International Journal of Surgery Case Reports*, 55, 62-65.

Eileen Xu, Y., Jones, B., & Kimble, R. (2019). Bilateral adrenal teratomas. *Journal of Pediatric Surgery Case Reports*, 51, 101319.

Frakking, T. T., Chang, A. B., David, M., Orbell-Smith, J., & Weir, K. A. (2019). Clinical feeding examination with cervical auscultation for detecting oropharyngeal aspiration: A systematic review of the evidence. *Clinical Otolaryngology: Official Journal of ENT-UK; Official Journal of Netherlands Society for Oto-Rhino-Laryngology & Cervico-Facial Surgery*, 44(6), 927-934.

Frakking, T., Michaels, S., Orbell-Smith, J., & Le Ray, L. (2020). Framework for patient, family-centred care within an Australian Community Hospital: Development and description. *BMJ Open Quality*, 9(2).

Franklin, D., Babl, F. E., Gibbons, K., Pham, T., Hasan, N., Schlapbach, L. J., Oakley, E., Craig, S., Furyk, J., Neutze, J., Moloney, S., Gavranich, J., Shirkhedkar, P., Kapoor, V., Grew, S., Fraser, J. F., Dalziel, S., Schibler, A., & PARIS and PREDICT (2019). Nasal High Flow in Room Air for Hypoxemic Bronchiolitis Infants. *Frontiers in Pediatrics*, 7, 426.

Franklin, D., Shellshear, D., Babl, F. E., Schlapbach, L. J., Oakley, E., Borland, M. L., Hoepfner, T., George, S., Craig, S., Neutze, J., Williams, A., Acworth, J., McCay, H., Wallace, A., Mattes, J., Gangathimn, V., Wildman, M., Fraser, J. F., Moloney, S., Gavranich, J., Waugh, J., ... Schibler, A. (2019). Multicentre, randomised trial to investigate early nasal high-flow therapy in paediatric acute hypoxaemic respiratory failure: A protocol for a randomised controlled trial—a Paediatric Acute respiratory Intervention Study (PARIS 2). *BMJ Open*, 9(12), e030516.

Gurung, A., Broadbent, M., Bakon, S., Hocking, J., Glenwright, A., Shaw, C., Tweddell, S., & Clark, S. (2019). Understanding registered nurse decision-making, communication and care delivery between emergency departments and residential aged care facilities: A research protocol. *Australasian Journal on Ageing*, 39(3), 277-282.

Keogh, S. (2020). Clinician-led design for optimising flow: Seizing the opportunity for a new-build Australian Emergency Department. *Emergency Medicine Australasia*, 32(2), 351-353.

Lakbar, I., De Waele, J. J., Tabah, A., Einav, S., Martin-Loeches, I., & Leone, M. (2020). Antimicrobial de-escalation in the ICU: From recommendations to level of evidence. *Advances in Therapy*, 37(7), 3083–3096.

McIlroy, P. A., King, R. S., Garrouste-Orgeas, M., Tabah, A., & Ramanan, M. (2019). The Effect of ICU Diaries on Psychological Outcomes and Quality of Life of Survivors of Critical Illness and Their Relatives: A Systematic Review and Meta-Analysis. *Critical Care Medicine*, 47(2), 273-279.

McSweeney, W. T., & Hendaheba, R. (2020). Incidental leiomyosarcoma within an ischaemic gut: A review of the management of visceral sarcoma. *Journal of Surgical Case Reports*, 2020(2), rjaa007.

McSweeney, W. T., & Kirkby, B. (2019). Combustion of pneumoperitoneum: A rare danger in the operating room. *Journal of Surgical Case Reports*, 2019(11), rjz323-rjz323.

McSweeney, W. T., & Tan, K. (2019). Cutaneous metastases as a presenting sign of metastatic NSCLC. *Journal of Surgical Case Reports*, 2019(10), rjz279-rjz279.

Morris, L., Cook, N., Ramsey, A., Alacapa, J. V., Smith, L. E., Gray, C., ... Christensen, M. (2020). Weaning humidified high flow oxygen therapy among paediatric patients: An integrative review of literature. *Journal of Pediatric Nursing*, 50, 37-45.

