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.

Contents

Message from the directors 2
Centre for Quality and Patient Safety Research at a glance 3
Centre for Quality and Patient Safety Research External Advisory Board 4
Centre for Quality and Patient Safety Research Executive Committee 5
Centre for Quality and Patient Safety Research Members 6
Deakin Partners in Nursing and Midwifery Research Network 8
Innovative research 12
Media activity 28
Seeding Grant Initiative 29
Projects and funding 30
International visitors 32
Awards, prizes and achievements 34
Invited keynote presentations 35
PhD completions 36
Publications 37
We proudly present the 2018 Centre for Quality and Patient Safety Research Report. In the following pages we showcase the many and varied successes and achievements of our world-class researchers and students. The report highlights our continued commitment to producing high-quality health services research that is impactful and serves to improve the safety and quality of patient and resident care in hospital, aged care and community settings.

Our longstanding, internationally recognised, integrated health service and academic partnership network, Deakin Partners in Nursing and Midwifery, has continued to strengthen, providing nurses with opportunities to generate and translate knowledge in the areas of patient experience, patient safety and workforce development, to promote best practice in patient care and safety. The partnership continues to improve workforce capability, influence policy and clinical governance, and impact changes in practice at the point of care through translation of evidence into education and practice.

Our partnership network is comprehensive, including Alfred Health, Barwon Health, Eastern Health, Epworth HealthCare, Monash Health and Western Health, and spanning the care of people in 29 acute and subacute care hospitals and 11 residential aged care facilities, thereby influencing the practice of 30,000 nurses and midwives.

In these pages, you will acquire a sense of the breadth and depth of the research that is undertaken by our researchers, including the use of a wide range of methodological approaches, research undertaken in a broad range of settings and across an extensive range of topic areas. Led by a professoriate of international repute, our centre also provides a rich training environment for higher degree by research students, early- and mid-career researchers.

We trust that you find the Centre for Quality and Patient Safety Research Annual Report 2018 interesting and informative, and that it provides you with an insight into the work being conducted by the researchers and students within our centre to improve the safety and quality of patient care.
Centre for Quality and Patient Safety Research
AT A GLANCE

QPS members: 36
Publications: 168
Research projects in progress: 41
Invited keynote presentations: 09
PhD completions: 06
Visiting academics: 10
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) with which they are employed or involved.

The Centre for Quality and Patient Safety Research External Advisory Board consisted of the following external members in 2018 (in addition to the QPS Executive Committee). Note: Ms Rebecca Bartel resigned from the board in September 2018.

**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

**Associate Professor Peter Lowthian**
Executive Director, Clinical Governance and Institute, Cabrini Health

**Ms Rebecca Bartel**
Executive Lead, Institute for Healthcare Transformation, Deakin University

**Ms Jill Linklater**
Health Disability and Ageing Accreditation Surveyor, Management Systems Auditor

**Doctor Olga Hogan**
Senior Commercial Manager, Health, Deakin Research Innovations, Deakin University
Centre for Quality and Patient Safety Research

Executive Committee

Alfred Deakin
Professor Maxine Duke (Chair)
Director, Centre for Quality and Patient Safety Research
Chair in Nursing Development

Professor Alison Hutchinson
Acting Director, Centre for Quality and Patient Safety Research
Chair in Nursing, Monash Health Partnership

Alfred Deakin
Professor Mari Botti AM
Chair in Nursing, Epworth HealthCare Partnership

Alfred Deakin
Professor Tracey Bucknall
Chair in Nursing, Alfred Health Partnership

Professor Julie Considine
Chair in Nursing, Eastern Health Partnership

Professor Trisha Dunning AM
Chair in Nursing, Barwon Health Partnership

Professor Bodil Rasmussen
Chair in Nursing, Western Health Partnership

Professor Trish Livingston
Associate Dean, Research

Professor Elizabeth Manias
Higher Degree Research Coordinator

Professor Nikki Phillips
Deputy Head of School, Nursing and Midwifery
Director of Undergraduate Studies
Centre for Quality and Patient Safety Research
Members

Professor Judy Currey
Director, Active Learning, Deakin Learning Futures

Professor Andrea Driscoll
Heart Foundation Future Leader Fellow

Associate Professor Helen Forbes
Associate Head of School, Teaching and Learning

Associate Professor Ana Hutchinson
Epworth HealthCare Partnership

Associate Professor Debra Kerr
Lecturer in Nursing

Associate Professor Lauren McTier
Director, Undergraduate Studies

Associate Professor Pat Nicholson
Higher Research Degree Students Coordinator

Associate Professor Bernice Redley
Honours Coordinator Monash Health Partnership

Associate Professor Rochelle Wynne
Director, Clinical Studies

Doctor Melissa Bloomer
Director, Postdoctoral Studies

Doctor Stephane Bouchoucha
Lecturer in Nursing

Doctor Grainne Lowe
Lecturer in Nursing
Doctor Emily Tomlinson
Lecturer in Nursing

Professor Peter Martin
Director, Centre for Organisational Change in Person-Centred Healthcare

Doctor Mohammadreza Mohebbi
Senior Research Fellow Biostatistics

Affiliate members

Doctor Helen Rawson
Senior Research Fellow
Monash Health Partnership

Doctor Philip Russo
Alfred Health Partnership

Doctor Maryann Street
Senior Research Fellow
Eastern Health Partnership

Doctor Anna Ugalde
Senior Research Fellow

Doctor Pauline Wong
Lecturer in Nursing

Doctor Sara Holton
Research Fellow
Western Health Partnership

Doctor Lenore Ley
Lecturer in Nursing

Doctor Jo McDonall
Senior Lecturer in Nursing

Doctor Jac Kee Low
Dean’s Research Postdoctoral Fellowship

Doctor Joan Ostaszkiewicz
Research Fellow
Barwon Health Partnership

Doctor Karen Wynter
Research Fellow
Western Health Partnership
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.
Our partnership with Alfred Health 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.

