

# Centre for Quality and Patient Safety Research

Annual Report 2019



# Centre for Quality and Patient Safety Research

## AT A GLANCE



42

QPS members

207



Publications



48

Research projects  
in progress



14

Invited  
presentations



02

PhD completions

03



Visiting academics

# About QPS

We improve the quality and safety of patient care through applied health services research conducted in a well-established, distinctive and internationally renowned integrated health service partnership network.

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# Message from the directors

It is with great pride that we present the *Centre for Quality and Patient Safety Research Annual Report 2019*.

The Deakin Centre for Quality and Patient Safety Research (Deakin-QPS) is located within the School of Nursing and Midwifery at Deakin University. Deakin Nursing received a rating of '5' (well above world standards) in the 2019 Excellence in Research for Australia ratings. Also in 2019, our Centre formally joined Deakin University's Institute for Health Transformation. Quality and Patient Safety is one of four research domains within the Institute, which also includes Deakin Health Economics, Determinants of Health and Obesity Prevention.

Within these pages you will see evidence of the strong partnership links between Deakin-QPS and our health service partners: Alfred Health, Barwon Health, Eastern Health, Epworth HealthCare, Monash Health and Western Health. The longevity of the Partnership and growth in the number of partners to a critical mass is evidence of the commitment to, and sustainability and maturity of, this approach to applied health services research. There are now more than 20 jointly-appointed researchers at various levels of seniority from Professorial Chair to Research Assistants. The Partnership has attracted the attention of clinicians and researchers internationally, wanting to emulate its success. One of the highlights of 2019, was the recognition received by our Partnership network from the Business/Higher Education Round Table (BHERT) for Outstanding Collaboration in Higher Education and Training:

**“We are delighted to let you know that the Developing Best Practice in Contemporary Patient Care and Safety program from Deakin University has been awarded the BHERT Award for Outstanding Collaboration in Higher Education and Training for 2019. Your program is an extraordinary example of the collaboration we seek to honour in Australia, and the judges' decision was unanimous.**

**Dr Peter Binks**

CEO Business/Higher Education Round Table



**Maxine Duke**



**Alison Hutchinson**

Moreover, extensive links between our researchers and national and international collaborators from a range of disciplines are also evident in the research and publications showcased within this report.

Deakin-QPS researchers' ongoing focus on health services research addressing patient experience, patient safety and the health workforce, has led to the development of a solid body of knowledge that is highly relevant to improvement in the quality and safety of healthcare for the communities we serve. Additionally, this knowledge is translated into our teaching as we educate new generations of nurses and midwives. Deakin-QPS researchers also bring extensive expertise in the field of knowledge translation, driving sustained practice based on robust research evidence.

We hope you enjoy reading this report and gaining an insight into the depth and breadth of research produced by Deakin-QPS researchers in 2019.

**Alfred Deakin Professor Maxine Duke**

Co-Director, Centre for Quality and Patient Safety Research

**Alfred Deakin Professor Alison Hutchinson**

Co-Director, Centre for Quality and Patient Safety Research



# Institute for Health Transformation

Deakin University's Institute for Health Transformation (IHT) was established in 2018 as a strategic research initiative designed to create transformational change across the broad spectrum of health, disability, ageing and end-of-life care.

The purpose of the institute is to address the 21st century's most compelling and complex health challenges through excellence in collaborative research that transforms how we design and deliver prevention and care.

The Institute for Health Transformation has a network of more than 200 multidisciplinary researchers working in health, community and with industry partners to transform health and care. For the first time in Australia, IHT integrates research in prevention and population health, health systems and services, health economics and financing, and data intelligence and digital health.

The major research domains within the institute span the health continuum by enabling multidisciplinary research that addresses the key pressure points in today's health system through the Transformation Hub focus areas of:

- Aged care transformation
- End-of-life care transformation
- Data and digital health transformation
- Community-based systems transformation
- Food systems transformation
- Transitions in care transformation.

The Institute for Health Transformation's researchers from Deakin's Schools of Nursing and Midwifery and Health and Social Development, who receive the highest possible ratings in their research disciplines nationally and internationally, are at the core of the Institute's multidisciplinary research domains of:

- Centre for Quality and Patient Safety Research – focuses on improvements to the quality and safety of patient care through applied health services research conducted in a well-established, distinctive and internationally renowned integrated health service partnership network.
- Determinants of Health – contributes to health improvements for Australian and global populations through research across a diverse range of health determinants.

- Deakin Health Economics – one of Australia's largest teams of health economists, research in this domain focuses on the efficient allocation of health sector and non-health sector resources to achieve policy objectives and inform health service design and implementation.
- Global Obesity Centre – a designated World Health Organization Collaborating Centre for Obesity Prevention with strong links to governments, other research groups and a diverse range of collaborators nationally and internationally.



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# Centre for Quality and Patient Safety Research External Advisory Board

The Centre for Quality and Patient Safety Research (QPS) External Advisory Board provides advice to the Centre for Quality and Patient Safety Research Executive Committee on achieving the Centre's mission and performance targets. Board membership is comprised of all members of the QPS Executive Committee and external representatives with experience and expertise in:

- health services or patient safety research
- research funding opportunities
- government and stakeholder relations
- non-government organisations

- research institutes
- international research
- health consumer patient safety issues.

Members are appointed on the basis of their individual experience and expertise. They are not appointed as representatives of the organisation(s) in which they are employed or involved.

The Centre for Quality and Patient Safety Research External Advisory Board consisted of the following external members in 2019.



**Honorary Professor  
David Phillips (Chair)**

Assistant Director, National Health  
and Medical Research Council



**Professor Edward Janus**

Head of Unit, General Medicine,  
University of Melbourne and Director,  
Office for Research, Western Health



**Professor Euan Wallace**

Chief Executive Officer,  
Safer Care Victoria



**Alfred Deakin  
Professor Julie Owens**

Deputy Vice-Chancellor  
Research, Deakin University



**Doctor Olga Hogan**

Senior Commercial Manager,  
Health Office of the Deputy  
Vice-Chancellor Research,  
Deakin University



**Doctor Cathy Mead**

Council on the Ageing  
(COTA) Victoria



**Ms Merrin Bamert**

Acting Assistant Director,  
System Design, Planning and  
Decision Support, Department  
of Health and Human Services,  
Victoria

# Centre for Quality and Patient Safety Research

## Executive Committee



**Alfred Deakin**  
**Professor Maxine Duke**

Co-Director, Centre for Quality and Patient Safety Research

Chair in Nursing Development



**Alfred Deakin**  
**Professor Alison Hutchinson**

Co-Director, Centre for Quality and Patient Safety Research

Chair in Nursing, Monash Health Partnership



**Alfred Deakin**  
**Professor Tracey Bucknall**

Chair in Nursing, Alfred Health Partnership



**Professor Trisha Dunning AM**

Chair in Nursing, Barwon Health Partnership



**Professor Julie Considine**

Chair in Nursing, Eastern Health Partnership



**Alfred Deakin**  
**Professor Mari Botti AM**

Chair in Nursing, Epworth HealthCare Partnership



**Professor**  
**Bodil Rasmussen**

Chair in Nursing, Western Health Partnership



**Professor**  
**Trish Livingston**

Associate Dean, Research



**Professor**  
**Elizabeth Manias**

Associate Head of School, Research



**Professor**  
**Nikki Phillips**

Head of School, Nursing and Midwifery

# Centre for Quality and Patient Safety Research

## Members



**Professor Judy Currey**

Director, Active learning,  
Deakin Learning Futures



**Professor  
Andrea Driscoll**

Professor in Nursing



**Professor Linda Sweet**

Chair in Midwifery,  
Western Health Partnership



**Associate Professor  
Helen Forbes**

Lecturer in Nursing



**Associate Professor  
Ana Hutchinson**

Epworth HealthCare Partnership



**Associate Professor  
Debra Kerr**

Lecturer in Nursing



**Associate Professor  
Lauren McTier**

Associate Head of School,  
Teaching and Learning



**Associate Professor  
Pat Nicholson**

Higher Research Degree  
Students Coordinator



**Associate Professor  
Bernice Redley**

Honours Coordinator,  
Monash Health Partnership



**Doctor Melissa Bloomer**

Director, Postdoctoral Studies



**Doctor Stéphane  
Bouchoucha**

Associate Head of School,  
International



**Doctor Anna Chapman**

Postdoctoral Research Fellow



**Doctor Robin Digby**

Postdoctoral Research Fellow,  
Alfred Health Partnership



**Doctor Virginia Hagger**

Lecturer in Nursing



**Doctor Natalie  
Heynsbergh**

Postdoctoral Research Fellow



**Doctor Sara Holton**

Research Fellow,  
Western Health Partnership





**Doctor Lenore Ley**

Lecturer in Nursing



**Doctor Jac Kee Low**

Research Fellow,  
Dean's Research Postdoctoral  
Fellowship



**Doctor Grainne Lowe**

Lecturer in Nursing



**Doctor Jo McDonall**

Director, Undergraduate Studies



**Doctor Elizabeth  
Oldland**

Lecturer in Nursing



**Doctor Joan  
Ostaskiewicz**

Senior Research Fellow,  
Barwon Health Partnership



**Doctor Helen Rawson**

Senior Research Fellow,  
Monash Health Partnership



**Doctor Lahiru Russell**

Postdoctoral Research Fellow,  
Eastern Health Partnership



**Doctor Maryann Street**

Senior Research Fellow,  
Eastern Health Partnership



**Doctor Emily Tomlinson**

Lecturer in Nursing



**Doctor Anna Ugalde**

Senior Research Fellow



**Doctor Vidanka  
Vasilevski**

Research Fellow,  
Western Health Partnership

## Affiliate members



**Doctor Pauline Wong**

Lecturer in Nursing



**Doctor Karen Wynter**

Research Fellow,  
Western Health Partnership



**Professor Peter Martin**

Director, Centre for  
Organisational Change in  
Person-Centred Healthcare



**Doctor Mohammadreza  
Mohebbi**

Senior Research Fellow,  
Biostatistics

# Deakin Partners in Nursing and Midwifery Research Network

The Centre for Quality and Patient Safety Research (QPS) was established in 2009 to conduct high-quality health services research. Focusing on quality of care and patient safety, QPS integrates the School of Nursing and Midwifery's long-standing public and private health service partnerships with one of Australia's largest schools of nursing and midwifery. QPS researchers are embedded within **six major Victorian health services:**

- Alfred Health
- Barwon Health
- Eastern Health
- Epworth HealthCare
- Monash Health
- Western Health



The QPS health service partners:

- govern **29 acute and subacute care hospitals** and **11 residential aged care facilities**
- employ approximately **30,000 nurses and midwives**
- provide care for in excess of **3 million Victorians annually.**

# Partnerships

## CENTRE FOR QUALITY AND PATIENT SAFETY RESEARCH Alfred Health Partnership

**AlfredHealth**



**Janet Weir-Phyland**

- Executive Director, Nursing Services and Chief Nursing Officer
- Adjunct Professor, School of Nursing and Midwifery, Deakin University



**Tracey Bucknall**

- Chair in Nursing, Alfred Health Partnership
- Alfred Deakin Professor, School of Nursing and Midwifery, Deakin University

The QPS Alfred Health Partnership provides clinical research opportunities for nurses across a variety of acute and specialty healthcare settings. The collaboration provides a unique opportunity for nurses seeking clinically-focused research training. It also supports clinicians seeking experience in multidisciplinary research projects in critical care, acute care and specialty healthcare contexts of:

- clinical decision making and patient safety
- alleviating patient symptoms
- increasing the uptake of research evidence in practice.