O'Grady, K.-A. F., Grimwood, K., Torzillo, P. J., Rablin, S., Lovie-Toon, Y., Kaus, M., Arnold, D., Roberts, J., Buntain, H., Adsett, D., King, A., Scott, M., Anderson, J., Toombs, M., & Chang, A. B. (2019). Effectiveness of a chronic cough management algorithm at the transitional stage from acute to chronic cough in children: A multicenter, nested, single-blind, randomised controlled trial. *The Lancet. Child & Adolescent Health*, 3(12), 889–898.

Obermair, H. M., & Borg, E. J. (2019). Salpingectomy at the time of hysterectomy for benign gynaecological disease: A comparison of surgical approaches. *The Australian & New Zealand Journal of Obstetrics & Gynaecology*, 59(5), 725-729.

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Orbell-Smith, J. (2019). About CHIA: Certified health informatician Australasia. *HLA News* (Winter 2019), 1.

Padayachee, A., Ranatunga, C., & Comans, T. A. (2019). Utilising capacity in a rural hospital to support older people requiring hospital care: Kilcoy Connect. *The Australian Journal of Rural Health*, 27(4), 344-350.

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Page, D., & Ratnayake, S. (2020). A rare case of emphysematous pancreatitis: Managing a killer without the knife. *Journal of Surgical Case Reports*, 2020(6), rjaa086.

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Ramanan, M., Cohen, J., & Venkatesh, B. (2019). Steroids and sepsis: The debate continues. *International Anesthesiology Clinics*, 57(2), 17-30.

Ramanan, M., Stolz, A., Rooplalingh, R., Billot, L., Myburgh, J., & Venkatesh, B. (2020). An evaluation of the quality and impact of the global research response to the COVID-19 pandemic. *The Medical Journal of Australia*, 213, 380.

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Ryan, T., Hodge, A., Holyoak, R., Vlok, R., Melhuish, T., Binks, M., Hurtado, G., & White, L. (2019). Tramadol as an adjunct to intra-articular local anaesthetic infiltration in knee arthroscopy: A systematic review and meta-analysis. *ANZ Journal of Surgery*, 89(7-8), 827-832.

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Stankiewicz, M., Gordon, J., Dulhunty, J. M., Brown, W., Pollock, H., & Barker-Gregory, N. (2019). A cluster-controlled clinical trial of two prophylactic silicone sacral dressings to prevent sacral pressure injuries in critically ill patients. *Wound Practice & Research*, 27(1), 21–26.

Stokes, P., Ballard, E., McKeating, C., Belcher, J., Furlong, K., Hocking, J., & Forristal, C. (2020). Are expiratory radiographs more sensitive than inspiratory radiographs for the diagnosis of pneumothorax in the emergency department? A retrospective observational study. *Emergency Medicine Australasia*, 32(4), 626-630.

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HIGHER DEGREE STUDENTS

Current Caboolture & Kilcoy Hospitals and Woodford Corrections Health staff undertaking higher degree studies include the following:

Name	Degree	University	Workforce	Team
Nicola Harper	PhD	University of Queensland	HP	Pharmacy
Laurel Teoh	PhD	Charles Darwin University	Medical	Paediatrics
Mahesh Ramanan	PhD	The George Institute for Global Health	Medical	ICU
Jane Congdon	PhD	University of Sunshine Coast	Nursing	Emergency
Shannon Sheehan	PhD	James Cook University	Nursing	OPD
Amanda Balmer	PhD	Colorado Christian College	Nursing	Woodford
Paul Kemp	PhD	University of Sunshine Coast	Nursing	Woodford
Bridie McCann	Master of Health Administration – Research	Australian Catholic University	Nursing	SPOD
Sean Clark	Master of Health Management	Queensland University of Technology	Medical	Emergency
Nastaran Rafiei	Master of Public Health	University of Queensland	Medical	Infectious Disease
Bianca Howard	Master of Leadership and Management	Queensland University of Technology	Nursing	Ward 4A
Lisa Butler	Master of Nursing	University of Sunshine Coast	Nursing	Emergency
Nicol Franz	Master of Clinical Nursing Specialisation: Special Care of the Newborn	University of Tasmania	Nursing	Paediatrics
Mary-Ellen Russellhuber	Master Women's Health	University of New South Wales	Nursing	Maternity
Devashrii Dobe	Master of Advanced Nursing Practice	Griffith University	Nursing	Emergency
Courtney Gittins	Master of Advanced Nursing Practice	Griffith University	Nursing	Emergency
Ellen Anderson	Master of Advanced Nursing Practice	Griffith University	Nursing	Emergency
Carla Vernon	Master of Nurse Practitioner	Deakin University	Nursing	Woodford
Ruth Brotchie	Master of Nurse Practitioner	University of Queensland	Nursing	Emergency
Rebecca Clark	Master of Nurse Practitioner	University of Queensland	Nursing	Emergency
Abbie Lammie	Graduate Certificate of Nursing – Advanced Practice	James Cook University	Nursing	Maternity
Cheryl McLean	Graduate Certificate in Correctional Nursing	Central Queensland University	Nursing	Woodford
Andrea Latimer	Graduate Certificate in Nursing Acute Care	University of Tasmania	Nursing	Woodford
Eliza Black	Diploma in Acute Care Nursing – Cardiology	Flinders University	Nursing	Coronary Care Unit

RESEARCH PROJECT READS WELL FOR PATIENT SAFETY

Caboolture Hospital Surgical Ward Nurse Unit Manager Colleen Herrmann has joined a research project with the University of the Sunshine Coast (USC) to investigate how nurses read medical prescriptions on the ward.

Colleen is an associate investigator on the research project which is focusing on the use of a visual enhancement aid, iCheck, which helps clinicians read medication orders more clearly.

"Medication errors are a result of a multitude of circumstances and one of the leading causes is the misreading labels and prescriptions," Colleen said.

"Poor eyesight, muted lighting, colour of the text on a dark background, fine print and size of the print all contribute to the 'swiss cheese effect' leading to an error."

Colleen said she was encouraging staff to use the iCheck as least two or three times during their shift to see the difference it made when reading ampoules and labels in different lighting environments.

"Before starting the project, USC PhD Candidate and Principal Investigator, Heather Borradaile, assessed the degree of lighting within various parts of the ward to determine what areas would benefit from the iCheck," Colleen said.

"The only area that had sufficient level of lighting was the medication room and the desk area during the day.

"Since we started, I have had some interest from other areas as to the benefit of the iCheck, even in its prototype stage.

"Personally, I have found the iCheck beneficial to check the expiry on well used alfoil packaging on controlled drugs.

"Those dates are so hard to read sometimes especially when the date stamp has nearly been obliterated."

Participating in the research project has confirmed Colleen's belief that clinicians - especially nurses - needed to be more proactive about being involved in research.

"It is great that this particular research project has been initiated by a nurse for the benefit of both nurses and patient safety," Colleen said.



Nurse Unit Manager Surgical Ward and Associate Investigator, Colleen Herrmann.

"Nurses need to take up every opportunity to participate in research – we are front line clinicians and need to explore all avenues of our profession to improve care delivery and safety for our patients."

RESEARCH DELIVERS SUPPORT

Providing better support for her colleagues in difficult times drives the success of Catherine Alexander's research.

The Caboolture Hospital Maternity CNC has had two abstracts accepted at a highly competitive international conference for midwives, as well as a paper published in a prestigious journal within her field of work. Catherine's research seeks to determine best practice for investigative processes, so that adequate support can be provided to midwives not only in Australia, but internationally.

Catherine said that this research is incredibly important to fill the gap present in literature, as no current studies focus solely on midwives.

"My research addresses the way that we support midwives under investigation, as this varies across Australia and even the world, depending how each place views the process," Catherine said.

"We need to understand if this process needs to change- should it be less lengthy, do we need more support, this is what the research uncovers," she said.