Our partnership with Barwon Health 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.
Our partnership with Eastern Health 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
Eastern Health Partnership

Julie Considine
• Chair in Nursing, Eastern Health Partnership
• Professor, School of Nursing and Midwifery, Deakin University

Kath Riddell
• Chief Nursing and Midwifery Officer, Eastern Health
• Clinical Associate 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.

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

Kath Riddell
• Chief Nursing and Midwifery Officer, Eastern Health
• Clinical Associate Professor, School of Nursing and Midwifery, Deakin University

Julie Considine
• Chair in Nursing, Eastern Health Partnership
• Professor, School of Nursing and Midwifery, Deakin University

Kath Riddell
• Chief Nursing and Midwifery Officer, Eastern Health
• Clinical Associate Professor, School of Nursing and Midwifery, Deakin University

Julie Considine
• Chair in Nursing, Eastern Health Partnership
• 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.
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 also provides a unique opportunity for nurses seeking clinically focused research training or clinicians seeking experience in multidisciplinary research projects in critical care, acute care, and specialty healthcare contexts.

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.
Listen to me, I really am sick!

Understanding patient and family perspectives in triggering responses to medical emergencies

This project was funded by the Australian Research Council and partner organisations: the Australian Commission on Safety and Quality in Health Care, the University of Ulster, Northern Ireland, Cabrini Health, Austin Health and North West Area Health Services, led by Alfred Deakin Professor Tracey Bucknall.

Previous research has shown that delayed treatments or a failure by health professionals to initiate a response to abnormal vital signs, remains a serious patient safety concern. Critical illness, cardiac arrest, unplanned intensive care admissions or even death may result if abnormal vital signs are missed or mismanaged. Although patients and families are able to identify subtle cues of early deterioration prior to changes in vital signs, there has been little research focused on the contribution of patients and families to patient safety.

The aims of this project were to:

- investigate the role and influence of patients and relatives in triggering responses from health professionals to critical patient deterioration in hospital
- identify communication strategies that may decrease preventable serious adverse events.

We interviewed almost fifty patients, and families of patients, who received a medical emergency team (MET) call in response to abnormal vital signs. We asked them about their experiences in two major metropolitan hospitals, one private and one public.

Patient and family members told stories of how they sought help from nurses to raise the alarm about their worsening condition. Although all individuals told their own story, there were common threads between them. Physical symptoms and instinctive feelings of not being quite right were reported. For those patients and family members that raised the alarm with nurses, most believed nurses responded with both the action and authority that was expected of them. Most expressed a great sense of trust in the clinicians looking after them.

This project provided a unique insight into patient and family involvement in hospital care and the critical role they play in communicating health concerns to nurses. As a result of this project, we have developed recommendations for health services and exemplars for improving health professionals’ training to promote earlier recognition and active response to patients’ and family members’ concerns, regardless of the presence of physical symptoms.
Untangling the complexities of communication processes for managing medications in older people across transition points of care

This project was funded by the Australian Research Council in partnership with Alfred Health, led by Professor Elizabeth Manias.

Older people are particularly susceptible to experiencing medication incidents. Medication incidents are problems in prescribing, supplying, preparing, administering, monitoring, or providing medication advice. Older people are also more vulnerable to the effects of medications. These medication incidents commonly occur at transitions of care, when older people move between environments. The aim of this study is to examine how communication contributes to the ways in which medications are managed as older people move between clinical settings.

This project comprises a three phase ethnographic design. Phase one involves the conduct of interviews with health professionals, older patients and families. Phase two involves the examination of communication activities in diverse clinical practice settings. Phase three involves the conduct of reflective focus groups with health professionals, older patients and families. The project is currently being conducted at Alfred Health.
Translating dignity principles into practice in aged care homes

This project was funded by the National Health and Medical Research Council through a Translating Research into Practice Fellowship, awarded to and led by Dr Joan Ostaszkiewicz.

Recent media attention and government reports highlight violations to aged care residents’ personal dignity and reveal a gap between policies and standards that promote dignity in care and actual practice for care-dependent people with dementia in Australian aged care homes. Person-centred approaches to providing personal care and communicating in ways that are appropriate for residents’ cognitive impairment reduces residents’ rates of distress during caregiving encounters and may minimise the risk of abuse and violations to residents’ dignity.

Dr Joan Ostaszkiewicz was awarded a Medical Research Future Fund Next Generation Clinical Researchers Program Translating Research into Practice (TRIP) to implement, evaluate and disseminate a multifaceted, evidence-based, feasible and sustainable person-centred ‘Dignity in Continence Care Program’ in a purposive sample of aged care homes. The program will be developed in collaboration with and for aged care staff who perform or supervise continence care. It will strengthen the quality of continence care for care dependent older people with dementia living in aged care homes.

Qualitative and quantitative information will be gathered about the potential benefits, appropriateness, acceptability and feasibility of the education program, staff ratings of the person-centered care, dignity in continence care, self-reported continence care practices and factors to consider for a Randomised Control Trial to evaluate the clinical and cost effectiveness of the program.
The Diabetes Australia Research Trust Program (DARP) study

This project was funded by the Diabetes Australia Research Trust Program, led by Professor Trisha Dunning.

In Australia, 54% of people die in hospital and 32% die in residential aged care facilities. Approximately 60–70% would prefer to die at home – however, only 14% do so. Although 50–90% of Australians could benefit from palliative care at the end of life, many do not receive this form of care. All clinicians who care for people with serious conditions should initiate palliative care in a timely manner, however communicating about this care and end of life can be challenging and confronting. The aim of this study was to develop a suite of information to enable older people with diabetes, their families and health professionals initiate discussions about palliative and end-of-life care.

A mixed methods approach with three phases was used:
I. Development phase
II. Summative evaluation phase
III. Review by international experts.

The information was developed in collaboration with members of a health professional expert advisory group and an advisory group of people with diabetes, who provided critical feedback on drafts.