## CENTRE FOR QUALITY AND PATIENT SAFETY RESEARCH Barwon Health Partnership



**Kate Gillan**

- Chief Nursing and Midwifery Officer, Barwon Health



**Trisha Dunning AM**

- Chair in Nursing, Barwon Health Partnership
- Professor, School of Nursing and Midwifery, Deakin University

The QPS Barwon Health Partnership enables academic staff to collaborate with clinical colleagues. Multidisciplinary teams work together to plan and implement research that is relevant to the current healthcare environment. Barwon Health's regional and rural location provides the opportunity for collaborative research to be undertaken with QPS School of Nursing and Midwifery partners in metropolitan and rural locations.

# Partnerships

## CENTRE FOR QUALITY AND PATIENT SAFETY RESEARCH Eastern Health Partnership

**easternhealth**



**Kath Riddell**

- Chief Nursing and Midwifery Officer, Eastern Health
- Clinical Associate Professor, School of Nursing and Midwifery, Deakin University (January – June 2019)



**Lee Boyd**

- Chief Nursing and Midwifery Officer, Eastern Health (November 2019 – present)
- Professor, Executive Director, Learning and Teaching, Eastern Health



**Julie Considine**

- Chair in Nursing, Eastern Health Partnership
- Professor, School of Nursing and Midwifery, Deakin University

The QPS Eastern Health Partnership drives research to improve patient safety outcomes and patient experience of healthcare. The partnership between Eastern Health and Deakin University commenced in 1999 and our research spans acute, subacute, community and residential care settings. Our work informs strategic directions for clinical practice, education, research and healthcare policy development.

## CENTRE FOR QUALITY AND PATIENT SAFETY RESEARCH Epworth HealthCare Partnership



**Paula Stephenson**

- Executive Director of Clinical Services, Epworth HealthCare
- Chief Nursing Officer, Epworth HealthCare



**Mari Botti AM**

- Chair in Nursing, Epworth HealthCare Partnership
- Alfred Deakin Professor, School of Nursing and Midwifery, Deakin University

The QPS Epworth HealthCare Partnership specialises in developing and implementing evidence for nursing practice to enhance quality and safety in the delivery of healthcare. In particular, our research program is currently evaluating the effect different models of nursing care delivery have on health outcomes, medication quality and safety issues, and the impact of emerging technologies on patients and carers.



# Partnerships

## CENTRE FOR QUALITY AND PATIENT SAFETY RESEARCH Monash Health Partnership



**Monash  
Health**



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**Cheyne Chalmers**

- Chief Nursing and Midwifery Officer, Monash Health
- Adjunct Professor, School of Nursing and Midwifery, Deakin University



**Alison Hutchinson**

- Chair in Nursing, Monash Health Partnership
- Alfred Deakin Professor, School of Nursing and Midwifery, Deakin University

The QPS partnership with Monash Health promotes the nexus between research, education and practice. The themes of knowledge translation, person-centred care, decision making, patient safety and risk management underpin the research conducted. The partnership provides high quality research training and support in order to build capability among the nursing workforce.

## CENTRE FOR QUALITY AND PATIENT SAFETY RESEARCH Western Health Partnership



Western Health



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**Shane Crowe**

- Executive Director, Nursing and Midwifery, Western Health
- Clinical Associate Professor, School of Nursing and Midwifery, Deakin University



**Bodil Rasmussen**

- Chair in Nursing, Western Health Partnership
- Professor, School of Nursing and Midwifery, Deakin University

The QPS Western Health Partnership provides academic and professional leadership to clinical and academic health staff. The partnership fosters a rich diversity of activities in health services research, with the aim to build capacity and enhance the research culture at Western Health. The research benefits patients and their families, staff, students and academics.

# Innovative research

The Centre for Quality and Patient Safety Research is uniquely positioned within academic and healthcare environments to identify and rapidly respond to emerging complex care and patient safety issues. The Centre's research programs are organised into the following focus areas: Patient Experience, Patient Safety and Health Workforce. The three research pillars have been generated by the needs of the QPS health service partners.

## Centre for Quality and Patient Safety Research pillars



### Patient Experience

Research focuses on **patients' and family members' experiences of health services** to understand people's perspectives and the processes of care delivery – under the broad domain of health service evaluation. Patient experience research is central to quality healthcare, alongside clinical effectiveness and safety.



### Patient Safety

Research focuses on **patient safety and minimising harm** as part of improving the safety and quality of healthcare. Patient safety research has important implications for healthcare policy and practice across diverse settings, including acute, subacute, aged and community care, and consumer and health professional education.



### Health Workforce

Research focuses on **developing and evaluating innovations to improve the capacity, responsiveness and productivity** of the health workforce. Health workforce research examines the effective use of technologies – such as telehealth – to provide improved quality of care. Research is conducted in partnership with the health sector to evaluate these initiatives.







# Patient Experience



## Safe medication management in hospital settings

*This project was funded by the Centre for Quality and Patient Safety Research and led by **Alfred Deakin Professor Tracey Bucknall**, in collaboration with **Professor Elizabeth Manias**, **Alfred Deakin Professor Alison Hutchinson**, Adjunct Professor Janet Weir-Phyland, **Professor Julie Considine**, **Alfred Deakin Professor Mari Botti**, **Professor Trisha Dunning** and **Dr Robin Digby**.*

Despite an increased focus on patient safety and healthcare quality, errors and adverse outcomes remain prevalent in hospitals. There is emerging research evidence that patients can promote their own safety when they participate in safety activities during their hospitalisation. However, little is known about opportunities for workflow redesign to promote patient participation and accommodate patient preferences for their participation. Understanding when and how patients can be involved in safety activities is needed to design effective interventions to improve patient engagement and potentially patient outcomes.

The overall aim of this project was to investigate the policies influencing medication administration practices, nurses' workflow and patients' preferences for information and involvement in medication management in various hospital settings.

The research consisted of three studies:

- Study one: determined the variability in medication administration policies across QPS partnership organisations by completing a policy analysis.
- Study two: examined nurses' workflow during medication management using observations and interviews.
- Study three: identified patient preferences for information about and involvement in medication management throughout their hospitalisation by conducting semi-structured interviews with patients.

“*Knowing and involving the patient is an important part of a nurses' medication administration safety strategy.*”

We identified variation in the content of medication management policies across seven Victorian health services. Policies varied in relation to medications that require single- and double-checking, as well as by whom, nurse-initiated medications, administration rights, telephone orders and competencies required to check medications.

We demonstrated that nurses' work in complex adaptive systems, which change moment by moment. Acknowledging and understanding the cognitive workload and complex interactions are necessary to improve patient safety and reduce errors during medication administration. Knowing and involving the patient is an important part of a nurses' medication administration safety strategy. Lastly, there was significant diversity of opinion from patients about their involvement in medication management in hospital. Where appropriate, their preferences need to be identified on admission.

Education about the roles and responsibilities of medication management is required for health professionals, patients and families to increase inclusion and engagement across the health continuum and support transition to discharge.





# Patient Experience



## The feasibility of a new screening method for hospital-acquired complications

*This project was led by **Professor Trisha Dunning**, Ms Kate Gillan, Ms Trish Mant, Dr Stella Gwini, Dr Virginia Dickson-Swift, Associate Professor Paul Cooper, Mr Kelvin Herd, Mr Matt Marris, Mr Luke James and Dr Joan Ostaszewicz.*

Screening for the risk of harm is central to safe and quality care. Despite organisational efforts to prevent harm, many patients admitted to Australian hospitals experience one or more adverse event related to their hospitalisation. Hospital-acquired complications (HACs) increase length of stay, hospital expenditure and the risk of hospital readmission, morbidity and mortality.

Most hospitals use multiple screening resources to assess a range of risks when patients are admitted to hospital, which is a highly labour intense undertaking for staff that does not necessarily inform care planning or collaborative person-centred, goal-directed comprehensive care. Risk-prediction models developed by the Independent Hospital Pricing Authority (IHPA) could be used to identify patients at risk of developing a HAC and could therefore be useful as a screening process to reduce the need for multiple screening processes and tools.

The aim of this project was to establish the feasibility of using risk-prediction models designed by the IHPA to identify patients' risk of developing common HACs (falls and pressure injuries).

We compared the risk rating for falls and pressure injuries from the Fall Risk Assessment Tool (FRAT) and the Waterlow Screening Tool (WST) with the IHPA risk-prediction models, in 2,800 medical records from July–October 2018. We also analysed Riskman and Bossnet data to identify patients aged 18 years and above, who were admitted during the study period and who experienced a HAC during their hospitalisation.

“*The findings did not support the use of the IHPA risk-prediction models as a screening method for HACs.*”

Only 12.6% (n=65) of admissions among patients aged 65 years and above, who were classified using the FRAT as having moderate to high risk for falls, were also classified the same using the IHPA model. The sensitivity of the IHPA model in identifying falls is 12.6% (95% confidence interval: 9.8% – 15.7%), while specificity is 95.7% (95% confidence interval: 93.3% – 97.4%). Only 2% (n=7) of admissions among patients aged 65 years and above, which were classified using the WST as having a high risk to very high risk for pressure injuries, were also classified the same using the IHPA. The sensitivity of the IHPA model in identifying pressure injuries is 1.8% (95% confidence interval: 0.6% – 4.0%), while specificity is 99.8% (95% confidence interval: 99.0% – 100.0%).

The findings did not support the use of the IHPA risk-prediction models as a screening method for Hospital-acquired complications. Further work is required to establish and maintain integrated screening and assessment processes that ensure patients at risk of HACs are identified, and to support clinicians to deliver targeted comprehensive care.



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# Patient Experience



## Understanding the patient experience of unplanned hospital readmission following acute care discharge: A qualitative study

*This project was funded by Eastern Health and led by **Professor Julie Considine**, Ms Debra Berry, Ms Stephanie Sprogis, Associate Professor Evan Newnham, Ms Karen Fox, Professor Peteris Darzins, **Dr Helen Rawson** and **Dr Maryann Street**.*

This qualitative study aimed to understand from a patient and carer perspective:

- What features of the discharge process could be improved to avoid subsequent hospital readmission?
- What elements of discharge planning could enhance the discharge experience?

Data was collected using semi-structured interviews that were transcribed verbatim and analysed using thematic analysis. Participant characteristics data were collected by medical record audit and summarised using descriptive statistics. Patients who had an unplanned hospital readmission within 72 hours of acute care discharge from one of three acute care hospitals were invited to participate.

Thirty interviews were conducted (23 patient only; 6 patient and carer dyads; 1 carer only). Patients were mostly born in Australia (n=22, 73.3%); had a median age of 57 years (40.8—76.0 years interquartile range) and 16 were male (53.3%). Most (n=27, 90%) patients were readmitted with a diagnosis directly related to their

“ *The results of this study highlight the complexities of the discharge process and the importance of effective communication, shared decision-making and carer engagement.* ”

primary admission diagnosis. The median length of hospital stay was 1.73 days for the index admission and 4.06 days for the readmission (p=0.002). Five themes were identified:

- experiences of care
- hearing and being heard
- what’s wrong with me
- not just about me
- all about going home.

