

Centre for Quality and Patient Safety Research

Annual Report 2018





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



Message from the directors



Maxine Duke



Alison Hutchinson

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.



Alfred Deakin Professor Maxine Duke

Director, Centre for Quality and Patient Safety Research



Professor Alison Hutchinson

Acting Director, Centre for Quality and Patient Safety Research

Centre for Quality and Patient Safety Research AT A GLANCE



36

QPS members

168



Publications

41



Research projects
in progress



09

Invited keynote
presentations



06

PhD completions

10



Visiting academics

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) 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 Helen Rawson

Senior Research Fellow
Monash Health Partnership



Doctor Philip Russo

Alfred Health Partnership



Doctor Maryann Street

Senior Research Fellow
Eastern Health Partnership



Doctor Emily Tomlinson

Lecturer in Nursing



Doctor Anna Ugalde

Senior Research Fellow



Doctor Pauline Wong

Lecturer in Nursing



Doctor Sara Holton

Research Fellow
Western Health Partnership



Doctor Jac Kee Low

Dean's Research Postdoctoral
Fellowship



Doctor Lenore Ley

Lecturer in Nursing



Doctor Jo McDonall

Senior Lecturer in Nursing



**Doctor Joan
Ostaszkiewicz**

Research Fellow
Barwon Health Partnership



Doctor Karen Wynter

Research Fellow
Western Health Partnership

Affiliate members



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

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.

CENTRE FOR QUALITY AND PATIENT SAFETY RESEARCH

Barwon Health Partnership



Lucy Cuddihy

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



Trisha Dunning AM

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

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.

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



Julie Considine

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

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 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



MonashHealth



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
- 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 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.

CENTRE FOR QUALITY AND PATIENT SAFETY RESEARCH Western Health Partnership



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.



Centre for Quality and Patient Safety Research Alfred Health Partnership

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.

Patient and family members told stories of how they sought help from nurses to raise the alarm about their worsening condition.

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.

Older people are particularly susceptible to experiencing medication incidents.



Centre for Quality and Patient Safety Research Barwon Health Partnership

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 Ostaszkiwicz.

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 Ostaszkiwicz 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.

This program will strengthen the quality of continence care for care dependent older people with dementia living in aged care homes.



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.

All clinicians who care for people with serious conditions should initiate palliative care in a timely manner.



Centre for Quality and Patient Safety Research Eastern Health Partnership

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.

*88.3% of
readmissions were
unpreventable.*



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.

Serious adverse events in acute care should be a key consideration in decisions about the location of subacute care delivery.



Centre for Quality and Patient Safety Research Epworth HealthCare Partnership

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.

The MyStay/MyRecovery team has successfully developed and tested the Total Knee Replacement MyStay module at Epworth HealthCare.



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.



Centre for Quality and Patient Safety Research Monash Health Partnership

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.

Older people are among the most vulnerable to preventable harms, or hospital acquired complications.



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.



Centre for Quality and Patient Safety Research Western Health Partnership

Psychosocial wellbeing and breast-feeding 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.

This study has important implications for health professionals who care for women with pre-pregnancy diabetes.



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.

Diabetes educators have provided very positive feedback about the program.



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.

Patients admitted to hospital with acute heart failure (AHF) are at increased risk of readmission and mortality post-discharge.



Impact of individual patient profiles on adherence to guideline directed medical therapy in heart failure with reduced ejection fraction: 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.

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.

The impact of a telephone outcall program to reduce caregiver burden among caregivers of cancer patients: a randomised controlled trial

This project was funded by the National Health and Medical Research Council, led by Professor Trish Livingston.

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.

The outcall program was effective in reducing unmet needs in caregivers.

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.