The project resulted in three guidelines addressing palliative and end-of-life care for: older people with diabetes; families caring for older relatives with diabetes; and health professionals. The guidelines refer to types 1 and 2 diabetes and address a wide range of topics. These include: communication, personhood, dignity and spirituality, advance care planning and advance care directives, blood glucose and HbA1c monitoring and target ranges, hypoglycaemia and personalised hypoglycaemic management plans, and quality indicators to assess and evaluate palliative and end-of-life care.

Salient quotes are used throughout the guidelines; their purpose is to highlight key points and could help clinicians reflect on their approach to diabetes and palliative and end-of-life care and the words they choose. Key communication strategies are provided, which clinicians can use to achieve personalised care and core outcomes are included at the end of each guideline.

The communication strategies relate to the components of the Calgary-Cambridge Framework.
Factors associated with unplanned readmissions within one day of acute care discharge: A retrospective cohort study

This project received publication support from the Centre for Quality and Patient Safety Research, led by Professor Julie Considine.

Unplanned hospital readmissions are a quality and safety indicator. In Australia, 8% to 11.1% of unplanned readmissions occur ≤1 day of acute care discharge. The aim of this study was to explore the reasons for unplanned hospital readmissions ≤1 day of acute care discharge, and determine what proportion of such unplanned hospital readmissions were potentially preventable.

A retrospective exploratory cohort design was used to conduct this study at Eastern Health. A medical record audit of 162 Phase 1 readmissions ≤ 1 day was conducted and descriptive statistics used to summarise the study data. Index discharges occurred between 1 August and 31 December 2015.

Readmissions were mostly unpreventable (88.3%) and 11.7% were preventable. The median patient age was 57 years and comorbidities were uncommon (3.1%). Most patients (94.4%) lived at home and with others (78.9%). Friday was the most common day of index discharge (17.3%) and Saturday was the most common day of unplanned readmission (19.1%). The majority (94.4%) of readmissions were via the emergency department: 58.5% were for a like diagnosis and pain was the most common reason for readmission.

Advanced age, significant comorbidities and social isolation did not feature in patients with an unplanned readmission ≤1 day. One quarter of patients were discharged on a Friday or weekend, one quarter of readmissions occurred on a weekend, and pain was the most common reason for readmission, raising issues about access to services and weekend discharge planning.
Vital sign abnormalities as predictors of clinical deterioration in subacute care patients: A prospective case-time-control study

This project was funded by Deakin University’s School of Nursing and Midwifery grant, led by Professor Julie Considine.

Emergency interhospital transfers from inpatient subacute care to acute care occur in 8% to 17.4% of patients and are associated with high rates of acute care readmission and in-hospital mortality. Serious adverse events in subacute care (rapid response team or cardiac arrest team calls) and increased nursing surveillance are the strongest known predictors of emergency interhospital transfer from subacute to acute care hospitals. However, the epidemiology of clinical deterioration across sectors of care, and specifically in subacute care, is not well understood.

The objective of this project was to explore the trajectory of clinical deterioration in patients who did and did not have an emergency interhospital transfer from subacute to acute care, and develop an internally validated predictive model to identify the role of vital sign abnormalities in predicting these emergency interhospital transfers.

This prospective, exploratory cohort study was a sub-analysis of data derived from a larger case-time-control study. The study focused on twenty-two wards of eight subacute care hospitals in five major health services in Victoria, Australia. All subacute care hospitals were geographically separate from their health services’ acute care hospitals.

All patients with an emergency transfer from inpatient rehabilitation or Geriatric Evaluation and Management to an acute care hospital within the same health service were included. Patients receiving palliative care were excluded. Study data were collected between 22 August 2015 and 30 October 2016 by a medical record audit. To compare cases and controls and account for health service clustering effect, Cochran-Mantel-Haenszel test or bivariate logistic regression were used.

Data were collected on 603 transfers (557 patients) and 1,160 controls. Adjusted for health service, ≥2 vital sign abnormalities in subacute care (adjusted odds ratio=8.81, 95% confidence intervals:6.36-12.19, p<0.001) and serious adverse events during the first acute care admission (adjusted odds ratio=1.28, 95% confidence intervals:1.08-1.99, p=0.015) were the clinical factors associated with increased risk of emergency interhospital transfer.

An internally validated predictive model showed that vital sign abnormalities can fairly predict emergency interhospital transfers from subacute to acute care hospitals.

The study found that serious adverse events in acute care should be a key consideration in decisions about the location of subacute care delivery. One in eight cases had vital signs fulfilling organisational rapid response team activation criteria, yet missed rapid response team activations were common, suggesting that further consideration of the criteria and strategies to optimise recognition and response to clinical deterioration in subacute care are needed.
MyStay/MyRecovery: A program of research supporting patient participation in an acute care context

This project was funded by an Epworth Research Institute Grant and a Thomas Baker Foundation Grant, led by Alfred Deakin Professor Mari Botti and Dr Jo McDonall.

Patient participation in care is essential for ensuring safe and high-quality care, and has long been recognised to contribute to illness and quality of life outcomes in chronic illness. The Australian Commission on Safety and Quality in Health Care recently identified patient participation as a central pillar of quality acute health service delivery and peak governing bodies worldwide have listed patient participation as a priority for the delivery of safe healthcare. Facilitating patient participation during acute episodes of care, particularly in post-surgery care, is challenging because of patients’ physical condition, multiple clinician involvement and the pace and nature of activities within the environment.

Multimedia technology is most likely to be effective in influencing patient participation in the context of acute postoperative recovery because of low burden, continuous availability and ease of use. The MyStay multimedia intervention is designed to deliver information that is explicit, actionable, non-ambiguous and tailored specifically to the goals of care following a particular surgery. In addition, it is designed to encourage and focus daily interactions between patients and clinicians to achieve goals of recovery.