Despite having important perspectives to offer, the patient and carer view of unplanned hospital readmissions is under-reported in the literature. The results of this study highlight the complexities of the discharge process and the importance of effective communication, shared decision making and carer engagement in ensuring safe hospital discharge and reducing unplanned hospital readmissions.



# Patient Experience



## Development of recovery-orientated mental health services at Epworth Clinic: Does the introduction of a mental health passport facilitate patient-led recovery?

*This project was supported by an Epworth Research Foundation grant and led by **Associate Professor Anastasia Hutchinson**, Dr Rosalind Lau, Ms Suzie Harper, Ms Natalie Nardella and Ms Rosie Barnes.*

Researchers from the QPS Epworth HealthCare Partnership collaborated with clinicians working at the Epworth Clinic in Camberwell in 2018–20, to evaluate the success of a range of strategies introduced to embed and promote the principles of recovery-oriented practice into mental healthcare provision.

The introduction of a 'Mental Health Passport' for consumers was one of the strategies used. The purpose of the Mental Health Passport is to provide consumers with a tool to support their recovery journey. The passport includes information about both follow-up appointments and important supportive care actions that they can initiate to improve their mental health and wellbeing. A co-design process, led by two senior mental health nurses, was undertaken to develop the passport, with consumers providing input on its content, presentation and use.

Introduction of the Mental Health Passport was evaluated using a multiple methods approach. The aim of the evaluation was to explore mental health consumers' and clinicians' perspectives on whether the introduction of the Mental Health Passport was a useful tool to support consumers on their recovery journey.

Delivery of recovery-orientated practice was measured before and after the introduction of the Mental Health Passport, using the consumer version of the Recovery Self-Assessment (RSA-R) tool and by conducting semi-structured interviews with consumers. In addition, nurses working at the Epworth Clinic completed the RSA-Provider survey tool.

Responses to the RSA-R demonstrated improvements in consumers' evaluation of:

- the extent that they were involved in their care
- their understanding of the treatment options available

“ *Some consumers found the Mental Health Passport to be very useful and most were impressed with the resources available.* ”

- the perception that they were able to make choices about their care and treatment
- the individual tailoring of services
- whether they felt welcomed by the inpatient staff.

Nurses' responses to the RSA-Provider survey tool were concordant with consumers, with an overall increase in clinicians' ratings of the provision of recovery-orientated practice at the Epworth Clinic.

The themes that emerged from the semi-structured interviews with consumers demonstrated that some consumers found the Mental Health Passport to be very useful and most were impressed with the resources available. Others expressed that the passport exceeded their expectations. Although they found the passport useful, and quite easy to navigate, some consumers found there was too much information in some sections, and the language was difficult to understand.

The outcomes of this evaluation demonstrated that there has been an overall improvement in the provision of recovery-orientated mental health services since this program began and that the use of a Mental Health Passport was a useful tool to support consumer engagement in their care and recovery. Following completion of this project, the Mental Health Passport is being refined and the research team is exploring potential use of digital platforms to support mental health recovery.



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# Patient Experience



## The MyStay research program: Use of digital multimedia technology to promote patient participation in care.

*This project was funded by the Baker Foundation and Epworth Research Foundation Grants and led by **Dr Jo McDonall, Alfred Deakin Professor Mari Botti, Ms Stephanie Oxley, Dr Clare Griffin, Dr Kirstin Bull, Professor Richard de Steiger, Ms Kate Steen, Ms Sue Hope-Murray, Ms Lisa Edwards and Adjunct Professor Paula Stephenson.***

The MyStay research program is an ongoing program of research to develop innovative, multimedia tools to support the provision of procedure-specific, consistent, accessible, evidence-based guidance for patients to participate in care episodes.

MyStay provides patients with evidence-based information and specific goals of recovery for their inpatient postoperative trajectory. Each MyStay undergoes a systematic 'development' phase including:

- evidence review
- consultation with surgery-specific patients, surgeons, nurses and allied health professionals
- technological development of the delivery platform and exercise animations.

The MyStay to assist the postoperative knee and hip trajectory of recovery were early 'prototypes'. We have previously tested efficacy in a randomised controlled trial for patients undergoing Total Knee Joint Replacement. In 2019, we conducted a feasibility study evaluating the implementation of the MyStay Total Hip Joint Replacement on the orthopaedic wards at Epworth HealthCare.

“*MyStay is a multimedia program that provides patients with evidence-based information and specific goals of recovery for their inpatient postoperative trajectory.*”

Current research involves the development and testing of the cardiac surgery-specific MyStay. To date, we have:

- completed a systematic review of the evidence for effective recovery
- undertaken clinician consultation to endorse the content
- conducted focus groups using the principles of co-design to gain consumer input into the content and presentation of the MyStay Cardiac.

A pilot implementation study evaluating the useability and uptake of the MyStay Cardiac for patients undergoing cardiac surgery at Epworth HealthCare will commence in July 2020. The outcomes of this project will be used to inform the development of a multi-site trial to evaluate the effectiveness of using MyStay Cardiac to improve patient participation in their acute recovery and clinical outcomes following surgery.

Concurrently the evidence-review and clinician and consumer consultation for MyStay following spinal surgery, caesarean section and hysterectomy are being undertaken.



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# Patient Experience



## Evaluation of the Working Together project

*This project was funded by the Victorian Department of Health and Human Services and led by Adjunct Professor Shane Crowe, **Dr Sara Holton, Professor Bodil Rasmussen, Dr Karen Wynter** and Ms Melody Trueman.*

The Working Together project aims to co-design, trial and evaluate improved nursing and midwifery workload allocation and management practices. The project is jointly implemented at Northeast Health Wangaratta and Western Health with Deakin University evaluating the project.

Data is currently being collected for the post-implementation phase of the project. The final project and evaluation report is due to be submitted to the Department of Health and Human Services in mid-June 2020.



# Patient Safety



## De-implementation in health and care services: What works, for whom, why and in which contexts?

*This international project was funded by the National Institute for Health Research, United Kingdom and led by Professor Christopher Burton, Dr Lynne Williams, **Alfred Deakin Professor Tracey Bucknall**, Dr Beth Hall, Mrs Denise Fisher, Professor Matthew Makin, Professor John Parkinson, Professor Jo Rycroft-Malone, Professor Justin Waring and Dr Gill Harris.*

Healthcare systems across the globe are under increasing pressure to ensure both efficient and effective care. This study focuses on understanding how managers and service leaders stop existing practices and interventions that are not evidence based, have small benefits, or at worst, are harmful. Stopping or withdrawing existing practices is not always easy. This review aimed to explore the best ways of successfully changing, stopping or replacing those practices. We did this by reviewing the literature and engaging with stakeholders in order to develop theories or 'ideas' and resources that would help clinicians and managers to change or stop low-value practices.

“ *This study focuses on understanding how managers and service leaders stop existing practices and interventions that are not evidence based, have small benefits, or worst, are harmful.* ”

Some recommendations included:

- Supporting clinicians' to be aware of their day-to-day decision-making habits when ordering investigations and treatments through feedback on their performance.
- Developing systems that support clinicians' decisions, by making it harder to order low-value treatments.
- Ensuring healthcare organisations give implementation and de-implementation equal consideration in health policy strategies.

The findings from this study offer the first practical guidance for policy makers, managers and clinicians to help them with de-implementation processes and procedures.



# Patient Safety



## Clinical deterioration and hospital-acquired complications in adult patients with isolation precautions for infection control: A systematic review

*This project was led by Ms Debra Berry, Ms Erin Wakefield, Dr Maryann Street and Professor Julie Considine.*

Isolation precautions are a common infection prevention and control strategy which may impact on safety and quality of care. This project aimed to review and synthesise literature examining clinical deterioration and hospital-acquired complications in adult patients with isolation precautions for infection control.

This systematic review followed the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines (registered with PROSPERO [CRD42019131573]). A search of Medline, Embase and Cumulative Index to Nursing and Allied Health Literature was conducted for studies of adults published in English to 5th April 2019. Risk of bias was determined using Critical Appraisal Skills Program tools and quality appraisal was performed using the Grades of Recommendation, Assessment, Development and Evaluation approach. The primary outcomes of interest were clinical deterioration events and hospital-acquired complications. In-hospital death and hospital length of stay were secondary outcomes. Data were synthesised using a narrative approach.

“Isolation precautions are a common infection prevention and control strategy that could impact patient safety and quality of care.”

The search yielded 785 citations after removal of duplicates, of which, six studies were relevant. Certainty of evidence for outcomes of interest was low to very low. The review showed no strong evidence that adult medical and surgical ward patients in isolation precautions for infection control are more or less likely to experience clinical deterioration or hospital-acquired complications. However, as there are no published studies relating to recognition of patient deterioration, Rapid Response Systems use or identification of malnutrition and dehydration in the patient with isolation precautions for infection control, they have significant implications for patient safety and recovery from illness or surgery and would need further research.



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# Patient Safety



## Resuscitation status and characteristics and outcomes of patients transferred from subacute care to acute care hospitals: A multi-site prospective cohort study

*This project was funded by a Deakin University, School of Nursing and Midwifery grant and led by **Dr Maryann Street, Professor Trisha Dunning, Alfred Deakin Professor Tracey Bucknall, Alfred Deakin Professor Alison Hutchinson, Dr Helen Rawson, Associate Professor Anastasia Hutchinson, Alfred Deakin Professor Mari Botti, Alfred Deakin Professor Maxine Duke and Professor Julie Considine.***

Patients who experience emergency inter-hospital transfers from subacute to acute care hospitals have high rates of acute care readmission (81%) and in-hospital mortality (15%).

This multi-site project aimed to examine:

- the relationship between resuscitation status and patient characteristics
- the relationship between resuscitation status and transfer characteristics
- patient outcomes following an emergency inter-hospital transfer from a subacute to an acute care hospital.

This prospective, exploratory cohort study was a sub-analysis of data from a larger case-time-control study in five health services in Victoria, Australia. There were 603 transfers in 557 patients between August 2015 and October 2016, with data extracted via medical record audits. Three resuscitation categories (full resuscitation; limitation of medical treatment (LOMT) orders; or not-for-cardiopulmonary resuscitation (CPR) orders) were compared using Chi-Square or Kruskal-Wallis tests. Stratified multivariable proportional hazard Cox regression models were used to account for health service clustering effect.

“Many (30%) patients had no documented resuscitation orders, despite having a median age of 80 years.”

Many (30%) patients had no documented resuscitation orders, despite having a median age of 80 years, multiple comorbidities and a median length of hospital stay before transfer of 8.0 days. Overall, resuscitation status was 63.5% full resuscitation; 23.1% LOMT order and 13.4% not-for-CPR. Following transfer there was a decrease in those for full resuscitation and increase in those with LOMT or not-for-CPR. Patients with not-for-CPR or LOMT orders were more likely to have rapid response team calls during acute care readmission or to die during their hospitalisation.

Two-thirds of patients in subacute care who experienced an emergency inter-hospital transfer were for full resuscitation. There were deficiencies in the documentation of resuscitation status and planning for clinical deterioration for subacute care patients. Patient preferences for care need to be discussed and documented early in the subacute care admission.



# Patient Safety



## Organisational interventions to reduce non-medically indicated caesarean section rates: A systematic review and meta-analyses

*This project was led by **Alfred Deakin Professor Alison Hutchinson, Dr Anna Chapman**, Professor Cate Nagle, Professor Debra Bick, Dr Rebecca Lindberg, Professor Birdie Kent and Mr Justin Calache.*

The objective of this research was to systematically review, synthesise and meta-analyse empirical literature reporting on organisational interventions used in maternity services to reduce non-medically indicated caesarean section rates.