Funding round	Project team	Project title
2018–2019	A/Prof. Anastasia Hutchinson , Dr Susan Hunter, Prof. Mari Botti	Communication of Acute Postoperative Pain (CAPP): The clinically significant meanings behind numerical pain ratings
2018–2019	Dr Grainne Lowe , Prof. Andrea Driscoll	Evaluation of an older person's nurse practitioner service: Cost-effectiveness analysis and patient experience
2018–2019	Dr Sara Holton , Dr Karen Wynter , V. Watkins, L. Smith, Prof. Bodil Rasmussen	Antenatal education programs: Identifying women's needs and preferences for content and format, and service needs from the perspective of midwives
2018–2019	Dr Melissa Bloomer , Prof. Alison Hutchinson , 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	A/Prof. Debra Kerr , Prof. Peter Martin , Ms Sharyn Milnes, Dr Joan Ostaszewicz , Prof. Trisha Dunning , 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 highlighted in bold.

Projects and funding

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

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

Project title and team	Funding category	Funder
Public Sector Residential Aged Care Dementia Mapping Project Prof. Alison Hutchinson, A/Prof. Bernice Redley, Dr Helen Rawson	CAT3-1-1-2	The Victorian Healthcare Association Limited Contract research
Development and evaluation of an instrument to measure dignity in continence care for people who are care-dependent Dr Joan Ostaszewicz, Prof. Trisha Dunning, Prof. Alison Hutchinson, Prof. Adrian Wagg, Dr Stella Gwini	CAT3-1-1-2	Australian Bladder Foundation Grant
Development, testing and evaluation of an online education resource for breastfeeding women with type 1 and type 2 diabetes 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	CAT3-1-1-2	Australian Diabetes Educators Association
Defining and measuring dignity for hospitalised older people Dr Debra Kerr, Dr Rosie Crone, Prof. Trisha Dunning, Dr Joan Ostaszewicz	CAT3-2	Health Issues Centre (not Deakin University led)
Patient participation in medication safety strategies Prof. Elizabeth Manias, Prof. Wendy Chayboyer	CAT3-2-1-2	Sigma Theta Tau International (not Deakin University led)
De-implementation in health and care services: what works, for whom, why, and in which contexts? A realist synthesis 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	CAT3-2-3-2	National Institutes of Health Grant – Research (not Deakin University led)
2018 Training Institute for Dissemination and Implementation Research in Cancer – Travel scholarship Dr Anna Ugalde	CAT8-1	Dental Health Services Victoria, Victorian Cancer Agency – Department of Health and Human Services, Victoria

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

International visitors



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 Lydixsen

Dean of Faculty
of Health Sciences



Vibeke Lorentzen

Associate Research
Professor



Karen Frederiksen

Associate Dean/Head of
International Affairs

Awards, prizes and achievements

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. Judy Currey – Awarded the ‘Best Research Paper’ at the 2018 TBLC 17th Annual Meeting, San Diego, California; Currey J, Eustace P, Oldland E, Glanville D, Story, I. (2015) *Developing professional attributes in critical care nurses using Team-Based Learning*. *Nursing Education in Practice* 15(3),232-238. doi: 10.1016/j.nepr.2015.01.011.

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.

Prof. Trisha Dunning – BMA Medical Book Awards 2018 for *Diabetes in Old Age* 4th Edition; Authors: Alan J Sinclair, Trisha Dunning, Leocadio Rodriguez Manas, Medha Munshi and Wiley-Blackwell.

Invited keynote presentations

Dr Joan Ostaszkiewicz

- **Ostaszkiewicz, J.** Promoting continence: The rejection of courtesy stigma and the protection of patients' dignity, *28th National Australasian Rehabilitation Nurses Association Conference*, 18th–19th October 2018, Blue Mountains, NSW, Australia.
- **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.
- **Considine, J.** Post resuscitation care: the role of nurses in enhancing patient outcomes. April 2018, *NZ Resus 2018: Coming of Age*, 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

- **Nicholson, P.** Pressure injuries: Avoidable or unavoidable? Improved outcomes for surgical patients, *VPNG State Conference*, 14 August, 2018, Melbourne.
- **Nicholson, P.** A cohort study identifying risk factors associated with pressure injuries in surgical patients, *Theatre Manager and Educator Conference*, 3 May 2018, Queenstown, New Zealand.