The MyStay/MyRecovery team has successfully developed and tested the Total Knee Replacement MyStay module at Epworth HealthCare, demonstrating statistically significant decreases in postoperative pain, hospital length of stay, and patient satisfaction with care.
Workforce development: Development and evaluation of a professional development program to increase staff skills in recognition and response to the deteriorating patient

This project was funded by Epworth HealthCare and led by Associate Professor Ana Hutchinson.

Researchers from the QPS Epworth HealthCare Partnership worked closely with clinical educators to evaluate the effectiveness of a range of Epworth professional development programs for nursing staff. These programs focused on increasing clinical staff members’ skills in clinical assessment, recognition and response to the deteriorating patient and non-technical skills such as teamwork and communication.

In 2017, Epworth Eastern’s senior clinical management team proposed the development of an eLearn program to promote and educate nurses within the organisation on the use of a particular process of patient assessment to improve assessment and associated outcomes. Prior to its implementation across Epworth Eastern (and eventually group-wide) we evaluated the effect of the eLearn program, on nurses’ confidence, perceived skills, and practice in patient assessment.

The key findings from this evaluation were that following promotional activities and completion of an online learning package (ELearn), there were observable improvements in nurses conducting systematic respiratory assessments, assessing pulse rate and rhythm and performing secondary assessments such as checking drain tubes, IV sites and asking patients about their pain. Intervention ward staff also spent significantly more time than control ward staff performing postoperative clinical assessments (baseline median time 10 mins vs follow-up 16 mins, p=0.014), compared to the control ward (baseline median time 12 mins vs follow-up 15 mins, p>0.05).

The evaluation outcomes are being used to inform a framework for the robust evaluation of online education programs in healthcare, identify barriers to comprehensive assessment of acute, medical/surgical patients by nurses, and guide the hospital and group-wide roll-out of the eLearn patient assessment program.

Following promotional activities and completion of an online learning package, we observed improvements in nurses conducting systematic respiratory assessments, assessing pulse rate and rhythm and performing secondary assessments.
Implementing best evidence for nurse-led strategies to prevent harms common to older people in acute hospitals

This project was funded by the National Health and Medical Research Council through a Translating Research into Practice Fellowship, awarded to and led by Associate Professor Bernice Redley.

This project sets out to address the gap between the recommended evidence and nursing practices to prevent harms common to older people (>65 years) in hospital.

Older people are among the most vulnerable to preventable harms, or hospital acquired complications; and these can often be avoided by consistent high-quality care. Nurses have primary responsibility for implementing and monitoring harm prevention strategies in their daily practice. Yet research shows that nursing care in hospital is inconsistent, and some care is frequently missed.

This project will develop a prototype technology solution to assist nurses translate best evidence into a single integrated and comprehensive care plan that prompts desired behaviours, to address eight factors that contribute to harm common among older people in hospital.
Victoria public sector residential aged care workforce: Dementia policy, support services and education

This project was funded by the Public Sector Residential Aged Care Leadership Committee, led by Professor Alison Hutchinson.

In 2018, an estimated 436,366 Australians were living with dementia, which is reported to be the greatest cause of disability in older Australians and the third leading cause of disability burden overall. As such, dementia has been declared a National Health Priority Area in Australia. With 44% of Australians with dementia living in residential aged care facilities (RACFs), staff need dementia-specific support, education and training to help them appropriately contribute to the welfare of these people. With this in mind, this research focuses on the following three areas:

- dementia care policy
- dementia-specific support services, education and training
- residential aged care (RAC) staff awareness of dementia-specific support services, education and training.

A bibliographic search of academic literature, Google searches (general and targeted), and a survey were used to explore these three areas.

It was noted that a gap in policy exists in relation to people with dementia from Indigenous and culturally and linguistically diverse backgrounds. Additionally, lack of specialist accommodation for residents with severe or extreme behavioural and psychological symptoms of dementia (BPSD), and the need for a key worker role to support people with dementia and their family through their dementia journey, were also identified. Dementia education for residential aged care staff, elimination or minimisation of restraint, minimisation of pharmacological methods for management of behavioural and psychological symptoms associated with dementia, and inclusion of families in decision-making and advanced care planning were frequently addressed in policy. Overall, the literature about dementia support services, education and training revealed general concern about poor attitudes among healthcare students and general low levels of knowledge and skills for dementia care in the aged care sector. The majority of studies included in this review reported significant positive changes in knowledge and attitudes following an education intervention.

Findings also showed strong evidence to suggest person-centred approaches to care can greatly assist in the care of people with dementia, including assisting the person to attain wellbeing, despite physical, social, and cognitive limitations. There was evidence to suggest that staff frequently ignore or do not detect behavioural cues prior to impending physical aggression by people with dementia. There was a recognised need to understand anger as a legitimate human emotion within the context of dementia and to recognise the person at the centre of the disease.

Many of the education interventions were also successful in showing reductions in BPSD in residents and staff stress. The survey data revealed that about 61% of respondents were aware of dementia support services available to them. The most commonly cited were Dementia Australia and Dementia Support Australia, with the latter being the most frequently accessed service. Finally, about 80% of respondents reported awareness of some dementia education and training available to them; 87% of these respondents had availed themselves of such opportunities within the past two years.

Findings also showed strong evidence to suggest person-centered approaches to care can greatly assist in the care of people with dementia.
Psychosocial wellbeing and breastfeeding among women with type 1 or type 2 diabetes

This project was funded by the Ella Lowe Grant from the Nurses Board of Victoria Legacy Limited, led by Dr Karen Wynter.

We recruited women with type 1 or type 2 diabetes at three metropolitan hospitals in Melbourne, Australia. Women completed surveys during the third trimester of pregnancy (including intention to breastfeed, n=79) and at approximately three months postpartum (including current breastfeeding, n=47).

There were two main outcomes:

1. We conducted preliminary analysis on an existing measure of psychosocial wellbeing among women transitioning to motherhood while managing pre-pregnancy diabetes. We reduced the measure, the Postnatal Wellbeing in Transition (PostTrans) questionnaire, from 51 to 27 items and derived six meaningful subscales: feeling as if one is coping with diabetes and the infant; feeling anxious and guilty about diabetes; feeling supported by family; sensitivity to the opinions of others; prioritising self-care; and healthcare professional support.