A comprehensive search of Cochrane CENTRAL, the Cumulative Index of Nursing and Allied Health Literature (CINAHL), MEDLINE, Maternity and Infant Care, EMBASE and SCOPUS was undertaken from 1 January 1980 to 31 December 2017. Single and multi-component organisational interventions were eligible for inclusion. Examples included models of care, hospital policies and protocols, education, reminders, and feedback.

The primary outcomes of interest were overall planned and unplanned caesarean section rates. Secondary outcomes included a range of maternal and neonatal birth outcomes. In total, 15 publications were included; of these, nine were included in one or more of the meta-analyses. Women allocated to midwife-led models of care, which were implemented across pregnancy, labour and birth, and the postnatal period, were, on average, significantly less likely to experience planned caesarean sections and caesarean sections overall, when compared to women who received routine care.

*“ Women allocated to midwife-led models of care ... were, on average, significantly less likely to experience planned caesarean sections and caesarean sections overall when compared to women who received routine care.*

Audit and feedback and a policy of mandatory second opinion for caesarean section were identified through narrative synthesis as interventions that show promise for reducing caesarean section rates. However, further research is needed in order to establish the effect of these interventions. Women allocated to midwife-led models of care were also significantly less likely to experience an episiotomy, when compared to women receiving usual care.

On the basis of these findings, we recommend that maternity service leaders consider offering, or expanding the existing midwifery-led models of care throughout the maternity episode of care for women at low-risk for complications. The protocol and findings of this systematic review have been published.



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# Patient Safety



## Communicating with older people across transition points of care

*This project was funded by the Australian Research Council, Discovery Grant Scheme (DP170100308) and led by Professor Elizabeth Manias, Alfred Deakin Professor Tracey Bucknall, Associate Professor Robyn Woodward-Korn, Professor Carmel Hughes, Professor Christine Jorm, Ms Guncag Ozavci and Dr Kathryn Joseph.*

“ *Medication communication failure led to the use of workarounds to transfer medication information.* ”



The aim of this ethnographic study is to examine communication processes between older people, family members and health professionals, and among health professionals about managing medications across transition points of care.

One hundred and twenty interviews were undertaken comprising 50 patients, 31 family members and 39 health professionals, and 203.95 hours of observations were carried out. Sixty participants were involved in focus groups, comprising 20 patients, 13 family members and 27 health professionals.

Data analysis for this project is currently underway. Formal communication forums, such as ward rounds and handover, were commonly used to convey details between health professionals about medication changes as patients moved from the community to hospital settings. However, medication communication failure led to the use of workarounds to transfer medication information by alternate means, such as opportunistic conversations between nurses and pharmacists, which contributed to the lack of reliability of passing on verbal messages. Formal communication through medical ward rounds involved decision making between doctors. Pharmacists were utilised by doctors to seek clarification about medications prescribed; however, pharmacists tended not to be involved in decision making.



# Patient Safety



## Challenges for nurses when communicating with people who have life-limiting illness and their families: A focus group study

*This project was funded by the Centre for Quality and Patient Safety Research and led by **Associate Professor Debra Kerr, Professor Peter Martin, Ms Sharyn Milnes, Dr Joan Ostaszewicz and Professor Trisha Dunning.***

Patient-centred communication focusing on shared decision making has been linked to improved outcomes for patients with life-limiting illness. However, the literature predominantly focuses on nurses working in oncology and the medical profession.

The study aimed to answer the following question: What communication issues do nurses find challenging when caring for people with life-limiting illness?

A qualitative descriptive design was used. Focus groups were conducted with 39 nurses from three wards at Barwon Health in 2019. An interview schedule was used. Data were analysed using thematic content analysis.

In their view, nurses have the potential to develop a strong bond with patients and their families. Three key themes were identified:

- Feeling unskilled to have difficult conversations with patients who have life-limiting illness.
- Interacting with family members adds complexity to the care of patients who have life-limiting illness.
- Organisational factors impede nurses' capacity to have meaningful conversations with patients and their families.

“ *In their view, nurses have the potential to develop a strong bond with patients and their families.* ”

Nurses report being hampered by time restraints and lack of information about the patient's condition and goals of care. Limitations in conversation structure and a comprehensive range of core communication skills affects their ability to confidently engage in conversations, particularly when they are responding to prognostic questions. Specific training may increase nurses' confidence and efficiency when communicating with patients and their families.



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# Patient Safety



## Development and validation of screening tools for medicine-related problems at patient presentation and after discharge from the emergency department

*This project was funded by the Centre for Quality and Patient Safety Research and led by **Professor Elizabeth Manias**, Dr Simone Taylor, Professor David Taylor, Mr Andrew Harding and **Dr Emily Tomlinson**.*

This study aimed to identify risk factors for medicine-related problems (MRPs) to incorporate into screening tools, one for use at emergency department (ED) presentation and one at emergency department discharge, to identify consumers at greatest risk of MRPs.

We undertook a prospective, observational, multi-centre study in nine EDs across Australia. Within one week of ED discharge, a pharmacist interviewed the consumer to determine a medicine history, to identify consumer understanding of treatment, and to examine consumer management of MRPs. Univariate analysis and logistic regression were undertaken. Overall, 904 consumers were recruited.

Characteristics that predicted medicine-related problems at emergency department presentation (prior to admission and in the ED) were:

- having to take regular medicines either by self-administration, by a carer or by a health professional
- medicine-related presentation to the ED
- age  $\geq 65$  years
- sometimes or usually missing doses
- seeing a specialist in the past six months
- being a prescription entitlement cardholder.

“For this study, readily-available predictors of medicine-related problems were identified, which increased the utility of screening tools.”

Characteristics associated with medicine-related problems after emergency department discharge were:

- discharge prescription for medicines requiring complex education, such as warfarin, or glyceryl trinitrate for acute ischaemic chest pain
- sometimes or usually missing doses
- problems in reading medicine labels
- consumer stay in the ED  $\geq 8$  hours
- having a new medicine or dose that changed.

For ED presentation, the model had a sensitivity of 80% and specificity of 69%, while for ED discharge, the model had a sensitivity of 80% and specificity of 84%. For this study, readily-available predictors of medicine-related problems were identified, which increased the utility of the screening tools developed from regression models. The screening tools are currently undergoing national validation.

# Health Workforce



## Engaging patients and families in communication across transitions of care

*This project was funded by the Australian Commission of Quality and Safety in Health Care and led by **Alfred Deakin Professor Tracey Bucknall** and Professor Wendy Chaboyer. Other investigators were **Alfred Deakin Professor Alison Hutchinson**, **Alfred Deakin Professor Mari Botti**, **Associate Professor Lauren McTier**, **Dr Helen Rawson**, **Ms Nicky Hewitt**, **Emeritus Professor Ann McMurray**, **Professor Andrea Marshall** and **Associate Professor Brigid Gillespie**.*

Internationally, there has been a growing interest in redesigning health services to be resource efficient, evidenced based and more patient centred. Transitions of care are recognised as vulnerable times for patients that may compromise their safety. However, improved communication with patients and families is believed to mitigate the risk at this time. This study sought to determine the current evidence about patient and family engagement in communication with health professionals during transitions of care to, within and from acute care settings.

An integrative review was conducted on literature from 2003 to 2017. Forty eligible studies were analysed and synthesised. Four themes emerged from the literature:

- Partnering in care highlighted the need for patients and families to be partners in decision making and care.
- Communication between patients, families and health professionals during transitions was augmented by both intrinsic and extrinsic factors.
- The difficulties faced by patients and families taking an active role in transition impeded information exchange.
- Patients, families and health professionals reported various experiences with communication during transitions.

“To improve communication, organisational strategies must incorporate an understanding of patient needs.”

While attitudes towards engaging patients and family in transition communication in acute settings are generally positive, current practices are variable. Structural supports for practice are not always present. To improve communication, organisational strategies must incorporate an understanding of patient needs. A structured approach which considers timing, privacy, location and appropriateness for patients and families is needed. In addition, communication training is required for patients, families and health professionals. Importantly, health professionals must respect a patient's right to be informed by regularly communicating.





# Health Workforce



## Defining and measuring dignity for hospitalised older people

*This project was funded by the Health Issues Centre (Practice Partners Program) and led by Associate Professor Debra Kerr, Professor Trisha Dunning and Clinical Associate Professor Rosie Crone.*

Older people are a vulnerable cohort at risk of loss of dignity during acute hospital care arising from environmental, behavioural and patient factors. It is not clear how older people and their relatives define dignity or dignified care in acute care settings.

This study aimed to enhance knowledge and understanding about dignity and dignified care from older peoples', and their carers', perspective. This information will be also used to develop a tool to measure dignity of older people during hospitalisation.

A qualitative descriptive design was used. A purposive sample of older patients (at least 65 years of age) who had been hospitalised in acute care, and subsequently transferred to subacute care, and their carers, were invited to participate. The study was undertaken in one subacute ward in a regional healthcare organisation in Victoria, Australia. Individual interviews were conducted, audio-recorded, then transcribed. Data were analysed using thematic content analysis. The consolidated criteria for reporting qualitative research (COREQ) checklist was used to document reporting of the study.

Individual interviews were conducted with 18 patients and 20 carers in 2019. Analysis of qualitative data identified three main themes:

- Involve me in decisions about my care and treatment.
- Provide me with safe and quality care.
- Speak to me with respect.

“Older people want to be involved in care and treatment decisions, with provision of adequate and suitable information.”

Older people want to be involved in care and treatment decisions, with provision of adequate and suitable information. They feel vulnerable during hospitalisation, and want to feel safe when speaking up about concerns. Individual acknowledgement is important.

Older people and their carers identified specific elements of care that uphold or threaten dignity during acute hospitalisation. Nurses play a major role in upholding dignity for older people in hospital. The study also showed that clinicians may benefit from systematic dignity-related training. Specific strategies to enhance older persons' dignity, including communication skills training and continence management, need development, implementation and evaluation.



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# Health Workforce



## Evaluation of the Maternity Connect Program

*This project was funded by the Victorian Department of Health and Human Services and led by Ms Kylie Martin, Ms Sue Sweeney, Dr Karen Wynter and Dr Sara Holton.*

Rural and regional health services often find it difficult to maintain their maternity service and enable women to give birth close to home. The Maternity Connect Program is a professional development initiative aimed at supporting and upskilling rural and regional maternity workforces to meet their maternity population care needs. The program was established in 2012 by the Victorian Department of Health and Human Services.

The aim of this study was to evaluate the Maternity Connect Program from the perspectives and experiences of participating midwives, nurses and health services.

A retrospective audit of data routinely collected as part of the Maternity Connect Program was conducted.

The audit included:

- initial needs assessments (baseline survey)
- one-month and six-months post-placement surveys completed by participants, placement health services and base health services.

The surveys assessed participant satisfaction and learning and process outcomes. This included confidence levels and enhanced relationships with colleagues in larger metropolitan maternity services.

“*The Maternity Connect Program appears to be a successful educational model for maintaining and increasing clinician confidence in rural and regional areas.*”

Respondents' (n=97 midwives and nurses; n=23 base health services; n=4 placement health services) experiences with the Maternity Connect Program were positive and there was an increase in midwives' and nurses' confidence when providing specific aspects of maternity care (birthing, neonatal and postnatal care). Midwives and nurses also reported transferring skills learnt back to their base health service.