Professor Elizabeth Manias

- **Manias, E.** Paediatric and geriatric considerations of medication safety – what is the way forward? *Institute for Safe Medication Practices, 6th International Patient Safety Forum: Medication Errors*, August 2–4, 2018, Belo Horizonte, Brazil.
- **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

1. **Dunning, T.** (Ed.). (2018). *The Art and Science of Personalising Care with Older People with Diabetes*. Springer International Publishing AG, part of Springer Nature, Victoria, Australia.

Book chapters

1. **Dunning, T.** (2018). From research to evidence to context: Implementing and using guidelines as decision aids to personalise care. In **Dunning, T.** (Ed.), *The Art and Science of Personalising Care with Older People with Diabetes* (pp. 67-79). Springer International Publishing AG, part of Springer Nature.
2. **Dunning, T.** (2018). Medicines and older people with Diabetes: Beliefs, benefits and risks. In Dunning, T. (Ed.), *The Art and Science of Personalising Care with Older People with Diabetes* (pp. 99-120). Springer International Publishing AG, part of Springer Nature.
3. **Dunning, T.** (2018). Overview of older people, ageing and diabetes, the disease. In Dunning, T. (Ed.), *The Art and Science of Personalising Care with Older People with Diabetes* (pp. 1-28). Springer International Publishing AG, part of Springer Nature.
4. **Dunning, T.** (2018). Principles for nursing practice: Diabetes. In Chang, E. & Johnson, A. (Eds.), *Living with chronic illness and disability: Principles for nursing practice* (3rd ed.) (pp. 452-470). Elsevier, Australia.
5. **Dunning, T.** (2018). The art of shared decision-making and personalising care with older people with Diabetes. In Dunning T. (Ed.), *The Art and Science of Personalising Care with Older People with Diabetes* (pp. 23-45). Springer International Publishing AG, part of Springer Nature.
6. **Dunning, T., & Kennedy, M.** (2018). Health Professionals: What do they need to cogenerate holistic personalised care? In Dunning, T. (Ed.), *The Art and Science of Personalising Care with Older People with Diabetes* (pp. 47-65). Springer International Publishing AG, part of Springer Nature.
7. James, K., **Dunning, T.** (2018). Personalising Care with Older People Who Have Cognitive Changes or Dementia. In **Dunning, T.** (Ed.), *The Art and Science of Personalising Care with Older People with Diabetes* (pp. 137-156). Springer.
8. Nguyen, L., **RedLey, B.**, Wickramasinghe, N., Haddad, P., **Botti, M.**, & Muhammad, I. (2018). Investigating acceptance of

nursing information systems through UTAUT lens. In *Nursing education, administration, and informatics: breakthroughs in research and practice* (pp. 484-503). IGI Global.

9. **Ostaszewicz, J.**, Peden-McAlpine, C., Northwood, M., Eustice, S., Bliss, D., & Nishimura, K. (2018). Advanced Practice Continence Nursing. In D. Bliss (Ed.), *Management of Fecal Incontinence for the Advanced Practice Nurse* (pp. 15-47). Springer International Publishing AG.
10. **Rasmussen, B.** (2018). Older people with diabetes and life transitions. In **Dunning, T.** (Ed.), *The Art and Science of Personalising Care with Older People with Diabetes* (pp. 121-136). Springer.
11. **Russo, P.**, Bull, A., McGechie, D., Richards, M., & Worth, L. (2018). Surgical site infection (surveillance). In Cruickshank M., & Ferguson, J. (Eds) *Reducing harm to patients from health care associated infection: the role of surveillance* (pp. 91-109). Commonwealth of Australia.