Catherine will be speaking on the key themes found in her research at the International Confederation of Midwives (ICM) in June, which will take place in Bali. The conference attracts over 4,000 attendees internationally, where midwives from different countries and cultures connect through the universal language of childbirth.

Catherine is looking forward to sharing her research at the ICM and hopes to support the wellbeing of the midwives who support the wellbeing of our communities.

Congratulations and thank you to Catherine for her incredible contribution in this field of research.



Catherine Alexander



Ward 3A and CCU nursing staff participating in the ENCORE trial with Annabelle Watts from QUT, Nursing Director Marguerite Byrnes, Metro North Nursing Chair Professor Clint Douglas and Director of Nursing and Midwifery Julie Lahey.

ENCORE TRIAL EMPOWERING NURSES

How do we develop hospital ward cultures where nursing core assessment is visible and valued, engaging teams to proactively keep patients safe? Caboolture Hospital staff are generating solutions in partnership with QUT researchers in a major trial currently in progress.

The Evidenced-based Nursing CORE assessment (ENCORE) trial is a multi-site randomised trial designed to reduce preventable patient deterioration, rescue situations and serious adverse events in acute care wards.

It has been funded by the National Health and Medical Research Council (NHMRC), in partnership with Metro North (QLD) and St Vincent's Health Australia (NSW). The trial includes seven hospital partners in Queensland and NSW with 20 acute medical-surgical wards participating across Metro North.

As an intervention ward at Caboolture Hospital, nursing staff on Ward 3A/CCU have been leading ward-level practice change, embedding a new model of patient assessment and interprofessional teamwork at the bedside.

Hospital executives, nursing and medical ward staff and researchers came together to celebrate their achievements over the past 10 months.

Metro North Nursing Chair Professor Clint Douglas said the ENCORE trial was an example of nursing leadership developing collaborative research with frontline hospital staff.

"Together we are generating new evidence for patient safety of international importance," Professor Douglas said.

"Patients would not be in hospital if they didn't need nursing assessment.

"In re-focusing nursing assessment practice from minimal vital signs recording to proactive patient assessment, staff on Ward 3A/CCU are enabled to act on the earliest signs of patient deterioration."

Caboolture Hospital Director of Nursing and Midwifery Julie Lahey recognised that although challenging, ward practice change has supported both a high level of patient care and professional recognition for nursing expertise.

"I am delighted that nurses at Caboolture Hospital have been given the opportunity to be part of a large multi-site national NHMRC trial," Julie said.



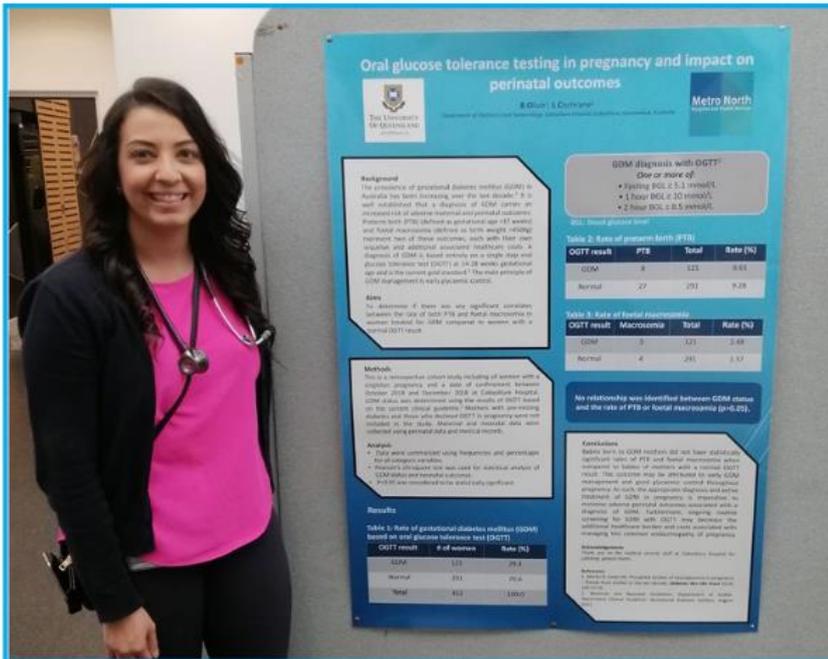
"The nursing, QUT and medical teams have worked collaboratively to make this study a success.