The Maternity Connect Program appears to be a successful educational model for maintaining and increasing clinician confidence in rural and regional areas.

The program received a 'highly commended' in the 'Improving women's health' category at the 2019 Victorian Public Healthcare Awards. An article about the program was published in *Australian Midwifery News* (2019). The findings were also presented at the 2019 Western Health Research Week and a peer-reviewed publication about the evaluation findings is currently under review.



# Health Workforce



## Feasibility of a blended learning program to enhance communication skills for nurses

*This project was funded by the Centre for Quality and Patient Safety Research and led by **Associate Professor Debra Kerr, Professor Trisha Dunning, Ms Sharyn Milnes, Professor Peter Martin, Ms Meg Chriswell, Professor Jette Ammentorp and Dr Maiken Wolderslund.***

Nurses are often in a position which requires them to engage in difficult conversations with patients who have life-limiting illness, and their families. Whilst nurses may be confident with some core communication skills (listening, rapport building, empathy), they are less familiar with the full repertoire of communication micro-skills and conversation structure. Strategies are needed to increase exposure of communication skills training in professional development for nurses.

The purpose of this feasibility study was to implement and undertake preliminary evaluation of a blended learning program, the Communication Skills Training Program for Nurses, which aimed to enhance nurses' communication skills with patients who have life-limiting illness.

This was a feasibility single arm intervention study. Nurses employed on three wards at University Hospital Geelong were invited to participate. The study comprised two major components: a web-based education program (in modular format) and an experiential four-hour workshop. The program focused on three key components of communication:

- gathering information
- dealing with difficult questions
- articulating empathy.

The primary outcome of this study was to evaluate feasibility and satisfaction about the training program among nurses. The secondary outcome was to conduct preliminary evaluations of efficacy. Statistical significance was set at  $p < 0.05$ .

“*A blended education plan enhances nurses' communication with patients who have life-limiting illnesses.*”

Eighteen people completed the Communication Skills Training Program for Nurses. Participant characteristics reflected the composition of the nursing workforce: aged more than 40 years of age (65%) and female (96%). Thirteen participants (65%) were employed in the palliative care ward, six in the medical ward (30%) and one in the surgical ward (5%). Few participants (26%) reported prior formal training in communications skills. Participants reported favourably about the practicality and feasibility of the program. Significant improvements were found in the areas of:

- confidence in communication skills
- attitudes regarding the importance of communication skills
- knowledge about communication skills and structure.

This feasibility study demonstrates the utility of a blended education program to enhance nurses' communication with patients who have life-limiting illness. Preliminary evidence suggests that nurses' communication improves after web-based education and experiential learning.





# Health Workforce



## Research using a novel way to improve nurses' practices for comprehensive harm prevention

*This project was funded by the National Health and Medical Research Council through a Transforming Research into Practice Fellowship and led by Associate Professor Bernice Redley.*

This project addresses the urgent need to assist nurses to implement multiple evidence-informed practices in an integrated way to reduce preventable harms to older patients during acute hospitalisation. This work has integrated the principles of human-centred design with knowledge translation to implement a solution-focused co-design approach to create a tool to assist nurses to implement harm prevention for older acute inpatients on admission to hospital.

Data collection involved:

- a systematic review and synthesis of evidence from multiple guideline recommendations
- audits of the quality of comprehensive harm prevention provided by nurses
- a survey of nurse (n=132) perceptions of missed nursing care, care quality and factors impacting implementation of harm prevention activities
- observation of nurses' (n=12) harm prevention activity and work processes.

“*The outcome will support comprehensive care, reduce nurse workload and time burdens.*”

We also conducted four iterative collaborative co-design workshops, involving 22 diverse participants, to inform development of a technology prototype for testing.

The final stage to be completed is iterative testing of the co-designed solution by a range of nurses, beginning with early adopters and progressing to novice end-users, with a focus on usability and feasibility for use in a ward context. The outcome will support comprehensive care, reduce nurse workload and time burdens, and inform optimisation of nursing technology solutions for the Australian context.



# Health Workforce



## Understanding context for knowledge translation

*This project was funded by the Canadian Institutes of Health Research and led by Professor Janet Squires, **Alfred Deakin** Professor **Alison Hutchinson** and a large international team of researchers.*

In the field of knowledge translation, it has been widely acknowledged that context is key to the success of efforts to translate research evidence into practice. This internationally-funded project aims to provide conceptual clarity on context for knowledge translation.

This work involved:

- a concept analysis of published literature (n=70 articles)
- analysis of 145 interviews with a wide range of healthcare providers from a variety of settings
- interviews with 39 individuals responsible for implementing change in healthcare organisations across four countries
- triangulation of the results from the first three inquiries.

The study resulted in the development of the Implementation in CONtext (ICON) framework that comprises six broad domains encompassing 20 defining attributes of context with 136 unique features of context.

This work is reported in a series of four publications and has provided the foundation for the next phase (funded by the Canadian Institutes of Health Research), which is aimed at advancing the measurement of context for knowledge translation in healthcare.

“*The resultant Implementation in CONtext (ICON) framework comprises six broad domains encompassing 20 defining attributes of context with 136 unique features of context.*”



# Health Workforce



## Examining nurses', midwives' and allied health clinicians' attitudes, perceptions, acceptance and use of an Electronic Medical Record system

*This project was supported by Western Health and led by **Professor Bodil Rasmussen**, Associate Professor Lemai Nguyen, Professor Nilmini Wickramasinghe, **Dr Karen Wynter**, **Dr Sara Holton**, Ms Helen Sinnott, Ms Vanessa Watkins, Ms Deborah Clark, Ms Evelyn Hutcheon, Ms Katherine Feely, Ms Alison Qvist, Ms Kylie Broad and Mr Min Goh.*

The aim of this study was to investigate nurses', midwives' and allied health clinicians' attitudes, perceptions, acceptance, and use of the Electronic Medical Record system, which was implemented at Western Health in November–December 2018.

This was a mixed-methods study, where all nurses, midwives and allied health clinicians at Western Health were invited to complete a survey, which incorporated validated constructs associated with users' technology adoption and impact evaluation.

Nurses and midwives were also invited to participate in focus groups to gain a more in-depth understanding of their attitudes, perceptions, acceptance and use of the Electronic Medical Record system. Data collection took place 6–8 months after implementation of the system. Completed surveys were received from 261 nurses and midwives, and 39 nurses and midwives participated in four focus groups. Data is currently being analysed.





# Health Workforce

## Economic evaluation of the partnered pharmacist medication charting program

*The project was funded by the Department of Health and Human Services and led by Associate Professor Andrew Dalton, **Professor Elizabeth Manias**, Professor Kevin McNamara, **Dr Mohammadreza Mohebbi** and Ms Hannah Beks.*

This study aimed to examine the impact of the partnered pharmacist medication chart (PPMC) model upon patients' presentation to emergency departments and admission to general medicine wards in five metropolitan and two regional Victorian hospitals.

The PPMC model was developed to reduce the incidence of medication errors in acute care settings. The model required a credentialed pharmacist to chart medications and venous thromboembolic prophylaxis in collaboration with the admitting medical officer. A check was performed by another pharmacist, within 24 hours of the medication order. The study involved interviews and focus groups with pharmacists, doctors, nurses and key senior hospital staff, an online survey, and an economic evaluation.

“*The medication error rate reduced from 19.2% of charted medications to 0.5% after implementation of the model.*”

One hundred and twenty-five participants took part in interviews and focus groups. Three themes emerged from the data:

- improved quality and safety of care
- workforce integration and satisfaction
- implementing, disseminating and sustaining practice changes.

The medication error rate reduced from 19.2% of charted medications to 0.5% after implementation of the model. In addition, the average length-of-stay reduced by 0.77 days, and each patient admission under the model had an average saving of \$726.







# Media activity



“ *Nursing homes for all: why aged care needs to reflect multicultural Australia* ”

The Conversation – news article

Sydney independent radio station 2SER – interview  
Dr Helen Rawson

“ *Study: ED design impacts informal communication. Researchers say a combination of open layout and private space is key for communication among ED staff* ”

Health Facilities Management magazine, published by the American Hospital Association – news article

Associate Professor Bernice Redley

“ *Turn to midwives to reduce rising rate of C-sections: Deakin research* ”

Deakin University – media release

This article was picked up widely in Australian print, radio and online media. Including:

- prominent pieces in the *HeraldSun* and *Courier Mail*
- discussion on ABC's AM program, FIVEaa (Adelaide) and 6PR (Perth)
- regional media
- websites such as Healthy Mummy: <[healthymummy.com](http://healthymummy.com)>.

The Bill & Melinda Gates Foundation became aware of this systematic review, which led to an invitation to attend and present at a meeting hosted by the Foundation in New York in December 2019 to address the impending caesarean section crisis in low and middle income countries. The systematic review investigated the effectiveness of organisational knowledge translation interventions to influence health professionals' practice in relation to caesarean sections. The findings of the review, particularly regarding organisational interventions found to be effective, informed strategies developed during the second day of the meeting for implementation to reduce caesarean section rates in low and middle income countries.

This study was led by Alfred Deakin Professor Alison Hutchinson.



“ *MyStay program helps patients take control of their recovery* ”

Deakin University – media release

This was a collaborative project between Epworth HealthCare and the Centre for Quality and Patient Safety Research members, Alfred Deakin Professor Mari Botti and Dr Jo McDonnall.





## “ *Emphasis on dignity and choice at Royal Commission*

Continence Foundation National President, Associate Professor Michael Murray AM, was invited to provide evidence to the Royal Commission into Aged Care Quality and Safety, alongside long-standing Foundation professional member, Dr Joan Ostaszewicz.

This article also featured on the Continence Foundation of Australia website: <[continence.org.au](http://continence.org.au)>.

Dr Joan Ostaszewicz

## “ *Common mistakes taking medicines can be avoided: Deakin researcher*

Deakin University – media release

National Tribune <[nationaltribune.com.au](http://nationaltribune.com.au)> – news article

ABC Radio – interview with David Astle, Thursday 22nd of August, for Be Medicinewise Week 19th–25th August, 2019

Professor Elizabeth Manias

## “ *Advanced planning critical for end-of-life-care dignity: Deakin research*

Deakin University – media release

Dr Melissa Bloomer

## “ *Deakin researchers trial new app for carers of people living with cancer*

Deakin University – media release

Dr Natalie Heynsbergh



# Seeding Grant Initiative

The Centre for Quality and Patient Safety Research is committed to the development of early carer and mid-career researchers. A Seeding Grant Initiative was instigated by the centre in 2016 to facilitate early and mid-career researchers to progress the development of their research programs.

Funds awarded to senior researchers aided in collection of pilot data or testing of concepts, in preparation for Category 1 grant applications. Early career researchers who received funding were mentored by senior researchers to ensure their projects were of high quality.