2. We found that controlling for other relevant variables, intention to breastfeed (indicated during pregnancy) was the only significant predictor of breastfeeding at three months.

This study has important implications for health professionals who care for women with pre-pregnancy diabetes. Firstly, our reduced PostTrans questionnaire can help health professionals identify and address areas in which women with diabetes are experiencing psychosocial difficulties. Secondly, pregnancy provides an important opportunity for health professionals to educate and support women about their breastfeeding intentions.
Guided Self-Determination: an online program to improve self-management in young adults with type 1 diabetes

This project was funded by the Deakin University Research Network fund, led by Professor Bodil Rasmussen.

The aim of this study was to evaluate an online Guided Self-Determination program to improve young adults’ self-management of type 1 diabetes (T1DM).

Diabetes educators were recruited through the Australian Diabetes Educators Association (ADEA) and attended a one-and-a-half-day workshop in Melbourne. Following the workshop, they completed online workshop evaluation surveys. Diabetes educators are allocated young adults (age 18–25) with T1DM, who are currently recruited at the Young Adults Diabetes Service at Western Health. Young adults are invited to complete online surveys before and three months after completing the online Guided Self-Determination program with their diabetes educators. The surveys include the following validated measures: Perceived Competence for Diabetes Scale, Treatment Self-regulation Scale (TSRQ), and Health Care Climate Questionnaire (HCCQ).

Nine diabetes educators were recruited and trained in October 2018. In evaluation surveys, all diabetes educators indicated that the content of the workshop had met their expectations, the workshop facilitators were knowledgeable and helpful, and the workshop prepared them to use the online Guided Self-Determination program. As they implement the program with young adults, regular Zoom meetings are held to support them.

No young adult research data are available yet, as only one young adult has completed the post-implementation survey so far.

Diabetes educators have provided very positive feedback about the program. Owing to low recruitment and retention of young adults, we now have ethics approval to promote the study through Diabetes Victoria. We will continue to recruit young adults until each trained diabetes educator has completed the program with two young adults. We look forward to analysing the pre- and post-data from young adults.
Research undertaken in other settings

The effect of transitional care on 30-day outcomes in patients hospitalised with acute heart failure: Victorian Cardiac Outcomes Registry – Heart Failure study

This project was funded by Safer Care Victoria, Department of Health and Human Services and the Victorian Cardiac Clinical Network, led by Professor Andrea Driscoll.

Patients admitted to hospital with acute heart failure (AHF) are at increased risk of readmission and mortality post-discharge. The aim of the study was to examine the relationship between follow-up during transitional care post-discharge from an AHF hospitalisation and 30-day readmission and mortality.

Prospective, observational, non-randomised study of consecutive patients hospitalised with acute HF to one of 16 Victorian hospitals over a 30-day period each year and followed up for 30 days post-discharge. The project was conducted annually over three consecutive years from 2015–2017.

Of the 1,197 patients, 56.3% were male with an average age of 77+ 13.23 years. Over half of the patients (711, 62.5%) were referred to an outpatient clinic and a third (391, 34.4%) to a HF disease management program. In-hospital mortality was 5.1% with 30 day-mortality of 9% and readmission rate of 24.4%. Patients who experienced a subsequent readmission less than 10 days post-discharge and between 11–20 days post-discharge had a five-six-fold increase in risk of mortality (adjusted OR 5.02, 95% CI 2.11-11.97; OR 6.45, 95% CI 2.69-15.42; respectively) compared to patients who were not readmitted to hospital. An outpatient appointment within 30 days post-discharge significantly reduced the risk of 30-day mortality by 81% (95% CI 0.09-0.43).

Patients admitted to hospital with acute heart failure who experienced a subsequent readmission within 20 days post-discharge are at increased risk of dying. However, early follow-up post-discharge may reduce this risk. Early post-discharge follow-up is vital to address this vulnerable period after a heart failure admission.
Multiple co-morbidities complicate initiation of medical therapy in patients with heart failure with reduced ejection fraction (HFrEF). Adherence to guidelines based on individual patient profiles is not well described. This paper examines the effect of individual patient profiles on guideline recommended therapies for HFrEF.

Prospective, observational, non-randomised study of hospitalised HFrEF patients over 30 days, from 2014–2017 in 16 hospitals. A previously developed algorithm-based guideline adherence score was used to determine adherence to key performance indicators: prescribing of beta-blockers, angiotensin converting enzyme inhibitors (ACEIs), angiotensin receptor blockers (ARBs), mineralocorticoid-receptor antagonist (MRAs) for HFrEF patients and early outpatient and HF disease management program review. Patients were classified as low, moderate and excellent adherence to medical therapy.

Of the 696 HFrEF patients, 69.1% (n=481) were male with an average age of 73.15 years (SD+14.5 years). At discharge, 64.6% (n=427) were prescribed an ACEI/ARB, 78.7% (n=525) a beta-blocker and 45.3% (n=302) prescribed MRA. Based on individual patient profiles, 18.2% (n=107) of eligible patients received an outpatient clinic and HF disease management program review within 30 days and 41.5% (n=71) were prescribed triple therapy. Based on individual profiles, 13% (n=21) of patients received an excellent guideline adherence score.

Individual patient profiles impact on adherence to guideline recommendations. Review in transitional care and prescribing of triple pharmacotherapy is suboptimal. Translational strategies to facilitate the implementation of guideline recommended therapies are warranted.

Informal caregivers provide extended support to people with cancer but they receive little support from the healthcare system to assist them in their caring role. This study determined the impact of a telephone outcall program to reduce caregiver burden and unmet needs, and improve psychological wellbeing among cancer caregivers, as well as evaluating the potential impact on patient outcomes.

Cancer patient/caregiver dyads (N = 216) were randomised to a telephone outcall program (n = 108) or attention control group (n = 108) following recruitment at one private or three public health services in Melbourne and Adelaide.