"Anecdotally, our nursing and medical staff have reported improved outcomes already by combining clinical practice with research, which is great for our patients."

Outcome evaluation is in progress involving clinical outcomes from thousands of patients admitted to trial wards, as well as staff and organisational outcomes. A final wave of staff surveys will begin in Caboolture trial wards in April.

For more information about the ENCORE trial, contact Prof. Clint Douglas at Clint.Douglas@health.qld.gov.au





◀ Congratulations to Dr Rebecca Olivo who recently presented her research poster titled 'Oral glucose tolerance testing in pregnancy and impact on perinatal outcomes' at the Australasian Diabetes in Pregnancy Society 2019 Annual Scientific Meeting in Sydney.

The prevalence of gestational diabetes mellitus (GDM) in Australia has been increasing over the last decade and it is well established that a diagnosis of GDM carries an increased risk of adverse maternal and perinatal outcomes.

Her poster is currently on display in the Education and Skills Centre.

LEADING THE WAY FOR BREECH BIRTHS

Caboolture Hospital is now leading the way for mothers to have the option to birth their baby in a vaginal breech birth position.

Breech births occur when a baby is born bottom first instead of head first. Most babies in the breech position are currently delivered by a caesarean section because it is considered safer than being born vaginally.

However, the 'BABE – Becoming A Breech Birth Expert' training at Caboolture Hospital's Maternity Unit has changed that thinking.

Midwifery Educator Janene Rattray said 40 maternity doctors and midwives from Caboolture Hospital attended multidisciplinary training to increase their knowledge, understanding and confidence in facilitating women's access to a vaginal breech birth (VBB).

"Participating in the BABE training increased the clinician's knowledge, skills and confidence about breech management at the end of pregnancy," Janene said.

Janene, Senior Research Fellow Dr Bradley Partridge and University of Southern Queensland research collaborators, Drs Elizabeth Rigg and Melissa Taylor, conducted pre-and-post evaluations with staff to ascertain knowledge, attitudes, experiences and confidence levels for breech births.

"Findings from the survey revealed valuable insights including the cohort being highly experienced in maternity services, yet few experienced in breech management," Janene said.

"When women chose options such as a breech birth that were not aligned with clinical guidelines, clinicians expressed feeling nervous and worried.

"We also found there was inconsistency of information being offered to women as part of the informed choice process prior to the training.

"However, after the training, more than 90 per cent of the cohort expressed an intention to discuss all options to women when presenting with a breech baby at the end of their pregnancy."



Caboolture Hospital Midwifery Educator Janene Rattray.

Janene said one of the key recommendations was that maternity clinicians engage in regular, dedicated training for 'management of breech at term' to improve skills and knowledge to help women make informed choices.

The findings have been presented locally and at two conferences at different stages of the project, including the global network of World Health Organisation collaborating centres 12th biannual conference for nursing and midwifery on practicing sustainability around vaginal breech birth.

A manuscript describing the study findings is also being developed and will be submitted for publication to suitable peer-reviewed journals.

RESEARCH ROUNDUP

Caboolture Hospital RADAR Nurse Chris Shaw recently accepted a cheque for \$55,206 from the Emergency Medicine Foundation (EMF) on behalf of Emergency Department Senior Medical Officer Dr Sean Clark.



Ms Christine Shaw (centre) accepting the Caboolture grant from EMF General Manager Dr Sonj Hall and EMF Chair Dr Anthony Bell.

The EMF Grants Award Ceremony celebrated the recipients of EMF grants for 2018-19, which included four Metro North research teams receiving total grants of just under \$300,000.

Dr Clark received the funding for his study on understanding why aged care residents are transferred to the ED.

Nursing staff in Residential Aged Care Facilities (RACFs) often participate in decision making on whether to transfer residents to the emergency department, but very little research has been done on the decision making involved in this process.