Six seeding grants were awarded in 2016, four were awarded in 2017 and five in 2018. All projects were completed in 2019.

| Funding round | Project team   | Project title  |
|---------------|--|--|
| 2018–2019     | <b>A/Prof. Anastasia Hutchinson</b> , Dr Susan Hunter, <b>Alfred Deakin Prof. Mari Botti</b>   | Communication of Acute Postoperative Pain (CAPP): The clinically significant meanings behind numerical pain ratings                                |
| 2018–2019     | <b>Dr Grainne Lowe</b> , <b>Prof. Andrea Driscoll</b>  | Evaluation of an older persons' nurse practitioner service: Cost-effectiveness analysis and patient experience                                     |
| 2018–2019     | <b>Dr Sara Holton</b> , <b>Dr Karen Wynter</b> , Ms Vanessa Watkins, Ms Lisa Smith, <b>Prof. Bodil Rasmussen</b>   | Antenatal education programs: Identifying women's needs and preferences for content and format, and service needs from the perspective of midwives |
| 2018–2019     | <b>Dr Melissa Bloomer</b> , <b>Alfred Deakin Prof. Alison Hutchinson</b> , A/Prof. Peter Poon, Dr Fiona Runacres   | Family needs, involvement and presence at the end of life in inpatient settings: A descriptive retrospective study                                 |
| 2018-2019     | <b>A/Prof. Debra Kerr</b> , <b>Prof. Peter Martin</b> , Ms Sharyn Milnes, <b>Dr Joan Ostaszewicz</b> , <b>Prof. Trisha Dunning</b> , Prof. Jette Ammentorp, Dr Maiken Wolderslund, Dr Claire McKie | Development of an education program to enhance communication skills for nurses when communicating with people who have life-limiting illness       |

QPS members are highlighted in bold.



# Projects and funding

| Project title and team  | Funding category | Funder   |
|---|------------------|--|
| <b>Improving the mental health of cancer survivors with an online mindfulness program: A partnership model to impact on cancer care</b><br>Prof. Liliana Orellana, <b>Alfred Deakin Prof. Mari Botti</b> , Dr Michael Jefford, Prof. Cathy Mihalopoulos, Prof. David Austin, <b>Dr Anna Ugalde</b> , <b>Prof Trish Livingston</b> , A/Prof. Vicki White, Prof. Afaf Girgis, <b>Dr Lahiru Russell</b> , <b>Prof. Bodil Rasmussen</b> , Dr Richard Chambers, Dr Allan Smith | CAT 1            | National Health and Medical Research Council (NHMRC) – Partnership Grant                         |
| <b>Enhancing safety and care quality for culturally and linguistically diverse cancer consumers: A consumer engagement approach</b><br>Prof. Reema Harrison, Prof. Merrilyn Walton, <b>Prof. Elizabeth Manias</b> , Prof. Carlene Wilson, Dr Holly Seale, Prof. Afaf Girgis, Dr Allan Smith, Dr Melvin Chin   | CAT 1            | National Health and Medical Research Council (NHMRC) – Ideas Grant (non-Deakin University led)   |
| <b>Intranasal naloxone for the reversal of opioid overdose: A double-blinded, double-dummy controlled non-inferiority trial in Sydney's Medically Supervised Injecting Centre</b><br><b>A/Prof. Debra Kerr</b> , Prof. Paul Dietze, Dr Marianne Jauncey, Prof. John Strang, Prof. Simon Lenton, Dr Allison Salmon, Mr Paul Agius  | CAT 1            | National Health and Medical Research Council (NHMRC) – Project Grant (non-Deakin University led) |
| <b>A new approach to disinvestment: Application to falls prevention mobilisation alarms</b><br>Dr Terry Haines, <b>A/Prof. Bernice Redley</b> , Dr Kelly-Ann Bowles, <b>Alfred Deakin Prof. Mari Botti</b> , Dr Ronald Shorr, A/Prof. Elizabeth O'Brien, Dr Natasha Brusco  | CAT 1            | National Health and Medical Research Council (NHMRC) – Ideas Grant (non-Deakin University led)   |
| <b>Feasibility and acceptability of culturally and linguistically diverse groups (CALD) participating in mindfulness therapy during their cancer journey</b><br><b>Prof. Trish Livingston</b>   | CAT 2            | Department of Health and Human Services, Victoria  |
| <b>Evaluation of the Working Together Project</b><br><b>Dr Sara Holton</b> , <b>Prof. Bodil Rasmussen</b> , <b>Dr Karen Wynter</b> , Mr Shane Crowe   | CAT 2            | Department of Health and Human Services, Victoria  |

QPS members are highlighted in bold.

## Project categories:

CAT 1 – Australian competitive grants

CAT 2 – Other public sector research income

CAT 3 – Industry and other research income

CAT 8 – Research income not recordable



# Projects and funding

| Project title and team  | Funding category | Funder  |
|---|------------------|---|
| <b>Deakin University – Western Health Joint Appointment Agreement (Midwifery)</b><br><b>Prof. Linda Sweet</b>   | CAT 2            | Western Health – collaborative agreement  |
| <b>Discharge medication safety strategies: What is the patient's role?</b><br><b>Prof. Elizabeth Manias</b> , Prof. Georgia Tobiano, Prof. Wendy Chaboyer, Ms Trudy Teasdale, Prof. Lukman Thalib   | CAT 2            | Gold Coast Health and Gold Coast Hospital Foundation – Research Grants Scheme (non-Deakin University led) |
| <b>University of Canberra evaluation of SmartCare</b><br><b>A/Prof. Bernice Redley</b>  | CAT 3            | University of Canberra (non-Deakin University led)  |
| <b>Assessing the experiences of consumers and stakeholders of Breast Cancer Network Australia's Seat at the Table program</b><br><b>Prof. Trish Livingston</b>  | CAT 3            | Breast Cancer Network Australia   |
| <b>Diabetes on campus: A tailored settings-based approach to supporting transition to university for young adults with diabetes</b><br><b>Dr Virginia Hagger</b> , Adj. Prof. Shane Hamblin, Dr Amelia Lake, <b>Prof. Bodil Rasmussen</b> | CAT 3            | Australian Diabetes Educators Association   |
| <b>Operationalising smoking cessation care in Victorian health services</b><br><b>Dr Anna Ugalde</b> , <b>Dr Lahiru Russell</b>   | CAT 3            | Cancer Council Victoria   |
| <b>Endeavour Executive Leadership Award to visit the International Observatory on End of Life Care, Lancaster University, UK</b><br><b>Dr Melissa Bloomer</b>   | CAT 8            | Department of Education Endeavour Executive Leadership Award  |
| <b>Endeavour Executive Leadership Award to visit University of Southern Denmark, Denmark</b><br><b>A/Prof. Deb Kerr</b>   | CAT 8            | Department of Education Endeavour Executive Leadership Award  |

QPS members are highlighted in bold.

## Project categories:

- CAT 1 – Australian competitive grants
- CAT 2 – Other public sector research income
- CAT 3 – Industry and other research income
- CAT 8 – Research income not recordable

# Centre for Quality and Patient Safety Research

## international visitors



### **Associate Professor Ranveig Lind**

**University of Tromsø – The Arctic  
University of Norway**

Associate Professor Ranveig Lind is a critical care nurse, and although no longer practicing clinically in the intensive care unit (ICU), has a position within the ICU and the University Hospital of North Norway as a research nurse.

Associate Professor Lind has many research collaborations with researchers from universities in Norway and other Nordic countries. She presented findings from her projects on 'ICU family care' and aspects from a 'Nordic study on families' access to and involvement in the ICU' when visiting the Centre for Quality and Patient Safety Research.



### **Ms Janne Myhre**

**Norwegian University of Science  
and Technology**

Ms Janne Myhre is PhD student from the Norwegian University of Science and Technology, Department of Public Health and Nursing, Trondheim, Norway. Ms Myhre attended the Centre for Quality and Patient Safety Research as a visiting PhD student. She is a geriatric nurse with a masters in mental health nursing.

Ms Myhre's PhD thesis is focused on the role of leadership in promoting patient safety in nursing homes, with a particular focus on elder abuse and neglect.



### **Professor Helle Terkildsen Maindal**

**Aarhus University, Denmark**

Professor Helle Terkildsen Maindal's main research interests have been with prevention of non-communicable disease, as these are the leading cause of mortality, morbidity, and deprived quality of life.

The main objective of her newest study, the FACE-IT research program, is to prevent diabetes among mothers having had gestational diabetes and their family members, promoting health literacy, action competence and confidence, while avoiding medicalisation and stigmatisation.

# Awards, prizes and achievements

## Business Higher Education Round Table (BEHRT) award

The Deakin University Partners in Nursing and Midwifery Research Network received a Business Higher Education Round Table (BHERT) Award for Outstanding Collaboration in Higher Education and Training.

The award recognises outstanding contributions to enhancing the quality of learning and teaching in higher education by members of tertiary education institutions and industry partners.

The BHERT Awards are Australia's longest-running and highest-profile recognition of outstanding partnerships with universities.



## Excellence in Research for Australia

Deakin Nursing received a rating of '5' in the **Excellence in Research for Australia** ratings in 2019 – well above world standards.

## Teaching Team of the Year

**Dr Elizabeth Oldland, Professor Judy Currey, Professor Julie Considine** and Ian Story were selected for the Deakin University Award for Teaching Team of the Year. The award recognises the work of this team in leading sustained active and collaborative learning, and international scholarship for transformative student learning experiences through team-based learning.

## Popular articles

### Nursing and Health Sciences journal

Dr Van Nguyen, **Alfred Deakin Professor Maxine Duke, Professor Helen Forbes** and **Dr Mohammadreza Mohebbi's** article, 'Development and validation of an instrument to measure nurse educator perceived confidence in clinical teaching', published in the *Nursing and Health Sciences* journal, was among the top 20 most downloaded articles for the journal, over a period of 12 months.

### European Journal of Cardiovascular Nursing

Authors **Professor Andrea Driscoll**, Maria Grant, Diane Carroll, Sally Dalton, Christi Deaton, Ian Jones, Daniela Lehwaldt, Gabrielle McKee, Theresa Munyombwe and Felicity Astin's article, 'The effect of nursing-to-patient ratios on nurse-sensitive patient outcomes in acute specialist units: a systematic review and meta-analysis' was awarded the top downloaded paper in 2018 for the *European Journal of Cardiovascular Nursing*.

### Diabetes, Obesity and Metabolism

**Professor Bodil Rasmussen's** article 'Ascorbic acid supplementation improves postprandial glycaemic control and blood pressure in individuals with type 2 diabetes: Findings of a randomised cross-over trial', published in *Diabetes, Obesity and Metabolism*, was the top downloaded article for 12 months following online publication.

### Nursing in Critical Care

**Dr Pauline Wong** was awarded the top 20 article for, 'Barriers to families' regaining control in ICU: Disconnectedness', published in *Nursing in Critical Care*.



**Alfred Deakin Professor Tracey Bucknall** – Inducted into the International Nurse Researcher Hall of Fame, Sigma Theta Tau International Honor Society of Nursing (Sigma), Indiana, USA.



**Alfred Deakin Professor Alison Hutchinson** – Conferred with the title of 'Alfred Deakin Professor', the highest honour the university can bestow on an academic staff member.



**Professor Andrea Driscoll** – Awarded the 'Excellence in Clinical Practice' lifetime achievement award by the Australian Heart Association.



**Professor Elizabeth Manias** – Inducted into the American Academy of Nursing. The academy comprises of more than 2,600 nurse leaders in education, management, practice, policy and research. All inductees are chosen based on their impressive contributions to increase access, reduce cost and improve quality through nursing theory, practice and science.

**Professor Bodil Rasmussen** – Awarded best oral presentation: 'Factors associated with breastfeeding among women with pre-pregnancy diabetes: An exploratory study' at the Australian Diabetes Educators Association, Victoria Conference.