For caregivers at risk for depression, the intervention had a significant effect on caregivers’ confidence in having sufficient information to manage their health.

The outcall program was effective in reducing unmet needs in caregivers. Provision of cancer information and support via a telephone service may represent a feasible approach to reducing unmet needs among cancer caregiver populations.
Media activity

MAKING NEWS

“Deakin nursing study shows male patients are missing out”
Deakin University – media release
Professor Trish Livingston and Professor Bodil Rasmussen

“New Deakin course highlights importance of leadership in nursing”
Deakin University – media release
Professor Nikki Phillips

“Deakin welcomes $8m from NHMRC for world-leading health research”
Deakin University – media release
Dr Phillip Russo

“Complicating the complicated”
Monash University news
Dr Phillip Russo

“Deakin health research awarded $4.6 million in NHMRC funding”
Deakin University – media release
Associate Professor Bernice Redley and Dr Joan Ostaszewicz

“New dads can experience depression, too, and it can have lasting effects on their children”
Hospital and Healthcare article
Dr Karen Wynter (picked up internationally)

“Talking about palliative care needs and death with people with diabetes”
CareSearch Blog: Palliative Perspectives
Professor Trisha Dunning

“Diabetes, palliative and end of life care: Information to support shared decision-making”
Australian College of Nursing Blog: NurseClick
Professor Trisha Dunning and Professor Peter Martin

SOCIAL MEDIA

RT @deakinmedia: Nursing and midwifery students will be educated in new simulated hospital wards and other clinical spaces

RT @maryann_street: @DeakinHealth @DeakinQPS @Deakin School of Nursing & Midwifery members at workshop discussing best practice in Honours

RT @Julie_Considine: What a great column & thanks for the shout out. @Judy_Curry & I love sharing patient safety & evidence-based practice
Seeding Grant Initiative

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

Funds awarded to senior researchers aid in pilot data or test concepts, consequently leading to Category 1 grant applications. Early career researchers who receive funding are mentored by senior researchers to ensure that their projects are of high quality.

Six seeding grants were awarded in 2016, four awarded in 2017 and five in 2018. All projects will be finalised by the end of 2019.

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

QPS members highlighted in bold.
## Projects and funding

<table>
<thead>
<tr>
<th>Project title and team</th>
<th>Funding category</th>
<th>Funder</th>
</tr>
</thead>
<tbody>
<tr>
<td>Implementing best evidence for nurse-led strategies to prevent harms common to older people in acute hospitals</td>
<td>CAT1-A1</td>
<td>National Health and Medical Research Council (NHMRC) – Translating Research into Practice Fellowship</td>
</tr>
<tr>
<td>A/Prof. Bernice Redley</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Improved detection of infections following surgery for meaningful reporting</td>
<td>CAT1-A1</td>
<td>NHMRC – Early Career Fellowship</td>
</tr>
<tr>
<td>Dr Philip Russo</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Translating dignity principles into practice in aged care homes</td>
<td>CAT1-3</td>
<td>Medical Research Future Fund (MRFF) Next Generation Clinical Researchers Program Translating Research into Practice (TRIP) Fellowships – administrated through the NHMRC</td>
</tr>
<tr>
<td>Dr Joan Ostaszkiewicz</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The impact of an online mindfulness program for people living with cancer</td>
<td>CAT2-2-1</td>
<td>Department of Health and Human Services, Victoria</td>
</tr>
<tr>
<td>Prof. Trish Livingston</td>
<td></td>
<td></td>
</tr>
<tr>
<td>School of Nursing and Midwifery Deakin University – Barwon Health Collaboration Agreement</td>
<td>CAT2-2-1</td>
<td>Barwon Health Contract research</td>
</tr>
<tr>
<td>Prof. Trisha Dunning, Prof. Alison Hutchinson</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Improving palliative care education and training using simulation in dementia (IMPETUS-D)</td>
<td>CAT2-2-1</td>
<td>Melbourne Health Contract research</td>
</tr>
<tr>
<td>A/Prof. Ana Hutchinson</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Implementation of routine smoking cessation support for people with cancer: A health services study</td>
<td>CAT2-2-2</td>
<td>Victorian Cancer Agency Early Career Health Services Fellowship</td>
</tr>
<tr>
<td>Dr Anna Ugalde</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Good Life: Supporting effective self-management in cancer within a community health setting</td>
<td>CAT2-2-2</td>
<td>Department of Health and Human Services Victorian Cancer Survivorship Program Grants Scheme (not Deakin University led)</td>
</tr>
<tr>
<td>Prof. Trish Livingston, Carina Martin, Dr Anna Ugalde</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Feasibility and acceptability of culturally and linguistically diverse groups (CALD) participating in mindfulness therapy during their cancer journey</td>
<td>CAT2-3</td>
<td>Department of Health and Human Services, Victoria</td>
</tr>
<tr>
<td>Prof. Trish Livingston</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health and Wellness Coaching Program</td>
<td>CAT3-1-1-1</td>
<td>Geelong Medical Hospital Benefits Association (GMHBA) Grant – Research – GMHBA Collaborative</td>
</tr>
<tr>
<td>Prof. Bodil Rasmussen, Prof. Alison Hutchinson</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