Dr Clark is engaging RACF nursing staff to understand their decisions to transfer residents, their perception of communication with the emergency department and the services that influence the decision.

The project outcomes will provide a detailed understanding of existing service provision, communication between facilities, and potential gaps in education and skills.

RESEARCH ROUNDUP



Patients with type 1 diabetes are expected to benefit from a research project to be conducted at Caboolture Hospital.

Emergency Department Staff Specialist Dr Sean Clark has received around \$64,000 from the Emergency Medicine Foundation (EMF) for a pilot study to explore why people with type 1 diabetes end up presenting to the emergency department in ketoacidosis and how this may be corrected.

Congratulations, Dr Clark!

RESEARCH ROUNDUP

Congratulations to Caboolture Hospital Midwifery Educator **Janene Rattray** on her recent publication: **Rattray, J., Rigg, E., Partridge, B., & Taylor, M. (2019).** Attitudes towards breech management among a team of maternity clinicians in Australia undertaking breech training. *Women and Birth.*

Congratulations to several other staff from Caboolture Hospital who have also published recently:

Clark, S., Shaw, C., Padayachee, A., Howard, S., Hay, K., & Frakking, T. (2019). Frailty & hospital outcomes within a low socioeconomic population. *QJM: An International Journal of Medicine.*

Frakking, T. T., Chang, A. B., David, M., Orbell-Smith, J., & Weir, K. A. (2019). Clinical feeding examination with cervical auscultation for detecting oropharyngeal aspiration: a systematic review of the evidence. *Clinical Otolaryngology: Official Journal Of ENT-UK ; Official Journal Of Netherlands Society For Oto-Rhino-Laryngology & Cervico-Facial Surgery.*

Obermair, H. M., & Borg, E. J. (2019). Salpingectomy at the time of hysterectomy for benign gynaecological disease: A comparison of surgical approaches. *The Australian & New Zealand Journal Of Obstetrics & Gynaecology.*

Olivo, R., & Ratnayake, S. (2019). Colorectal cancer in young patients: a retrospective cohort study in a single institution. *ANZ Journal Of Surgery, 89(7/8), 905.*

Orbell-Smith, J. (2019). About CHIA: Certified health informatician Australasia. *HLA News, (Winter 2019), 1.*

Ramanan, M., Cohen, J., & Venkatesh, B. (2019). Steroids and Sepsis: The Debate Continues. *International Anesthesiology Clinics, 57(2), 17-30.*

New articles are displayed in the Education Centre on the Research notice board on a rotating basis.