**Associate Professor Debra Kerr** – Awarded a 2019 Endeavour Executive Leadership Award, funded by the Australian Government, Department of Education and Training, to work with experts in communication skills training at the hospital of Lillebaelt, University of Southern Denmark.

**Associate Professor Bernice Redley** – Awarded the Mona Menzies research award from the Nurses Board of Victoria Legacy Limited for her work on 'Preventing harm to older people in acute hospitals: supporting quality in complex nursing work'.

**Dr Melissa Bloomer** – Awarded a 2019 Endeavour Executive Leadership Award, funded by the Australian Government, Department of Education and Training, to work at the International Observatory on End of Life care at Lancaster University, United Kingdom.

**Dr Elizabeth Oldland** – Awarded Best Research Paper at the Team-Based Learning Conference for the article, 'Nurses' perceptions of the impact of Team-Based Learning participation on learning style, team behaviours and clinical performance: An exploration of written reflections', published in *Nurse Education in Practice*. The award recognises excellence and innovation in advancing Team-Based Learning through research.

**Dr Helen Rawson** – Invited to the Victorian Senior of the Year Award ceremony at Government House.

**Dr Pauline Wong** – Awarded The Alfred Senior Medical Staff Nursing Research Award for Best Poster at the Alfred Nursing Research Forum.

# Invited presentations

## Professor Andrea Driscoll

- International Nurses Day 2019 'Nurses a voice to lead, Health for all', presented at Western Health for the International Nurses Day 2019, May 2019.
- 'Bridging the gap with nurse-led care', presented at the Alfred Health Research Forum, June 2019.

## Alfred Deakin Professor Alison Hutchinson

- 'Contemporary issues in acute and residential aged care settings', presented at the Ageing Research Forum hosted by the Western Alliance, National Ageing Research Institute (NARI) and the Melbourne Ageing Research Collaboration (MARC). Warrnambool, Victoria, September 2019.
- 'Planning research to have an impact', presented at the Western Alliance Symposium – Towards a healthy rural and regional Victoria: Lost in research translation, demystifying the approach from knowledge into action. Ballarat, Victoria, October 2019.
- 'Maternity services organisational interventions for caesarean sections', presented at the Averting an impending caesarean section disaster in LMICs invitational meeting. Bill and Melinda Gates Foundation, New York, December 2019.

## Professor Julie Considine

- 'Clinical deterioration in emergency department patients; and improving outcomes from in-hospital cardiac arrest', presented at the Australian and New Zealand Intensive Care Society (ANZICS) Safety and Quality Conference, October 2019, Melbourne.
- 'The evidence for ventilations during CPR; and spinal immobilisation', presented at the 12th International Spark of Life Conference, Australian Resuscitation Council, May 2019, Sydney.

## Dr Lahiru Russell

- 'A pilot randomised controlled trial of an online mindfulness-based program for people diagnosed with melanoma', presented at the Epworth-Deakin Nursing Research Symposium, August 2019, Richmond.

## Professor Linda Sweet

- 'The value of peer support groups for exclusively expressing mothers', presented at Western Health's Research and Best Care Conference, October 2019, St Albans.

## Professor Judy Currey

- 'Should family be present during clinical deterioration?', presented at the ANZICS Safety and Quality Conference, October 2019, Melbourne.
- 'Team training for rapid responses teams', presented at the ANZICS Safety and Quality Conference: October 2019 Melbourne.

## Alfred Deakin Professor Tracey Bucknall

- 'Disinvesting when evidence changes', presented at the 14th World Congress on Intensive Care, October 2019, Melbourne.
- 'Patient and family perspectives on triggering RRT', presented at the ANZICS Safety and Quality Conference, October 2019, Melbourne.
- 'Improving clinical decision making to build fail-safe systems and enhance patient outcomes', presented at the Sigma's 30th International Nursing Research Congress, July 2019, Calgary, Canada.

# PhD completions



## Natalie Heynsbergh

**Title:** Feasibility, useability and acceptability of a smartphone application to support carers of people with cancer.

**Supervisors:** Professor Trish Livingston and Alfred Deakin  
Professor Mari Botti

**Description:** A smartphone application is a feasible way to deliver information and resources to carers while they are looking after someone receiving cancer treatment. A smartphone application is an appropriate resource for carers regardless of their age or gender.



## Ashlyn Sahay

**Title:** The impact of nurse-to-nurse interactions on patient safety outcomes: A quantitative study.

**Supervisors:** Professor Bodil Rasmussen and Associate Professor Debra Kerr

**Description:** The nature of nurse-to-nurse interactions impact on safe nursing practice and quality of patient care. Insights drawn from Graduate Nurses and Nurse Leaders create awareness about the way in which nurses' interact in the practice environment, and how they either promote or threaten safe nursing practice. Findings from 18 graduate nurses and 24 nurse leaders showed the need for increased emphasis to enhance unit level nurse leadership in promoting effective interactions amongst nurses and to uphold a culture of safety. Importantly, the findings suggest that the nature of nurse-to-nurse interactions influence individual affect, which can either positively or negatively impact on safe nursing practice.



# Publications

## Summary:

- Research reports – 7 published
- Books and book chapters – 13 published
- Journal articles – 187 published

## Research reports

1. **Bloomer, M.**, Aitken, L., Barkestad, E., Credland, N., Friganovic, A., Fulbrook, P., Goldsworthy, S., Gonzales, R., Livesay, S., Mitchell, M., Williams, G., Wong, P., & Yeager, S. (2019). *Position Statement: Provision of a Critical Care Nursing Workforce* (pp. 1-5). World Federation of Critical Care Nurses.
2. Yates, P., **Bloomer, M.**, Bartley, J., Brans, L., Emerson, S., Healey, M., Karacsony, S., Mills, J., O'Connor, M., Staaf, M., Stapleton, C., Tomlin, F., & Virdun, C. (2019). *Achieving Quality Palliative Care for All: The Essential Role of Nurses. A white paper by ACN, 2019*. Australian College of Nursing, Canberra.
3. Martin, K., & **Holton, S.** (2019). Maternity Connect: a professional development and skills improvement program for rural midwives and nurses. *Australian Midwifery News*, 19(3): 34. Cambridge Publishing, Melbourne. Retrieved from <https://www.midwives.org.au/magazines/australian-midwifery-news-amn/midwifery-news-spring-2019>
4. Parker, D., Arnold, N., Armishaw, M., Avila, S., Buchanan-Grey, M., **Dunning, T.**, Ward, L., Xiao, L., & Yusuf, Z. (2019). *Position Statement: The role of nurses in promoting healthy ageing*. Australian College of Nursing, Canberra.
5. **Sweet, L.**, & Henderson, A. (2019). Assessment of midwifery student practice: The value of a standardised assessment tool. *Australian Midwifery News*, 19(2), 24-25. Cambridge Publishing, Melbourne. Retrieved from <https://search.informit.com.au/documentSummary;dn=503431322270634;res=IELHEA>
6. Harrison, R., Heslop, D., Mears, S., Hinchcliff, R., & **Manias, E.** (2019). *Evidence Check: Reducing unwarranted variation in healthcare*. Sax Institute, NSW Ministry of Health, Sydney.
7. Harrison, R., Pervaz-Iqbal, M., Mimmo, L., Mears, S., & **Manias, E.** (2019). *Evidence Check: Measuring clinical experience of providing care*. Sax Institute, NSW Ministry of Health, Sydney.
2. DeLaune, S. C., Ladner, P. K., **McTier, L.**, Tollefson, J., & Lawrence, J. (2019). *DeLaune's Fundamentals of Nursing Australian Edition*. Cengage, Melbourne.
3. Curtis, K., Ramsden, C., Shaban, R.Z., Fry, M., & **Considine, J.** (Eds.). (2019). *Emergency and Trauma Care for Nurses and Paramedics* (3<sup>rd</sup> Ed). Elsevier Australia, Chatswood NSW.
4. **Sweet, L.**, Bass, J., & Graham, K. (2019). The Continuity of Care Experience and Reflective Writing: Enhancing Post-Practicum Learning for Midwifery Students. In Billett, S., Newton, J., Rogers, G. & Noble, C. (Eds.), *Augmenting Health and Social Care Students' Clinical Learning Experiences: Outcomes and Processes* (pp. 141-162). Springer International Publishing, Cham, Switzerland.
5. Arendts, G., & **Rawson, H.** (2019). Chapter 38: The Older person. In Curtis, K., Ramsden, C., Shaban, R.Z., Fry, M., & **Considine, J.** (Eds.). (2019). *Emergency and Trauma Care for Nurses and Paramedics* (3<sup>rd</sup> Ed). Elsevier Australia, Chatswood NSW.
6. **Dunning, T.**, & **Martin, P.** (2019). Diabetes and Palliative Care: A Framework to Help Clinicians Proactively Plan for Personalized care. In Mollaoğlu, M. (Ed), *Palliative Care* [IntechOpen]. Retrieved from <https://www.intechopen.com/books/palliative-care/diabetes-and-palliative-care-a-framework-to-help-clinicians-proactively-plan-for-personalized-care>
7. Fry, M., Shaban, R.Z., & **Considine, J.** (2019). Chapter 1: Emergency nursing in Australia and New Zealand. In Curtis, K., Ramsden, C., Shaban, R.Z., Fry, M., & **Considine, J.** (Eds.). (2019). *Emergency and Trauma Care for Nurses and Paramedics* (3<sup>rd</sup> Ed). Elsevier Australia, Chatswood NSW.
8. **Considine, J.**, Shaban, R. Z., Fry, M., Curtis, K., Ramsden, C., & Jennings, P. (2019). Chapter 6: Patient safety and quality in emergency care. In Curtis, K., Ramsden, C., Shaban, R.Z., Fry, M., & **Considine, J.** (Eds.). (2019). *Emergency and Trauma Care for Nurses and Paramedics* (3<sup>rd</sup> Ed). Elsevier Australia, Chatswood NSW.
9. **Considine, J.**, Shaban, R. Z., Fry, M., & Curtis, K. (2019). Chapter 7: Research for emergency care. In Curtis, K., Ramsden, C., Shaban, R.Z., Fry, M., & **Considine, J.** (Eds.). (2019). *Emergency and Trauma Care for Nurses and Paramedics* (3<sup>rd</sup> Ed). Elsevier Australia, Chatswood NSW.
10. Fry, M., Shaban, R.Z., & **Considine, J.** (2019). Chapter 11: Clinical reasoning, problem solving and triage. In Curtis, K., Ramsden, C., Shaban, R.Z., Fry, M., & **Considine, J.** (Eds.). (2019). *Emergency and Trauma Care for Nurses and Paramedics* (3<sup>rd</sup> Ed). Elsevier Australia, Chatswood NSW.

## Books and book chapters

1. **Dunning, T.**, & **Martin, P.** (2019). *Guidelines for Deciding Palliative and End of Life Care with People with Diabetes*, 2nd Ed, [Care Search, listed under Diabetes]. Retrieved from <https://www.caresearch.com.au/caresearch/tabid/3664/Default.aspx#D>
10. Fry, M., Shaban, R.Z., & **Considine, J.** (2019). Chapter 11: Clinical reasoning, problem solving and triage. In Curtis, K., Ramsden, C., Shaban, R.Z., Fry, M., & **Considine, J.** (Eds.). (2019). *Emergency and Trauma Care for Nurses and Paramedics* (3<sup>rd</sup> Ed). Elsevier Australia, Chatswood NSW.