QPS members 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
<table>
<thead>
<tr>
<th>Project title and team</th>
<th>Funding category</th>
<th>Funder</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public Sector Residential Aged Care Dementia Mapping Project</td>
<td>CAT3-1-1-2</td>
<td>The Victorian Healthcare Association Limited Contract research</td>
</tr>
<tr>
<td>Prof. Alison Hutchinson, A/Prof. Bernice Redley, Dr Helen Rawson</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Development and evaluation of an instrument to measure dignity in continence care for people who are care-dependent</td>
<td>CAT3-1-1-2</td>
<td>Australian Bladder Foundation Grant</td>
</tr>
<tr>
<td>Dr Joan Ostaszkiewicz, Prof. Trisha Dunning, Prof. Alison Hutchinson, Prof. Adrian Wagg, Dr Stella Gwini</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Development, testing and evaluation of an online education resource for breastfeeding women with type 1 and type 2 diabetes</td>
<td>CAT3-1-1-2</td>
<td>Australian Diabetes Educators Association</td>
</tr>
<tr>
<td>Prof. Helen Skouteris, Prof. Bodil Rasmussen, Mrs Cheryl Steele, Prof. Mary Corolan-Olah, Dr Alison Nankervis, Dr Sara Holton, Mrs Margaret McCormick, Mrs Kim Dahl Henshaw, Mrs Catharine McNamara</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Defining and measuring dignity for hospitalised older people</td>
<td>CAT3-2</td>
<td>Health Issues Centre (not Deakin University led)</td>
</tr>
<tr>
<td>Dr Debra Kerr, Dr Rosie Crone, Prof. Trisha Dunning, Dr Joan Ostaszkiewicz</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient participation in medication safety strategies</td>
<td>CAT3-2-1-2</td>
<td>Sigma Theta Tau International (not Deakin University led)</td>
</tr>
<tr>
<td>Prof. Elizabeth Manias, Prof. Wendy Chayboyer</td>
<td></td>
<td></td>
</tr>
<tr>
<td>De-implementation in health and care services: what works, for whom, why, and in which contexts? A realist synthesis</td>
<td>CAT3-2-3-2</td>
<td>National Institutes of Health Grant – Research (not Deakin University led)</td>
</tr>
<tr>
<td>Dr Beth Hall, Prof. Christopher Burton, Prof. Justin Waring, Prof. John Anthony Parkinson, Mrs Denise Fisher, Alfred Deakin Prof. Tracey Bucknall, Prof. Mathew Keith Makin, Mrs Gill Harris, Miss Rachel Meacock, Dr Anne McBride</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2018 Training Institute for Dissemination and Implementation Research in Cancer – Travel scholarship</td>
<td>CAT8-1</td>
<td>Dental Health Services Victoria, Victorian Cancer Agency – Department of Health and Human Services, Victoria</td>
</tr>
<tr>
<td>Dr Anna Ugalde</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

QPS members highlighted in bold.
Dr Ina Qvist
Dr Ina Qvist, a researcher from the Diagnostic Centre at the University of Aarhus, Denmark visited the School of Nursing and Midwifery and the Centre for Quality and Patient Safety Research presenting her work on ‘Identification of characteristics associated with adherence to prescribed drugs among 65–74-year-old men in a cardiovascular screening program.’

Professor Margaret Harrison
Margaret Harrison is Professor Emerita at Queen’s University School of Nursing, Canada. Under her leadership as Principal Investigator, the Queen’s University Joanna Briggs Collaboration received five-years national funding focused on evidence use in patient safety. Currently she serves on a community hospital Board of Directors as the quality/safety expert and continues to mentor groups as well as up-and-coming implementation researchers.

As a Principal Investigator and lead developer of practical tools, Professor Harrison shared the theory and research in the journey to bring evidence to the frontline of care with the School of Nursing and Midwifery and the Centre for Quality and Patient Safety Research. Her continuing passion is to assist others in adapting and implementing evidence to improve care.

Associate Professor Mette Rothman
Associate Professor Mette Rothman has more than 15 years of experience as a clinical nurse within the field of endocrinology. During her academic positions, she has worked mainly within the field of osteoporosis and diabetes, and with the Danish Nursing Board. She has initiated and led a number of research and development projects to strengthen clinical nursing practice. A/Prof. Rothman’s research program comprises two arms, ‘Patients perspectives, experiences and preferences’ and ‘Patient and user involvement/participation’ and ‘Health technologies’. With her expertise in participatory research, her research program focuses on the nexus between clinical nursing and research, with the aim to increase knowledge about the impact and consequences of living with a chronic disease.

Professor Patricia Stone
Professor Patricia Stone is the Centennial Professor in Health Policy at Columbia University School of Nursing and the Director of the Center for Health Policy.

Her interdisciplinary research has focused on the impact of organisational factors such as staffing, clinician adherence to evidence-based practices and policy interventions on patient-centered safety outcomes, namely healthcare-associated infections, and system outcomes, such as costs and efficiency. While Professor Stone maintains an active program of research, her passion is teaching the next generation of nurses how to generate knowledge and influence health policy to improve the lives of their patients.
Professor Sally Thorne

Professor Sally Thorne from the University of British Columbia attended the Deakin University School of Nursing and Midwifery Research School in August 2018 at the Burwood Campus. Professor Thorne delivered two keynote presentations – ‘Communication in cancer care: Insights from a longitudinal qualitative analysis’ and ‘Synthesis of qualitative research: Evolving issues and debates’. In addition, Professor Thorne facilitated a workshop on Qualitative Research Methodology.

Professor Vibeke Zoffmann

Professor Vibeke Zoffmann is a theory-and method developer in healthcare and an interventionist in clinical practice. She developed the empowerment-based method, Guided Self-Determination (GSD) used by GSD-trained healthcare professionals who wish to enable people in developing life skills with long-term health conditions. Professor Zoffmann conducted a Guided Self-Determination Masterclass and a Guided Self-Determination workshop at Deakin University in October 2018.

Anna Sofie Lillevang

Anna Sofie Lillevang, Divisional Director from the Odense University Hospital delivered an inspiring talk about the Danish Health System and data driven improvement practice at the QPS Western Health joint event in October 2018.

Delegates from the VIA University College, Denmark

QPS was pleased to host three delegates from the VIA University College, Denmark, in October 2018. The purpose of the visit was to discuss research collaboration, masters collaboration and follow-up the status of international cooperation regarding student exchange.

Aase Lydiksen
Dean of Faculty of Health Sciences

Vibeke Lorentzen
Associate Research Professor

Karen Frederiksen
Associate Dean/Head of International Affairs
The Centre for Quality and Patient Safety Research was successful in winning a place as a preferred provider on the Australian Commission on Safety and Quality in Health Care Panel to provide Health Project Management and Program Development and Evaluation services.