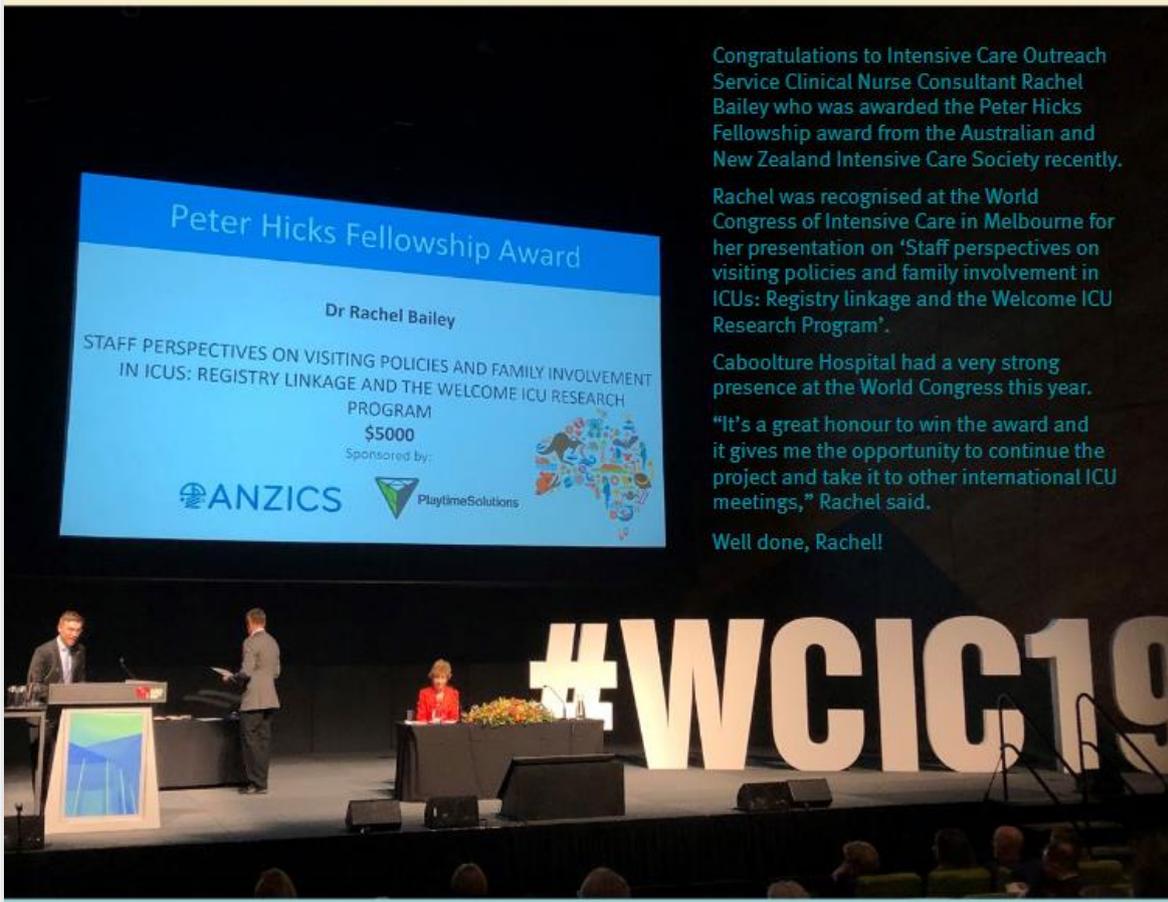
Caboolture ICU Director Dr Arij Shaikh, ICU Staff Specialist Dr Mahesh Ramana, Clinical Nurse Consultant Rachel Bailey and Staff Specialist Intensive Care Dr Ramsy Dsouza discuss the BLING-III trial with Executive Director Dr Lance Le Ray (second from left).

Congratulations to Caboolture Hospital intensivist Dr Mahesh Ramana and the ICU team which has recruited an impressive number of patients for an international trial on antibiotic delivery.

Dr Ramana said the BLING-III project was an international randomised trial of antibiotic delivery comparing continuous versus intermittent infusions. It aims to recruit 8000 patients from over 100 ICUs in seven countries.

"Caboolture ICU has recruited 18 patients so far which at one stage was the highest recruiters in the world when compared by the number recruited per ICU bed-month," Dr Ramana said.

BLING-III is the first randomised trial that Caboolture ICU has participated in, so this is indeed an outstanding achievement by the entire team and shows our potential to a worldwide audience.



Congratulations to Intensive Care Outreach Service Clinical Nurse Consultant Rachel Bailey who was awarded the Peter Hicks Fellowship award from the Australian and New Zealand Intensive Care Society recently.

Rachel was recognised at the World Congress of Intensive Care in Melbourne for her presentation on 'Staff perspectives on visiting policies and family involvement in ICUs: Registry linkage and the Welcome ICU Research Program'.

Caboolture Hospital had a very strong presence at the World Congress this year.

"It's a great honour to win the award and it gives me the opportunity to continue the project and take it to other international ICU meetings," Rachel said.

Well done, Rachel!

MOTIVATING OUR RESEARCH TEAM



Caboolture Hospital was well represented at the recent Metro North Research Excellence Awards.

While we didn't walk away with any silverware, it certainly motivated our clinical researchers to keep going!

The 2018 Metro North Research Snapshot publication was launched at the event, which includes work underway at Caboolture. It's available online [here](#).

The Caboolture Hospital team at the recent Metro North Research Excellence Awards event.