11. **Considine, J.,** & Shaban, R.Z. (2019). Chapter 14: Resuscitation. In Curtis, K., Ramsden, C., Shaban, R.Z., Fry, M., & **Considine, J.** (Eds.). (2019). *Emergency and Trauma Care for Nurses and Paramedics* (3<sup>rd</sup> Ed). Elsevier Australia, Chatswood NSW.
12. **Considine, J.** (2019). Chapter 23: Neurological emergencies. In Curtis, K., Ramsden, C., Shaban, R.Z., Fry, M., & **Considine, J.** (Eds.). (2019). *Emergency and Trauma Care for Nurses and Paramedics* (3<sup>rd</sup> Ed). Elsevier Australia, Chatswood NSW.
13. Wickramasinghe, N., **Rasmussen, B.,** Bodendorf, F., Zoffmann, V., Kayser, L., & **Currey, J.** (2019). Leveraging the IoT to Enable the Guided Self-Determination Method. In N. Wickramasinghe, F. Bodendorf (Eds). *Delivering Superior health and Wellness management with IoT and Analytics. Healthcare Delivery in the Information Age.* Springer, Cham.
9. Berry, D., **Street, M.,** & **Considine, J.** (2019). Service use by older very frequent emergency department users: A retrospective cohort study. *Australasian Emergency Care*, 22(3), 133-138. doi:<https://doi.org/10.1016/j.auec.2019.05.001>
10. Blaschke, S. M., Lambert, S. D., **Livingston, P. M.,** Aranda, S., Boltong, A., Schofield, P., Chambers, S. K., Krishnadamy, M., & **Ugalde, A.** (2019). Identifying priorities for cancer caregiver interventions: protocol for a three-round modified Delphi study. *BMJ Open*, 9(2), 1-8. doi:10.1136/bmjopen-2018-024725
11. **Bloomer, M. J.** (2019). Palliative care provision in acute and critical care settings: What are the challenges? *Palliative Medicine*, 33(10), 1239-1240. doi:10.1177/0269216319891789
12. **Bloomer, M. J., Botti, M.,** Runacres, F., Poon, P., Barnfield, J., & **Hutchinson, A. M.** (2019). Cultural considerations at end of life in a geriatric inpatient rehabilitation setting. *Collegian*, 26(1), 165-170. doi:10.1016/j.colegn.2018.07.004
13. **Bloomer, M. J., Botti, M.,** Runacres, F., Poon, P., Barnfield, J., & **Hutchinson, A. M.** (2019). End-of-life care for older people in subacute care: a retrospective clinical audit. *Collegian*, 26(1), 22-27. doi:10.1016/j.colegn.2018.02.005
14. **Bloomer, M. J.,** Fulbrook, P., Goldsworthy, S., Livesay, S. L., Mitchell, M. L., Williams, G., & Friganovic, A. (2019). World federation of critical care nurses' 2019 position statement: provision of a critical care nursing workforce. *Connect: The World of Critical Care Nursing*, 13(1), 3-7. doi:10.1891/1748-6254.13.1.3
15. **Bloomer, M. J., Hutchinson, A. M.,** & **Botti, M.** (2019). End-of-life care in hospital: an audit of care against Australian national guidelines. *Australian Health Review*, 43(5), 578-584. doi:<https://doi.org/10.1071/AH18215>
16. **Bouchoucha, S., Phillips, N.,** Kilpatrick, M., & **Hutchinson, A. F.** (2019). Pre-registration nursing students' perceptions of nurses' role in antimicrobial stewardship. *Infection, Disease & Health*, 24, S10. doi:10.1016/j.idh.2019.09.039
17. **Bouchoucha, S. L.,** & Moore, K. A. (2019). Factors influencing adherence to standard precautions scale: a psychometric validation. *Nursing & Health Sciences*, 21(2), 178-185. doi:10.1111/nhs.12578
18. **Bouchoucha, S. L.,** Whatman, E., & Johnstone, M. J. (2019). Media representation of the antimicrobial resistance (AMR) crisis: an Australian perspective. *Infection, Disease and Health*, 24(1), 23-31. doi:10.1016/j.idh.2018.09.084
19. Brennan-Olsen, S. L., Vogrin, S., Graves, S., Holloway-Kew, K. L., Page, R. S., Sajjad, M. A., Kotowicz, M. A., **Livingston, P. M.,** Khasraw, M., Hakkennes, S., **Dunning, T. L.,** Brumby, S., Sutherland, A. G., Talevski, J., Green, D., Kelly, T., Williams, L. J., & Pasco, J. A. (2019). Revision joint replacement surgeries of the hip and knee across geographic region and socioeconomic status in the western region of Victoria: a cross-sectional multilevel analysis of registry data. *BMC Musculoskeletal Disorders*, 20(1), 300. doi:10.1186/s12891-019-2676-z
20. Brooks, L. A., **Manias, E.,** & **Bloomer, M. J.** (2019). Culturally sensitive communication in healthcare: a concept analysis. *Collegian*, 26(3), 383-391. doi:10.1016/j.colegn.2018.09.007

## Journal articles

1. Al Mutair, A., Al Ammary, M., Brooks, L., & **Bloomer, M. J.** (2019). Supporting Muslim families before and after a death in neonatal and paediatric intensive care units. *Nursing in Critical Care*, 24(4), 192-200. doi:10.1111/nicc.12434
2. Ali, F., Tacey, M., Lykopandis, N., Colville, D., Lamoureux, E., Wong, T. Y., VanGaal, W., **Hutchinson, A. F.,** & Savige, J. (2019). Microvascular narrowing and BP monitoring: a single centre observational study. *PLOS One*, 14(3), 1-1. doi:10.1371/journal.pone.0210625
3. Allen, J., King, R., Goergen, S. K., Melder, A., Neeman, N., Hadley, A., & **Hutchinson, A. M.** (2019). Semistructured interviews regarding patients' perceptions of Choosing Wisely and shared decision-making: an Australian study. *BMJ Open*, 9(8), e031831-e031831. doi:10.1136/bmjopen-2019-031831
4. Allen, J., Orellana, L., Jones, D., **Considine, J.,** & **Currey, J.** (2019). Associations between patient and system characteristics and MET review within 48h of admission to a teaching hospital: A retrospective cohort study. *European Journal of Internal Medicine*, 66, 62-68. doi:10.1016/j.ejim.2019.05.021
5. Armour, T., Ford, R., & **Rasmussen, B.** (2019). Anaesthetic nurses' perceptions of learning during interprofessional simulation education. *Clinical Simulation in Nursing*, 35, 5-9. doi:10.1016/j.ecns.2019.06.001
6. Bail, K., Merrick, E., **Redley, B.,** Gibson, J., Davey, R., & Currie, M. (2019). "Blind leading the blind": qualitative evaluation of unanticipated difficulties during nurse testing of a hospital health information system. *Collegian*, 1-7. doi:10.1016/j.colegn.2019.03.004
7. Barnes, S., Stuart, R., & **Redley, B.** (2019). Health care worker sensitivity to chlorhexidine-based hand hygiene solutions: A cross-sectional survey. *American Journal of Infection Control*, 47(8), 933-937. doi: 10.1016/j.ajic.2019.01.006
8. Bass, J., Sidebotham, M., Creedy, D., & **Sweet, L.** (2019, in press). Midwifery students' experiences and expectations of using a model of holistic reflection. *Women and Birth*. doi:<https://doi.org/10.1016/j.wombi.2019.06.020>

# Publications

21. Brooks, L. A., **Bloomer, M. J., & Manias, E.** (2019). Culturally sensitive communication at the end-of-life in the intensive care unit: A systematic review. *Australian Critical Care*, 32(6), 516-523. doi:10.1016/j.aucc.2018.07.003
22. **Bucknall, T., Digby, R.,** Fossum, M., **Hutchinson, A. M., Considine, J., Dunning, T.,** Hughes, L., Weir-Phyland, J., & **Manias, E.** (2019). Exploring patient preferences for involvement in medication management in hospitals. *Journal of Advanced Nursing*, 75(10), 2189-2199. doi:10.1111/jan.14087
23. **Bucknall, T.,** Fossum, M., **Hutchinson, A. M., Botti, M., Considine, J., Dunning, T.,** Hughes, L., Weir-Phyland, J., **Digby, R., & Manias, E.** (2019). Nurses' decision-making, practices and perceptions of patient involvement in medication administration in an acute hospital setting. *Journal of Advanced Nursing*, 75(6), 1316-1327. doi:10.1111/jan.13963
24. Burton, C., Williams, L., **Bucknall, T.,** Edwards, S., Fisher, D., Hall, B., Harris, G., Jones, P., Makin, M., McBride, A., Meacock, R., Parkinson, J., Rycroft-Malone, J., & Waring, J. (2019). Understanding how and why de-implementation works in health and care: research protocol for a realist synthesis of evidence. *Systematic Reviews*, 8(1), 1-7. doi:10.1186/s13643-019-1111-8
25. Caudle, A., Schuwirth, L., & **Sweet, L.** (2019). Nonsense, normative or necessity: the purpose of repeating a modified internship for qualified paramedics to move between Australian states: perspective from one state service. *Australasian Journal of Paramedicine*, 16. doi:10.33151/ajp.16.674
26. **Chapman, A.,** Nagle, C., Bick, D., Lindberg, R., Kent, B., Calache, J., & **Hutchinson, A. M.** (2019). Maternity service organisational interventions that aim to reduce caesarean section: a systematic review and meta-analyses. *BMC Pregnancy and Childbirth*, 19(1), 206. doi:10.1186/s12884-019-2351-2
27. Cignarella, A., **Redley, B., & Bucknall, T.** (2019). Organ donation within the intensive care unit: A retrospective audit. *Australian Critical Care*, 33(2), 167-174. doi:10.1016/j.aucc.2018.12.006
28. **Considine, J.,** Fox, K., Plunkett, D., Mecner, M., O'Reilly, M., & Darzins, P. (2019). Factors associated with unplanned readmissions in a major Australian health service. *Australian Health Review*, 43(1), 1-9. doi:https://doi.org/10.1071/AH16287
29. **Considine, J.,** Gazmuri, R. J., Perkins, G. D., Kudenchuk, P. J., Olasveengen, T. M., Vaillancourt, C., Nishiyama, C., Hatanaka, T., Mancini, M. E., Chung, S. P., Escalante-Kanashiro, R., & Morley, P. (2019) Chest compression components (rate, depth, chest wall recoil and leaning): A scoping review. *Resuscitation*, 146, 188-202. doi:10.1016/j.resuscitation.2019.08.042
30. **Considine, J.,** Shaban, R. Z., Curtis, K., & Fry, M. (2019). Effectiveness of nurse-initiated X-ray for emergency department patients with distal limb injuries: a systematic review. *European Journal of Emergency Medicine*, 26(5), 314-322. doi:10.1097/mej.0000000000000604
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**CONTACT US:**

+61 3 9244 6578

[qps@deakin.edu.au](mailto:qps@deakin.edu.au)

Visit us at: [deakin.edu.au/qps](http://deakin.edu.au/qps)



@DeakinQPS



Deakin School of Nursing & Midwifery

**FOR FURTHER INFORMATION ABOUT  
THIS REPORT PLEASE CONTACT:**

Centre for Quality and Patient Safety Research

Deakin University

221 Burwood Highway

BURWOOD VIC 3125

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