Dr Melissa Bloomer – Alfred Deakin Postdoctoral Fellowship

Alfred Deakin Prof. Tracey Bucknall – Fellowship of American Academy of Nursing


Prof. Elizabeth Manias – Acknowledged as a top 10 research focused professor in Australia and New Zealand in terms of publication performance in nursing and midwifery, according to the paper; Cooper, S., Seaton, P., Absalom, I., Cant, R., Bogossian, F., Kelly, M., Levett-Jones, T., & McKenna, L. (2018) Can scholarship in nursing/midwifery education result in a successful research career? Journal of Advanced Nursing, doi: 10.1111/jan.13698.

Dr Debra Kerr – Endeavour Executive Leadership Award

Prof. Andrea Driscoll – 2018 Excellence in Clinical Practice Award by American Heart Association (AHA) in recognition of excellence in leadership and research in cardiovascular disease.

Prof. Andrea Driscoll – Awarded the ‘Top downloaded paper in 2018 for European Journal of Cardiovascular Nursing’.

Dr Philip Russo – Awarded a NHMRC (National Health and Medical Research Council) Early Career Fellowship titled: Improved detection of infections following surgery for meaningful public reporting.

Dr Philip Russo – Awarded a two-year Alfred Deakin Postdoctoral Research Fellowship commencing in 2018.

Prof. Bodil Rasmussen and team – Awarded an ADEA (Australian Diabetes Educators Association) Research Foundation grant titled: Development, testing and evaluation of an online education resource for breastfeeding in women with type 1 and type 2 diabetes.

Dr Ana Ugalde and team – Awarded a HAtCH (Health Research capacity building grant scheme) grant. A Faculty of Health initiative for career support development at Deakin University.

BMA Medical Book Awards 2018 – Highly Commended in Medicine

The BMA Medical Book Awards annually recognise outstanding contributions to medical literature. Prizes are awarded in 20 categories. Awards are determined based on the book’s applicability to audience, production quality and originality.

Invited keynote presentations

Dr Joan Ostaszkiewicz


- **Ostaszkiewicz, J.** Are we safeguarding dignity in continence care? The role of good toileting and containment strategies, *7th Global Forum on Incontinence*, 17–18th April 2018, Italy.

Professor Julie Considine

- **Considine, J.** Strategies to increase active learning. *NZ Resus 2018: Coming of Age*, April 2018, Te Papa: Wellington, NZ.


Professor Alison Hutchinson

- **Hutchinson, A. M.** Keynote presentation: The Art and Science of Translating Evidence into Nursing Practice, 12 April 2018, Novo Nordisk Foundation, Copenhagen, Denmark.

Associate Professor Pat Nicholson


Professor Elizabeth Manias


- **Manias, E.** Challenges underlying the complexities between communication and medication safety. *Institute for Safe Medication Practices, 6th International Patient Safety Forum: Medication Errors*, August 2–4, 2018, Belo Horizonte, Brazil.
PhD completions

Elijah Marangu
Title: Mental healthcare in Kenya: Investigating strategies for capacity building in primary healthcare settings.
Description: This was a multi-phase research project that firstly explored the gaps in mental health services at the national level in Kenya. In phase 2, a mental literacy survey of primary healthcare workers in four counties of Kenya was undertaken. Phase 3 of the research project utilised findings from phase 1 and 2 to develop an educational pilot using a pre- and post-test design, which was implemented in Kenya.

Ashley Ng
Title: Supporting diabetes management in young adults during life transitions using mHealth.
Description: This study explored the needs of young adults with type 1 diabetes as they encounter life transitions such as moving out of home and living alone for the first time, starting a new job or relationship or travelling. The research findings informed the development of an mHealth program: the Diabetes Youth, Empowerment and Support program (Diabetes YES).

Elizabeth Oldland
Title: Measurement of nurses’ perceived responsibilities and skills for healthcare quality.
Description: In this study, a measurement tool was developed based on a seven domain conceptual model describing nurses’ responsibilities in maintaining and improving healthcare quality systems and processes. A rigorous instrument development process led to a parsimonious five subscale questionnaire with acceptable psychometric properties and sensitivity to change over time. The instrument demonstrated validity and reliability in the sample studied.

Lahiru Russell
Title: Delivering an online mindfulness-based program for people diagnosed with melanoma.
Description: This research tested the feasibility and acceptability of a self-guided, online mindfulness-based intervention (MBI) tool to promote awareness, and teach skills to manage distressing thoughts and fear of cancer recurrence through daily mindfulness exercises. The study showed that a digitally supported psychosocial intervention has the potential to reduce the psychological burden in cancer survivors.

Nantanit Sutthiruk
Title: Antimicrobial stewardship: A Thai case study of nursing roles.
Description: To research the problem of antimicrobial resistance by exploring current and potential roles of nurses in antimicrobial stewardship in acute healthcare in Thailand. The findings identified gaps in health service governance and policies necessary to support nurses’ full participation in stewardship and their contribution to quality and safety initiatives.

Cynthia Wensley
Title: A multidimensional framework of comfort for practice and quality improvement.
Description: This research provided new insights into the many factors that influence patient comfort in healthcare settings. The findings informed the development of the Comfort Always Matters (CALM) framework that can be used by healthcare leaders and clinicians to guide practice and quality initiatives aimed at improving patients’ experiences of care.
Publications

The Centre for Quality and Patient Safety Research had a particularly impressive year for publication output in 2018 with 156 journal articles, books and book chapters published by our researchers.

Books


Book chapters


Journal articles


Publications


technology in supporting carers. Supportive Care in Cancer. Published online 11 Oct 2018, in advance of print, Springer.


111. O’Hara, J., McPhee, C., Dodson, S., Cooper, A., Wildey, C., Hawkins, M., Fulton, A., Pridmore, V., Cuevas, V., Scanlon, M.,