Back Row: Ward 4A Nurse Unit Manager Rebecca Hitchcock, Emergency Department Staff Specialist Dr Sean Clark, Research Coordinator Thuy Frakking, Change Manager Suzanne Michaels, Paediatrician Manuel Bautista Morales and Children, Women and Family Service Line Medical Director Dr John Waugh.

Front Row: Ward 2A Nurse Unit Manager Colleen Hermann, Outpatient Services Nurse Unit Manager Pauline Rolph, Specialist Outpatients Clinical Nurse Cheryl O'Brien, Midwifery Educator Janene Rattray and Occupational Therapy Director Anne Padayachee.

RESEARCH ROUNDUP

Congratulations to Caboolture Hospital Occupational Therapy Director, **Anne Padayachee**. Her article 'Utilising Capacity in a rural hospital to support older people requiring hospital care: Kilcoy Connect' was recently accepted for publication in the [Australian Journal of Rural Health](#).

Congratulations to several other staff from Caboolture Hospital who have also published recently:

- Ullman, A. J., Mihala, G., O'leary, K., Marsh, N., Woods, C., **Bugden, S.**, . . . Rickard, C. M. (2019). Skin complications associated with vascular access devices: A secondary analysis of 13 studies involving 10,859 devices. *International Journal of Nursing Studies*, 91, 6-13.
- **Orbell-Smith, J.** (2018). In our sights - the scoping review. *HLA News* (Autumn 2018), 1-4.
- **Ragau, S., Hitchcock, R.**, Craft, J., & Christensen, M. (2018). Using the HALT model in an exploratory quality improvement initiative to reduce medication errors. *British Journal of Nursing*, 27(22), 1330-1335.
- Cui, J. and **B. Kirkby** (2018). "Intestinal ischemia secondary to superior mesenteric venous thrombosis—A case report." *International Journal of Surgery Case Reports* 53: 96-98.
- Mina, M., James, R., & **Gandhi, S.** (2018). Haemoglobin Titusville: A case study and review of the literature. *Journal Of Paediatrics And Child Health*, 54(4), 449-452.
- Lucke, J., C. Jensen, M. Dunn, G. Chan, C. Forlini, S. Kaye, **B. Partridge**, M. Farrell, E. Racine and W. Hall (2018). "Non-medical prescription stimulant use to improve academic performance among Australian university students: prevalence and correlates of use." *BMC Public Health* 18(1).

A WHEELY GOOD IDEA FOR THE ED

Caboolture Hospital ED nurse Jane Congdon's great idea to help reduce interruptions and spend more time with patients will soon be the focus of her PhD studies.

ED nurses often experience a high level of interruptions, rapid task switching and spend time sourcing medical equipment and supplies stored due to availability of space and optimisation of work flows.

Space is limited so it's not possible to add additional equipment in the work areas.

Nurses also have a high level of superfluous motion so by reducing walking distance and time out of patient areas, potential nursing workload reductions and improvements to patient care have been realised.

The mobile nurse station has allowed the most-commonly needed items for an ED nurse in one, convenient location. It is designed and stocked to expedite procedures and increase the time that nurses can spend with patients.

The trolley includes a laptop computer with access to programs including EDIS, IV pole and fluids, pathology collection resources, trauma scissors, ECG dots, urine jars, BGL monitor, thermometer, emesis bags and other commonly used procedure items.

The project underwent several phases of testing before being rolled out. This included nursing activity follows, staff surveys, measurement of walking distances and analysis on patient length of stay data. Additional phases of analysis will include staff interviews including their perception of the model.

Well done, Jane!



Women, Children and Family Service Line Medical Director, Dr John Waugh.

Congratulations to our paediatric and allied health clinicians who were successful in obtaining competitive research funding of \$100,000 to extend their important work on healthcare pathways for children with a chronic condition to Queensland Children's Hospital.

Women, Children and Family Service Line Medical Director Dr John Waugh said the funding continues a two-year multi-site trial.

"This is a major win for our local families who are often vulnerable and require additional advocacy across the primary care, education and community settings. This is much-needed research that will help shape the way our services are delivered into the future." Dr Waugh said.