Journal articles

1. Abbott, T. E. F., Fowler, A. J., Pelosi, P., de Abreu, M. G., Møller, A. M., Canet, J., Creagh-Brown, B., Mythen, M., Gin, T., Lalu, M., Futier, E., Grocott, M., Schultz, M., Pearse, R., Myles, P., Gan, T., Kurz, A., Peyton, P., Sessler, D., Tramèr, M., Cyna, A., De Oliveira, G., Wu, C., Jensen, M., Kehlet, H., **Botti, M.**, Boney, O., Haller, G., Grocott, M., Cook, T., Fleisher, L., Story, D., Gruen, R., Bampoe, S., Evered, L., Scott, D., Silbert, B., van Dijk, D., Kalkman, C., Chan, M., Grocott, H., Eckenhoof, R., Rasmussen, L., Eriksson, L., Beattie, S., Wijeyesundera, D., Landoni, G., Leslie, K., Biccari, B., Howell, S., Nagele, P., Richards, T., Lamy, A., Gabreu, M., Klein, A., Corcoran, T., Jamie Cooper, D., Dieleman, S., Diouf, E., Mcllory, D., Bellomo, R., Shaw, A., Prowle, J., Karkouti, K., Billings, J., Mazer, D., Jayarajah, M., Murphy, M., Bartoszko, J., Sneyd, R., Morris, S., George, R., Moonesinghe, R., Shulman, M., Lane-Fall, M., Nilsson, U., Stevenson, N., van Klei, W., Cabrini, L., Miller, T., Pace, N., Jackson, S., Buggy, D., Short, T., Riedel, B., Gottumukkala, V., Alkhaffaf, B., & Johnson, M. (2018). A systematic review and consensus definitions for standardised end-points in perioperative medicine: pulmonary complications. *British Journal of Anaesthesia*, 120(5), 1066-1079. doi:10.1016/j.bja.2018.02.007
2. Abhary, S., **Botti, M.**, Dhulia, A., Loh, E., & Catford, J. (2018). Inappropriate behaviours experienced by doctors while undertaking specialty training. *BMJ Leader*, 2(4), 140-143.

Publications

3. Aitken, L. M., **Bucknall, T.**, Kent, B., Mitchell, M., Burmeister, E., & Keogh, S. J. (2018). Protocol-directed sedation versus non-protocol-directed sedation in mechanically ventilated intensive care adults and children (Review). *Cochrane Database of Systematic Reviews* (11). doi:ARTN CD00977110.1002/14651858.CD009771.pub3
4. Allen, J., **Hutchinson, A. M.**, Brown, R., & **Livingston, P. M.** (2018). User experience and care for older people transitioning from hospital to home: Patients' and carers' perspectives. *Health Expectations*, 21(2), 518-527. doi:10.1111/hex.12646
5. Allen, J., Jones, D., & **Currey, J.** (2018). Clinician and manager perceptions of factors leading to ward patient clinical deterioration. *Australian Critical Care*, 31(6), 369-375. doi:10.1016/j.aucc.2017.09.003
6. Astley, C. M., Ranasinghe, I., Brieger, D., Ellis, C. J., Redfern, J., Briffa, T., Aliprandi-Costa, B., Howell, T., Bloomer, S.G., Gamble, G., **Driscoll, A.**, Hyun, K.K., Hammet, C.J., & Chew, D. P. (2018). Expertise and infrastructure capacity impacts acute coronary syndrome outcomes. *Australian Health Review*, 42(3), 277-285. doi:10.1071/Ah16244
7. Atherton, J. J., Sindone, A., De Pasquale, C. G., **Driscoll, A.**, MacDonald, P. S., Hopper, I., Kistler, P., Briffa, T.G., Wong, J., Abhayaratna, W.P., Thomas, L., Audehm, R., Newton, P.J., O'Loughlin, J., Connell, C., & Branagan, M. (2018). National Heart Foundation of Australia and Cardiac Society of Australia and New Zealand: Australian clinical guidelines for the management of heart failure 2018. *The Medical Journal of Australia*, 209(8), 363-+. doi:10.5694/mja18.00647
8. Atherton, J. J., Sindone, A., De Pasquale, C. G., **Driscoll, A.**, MacDonald, P. S., Hopper, I., Kistler, P.M., Briffa, T., Wong, J., Abhayaratna, W., Thomas, L., Audehm, R., Newton, P., O'Loughlin, J., Branagan, M., & Connell, C. (2018). National Heart Foundation of Australia and Cardiac Society of Australia and New Zealand: Guidelines for the Prevention, Detection, and Management of Heart Failure in Australia 2018. *Heart Lung and Circulation*, 27(10), 1123-1208. doi:10.1016/j.hlc.2018.06.1042
9. Beharry, B. K., Craike, M., Bolton, D., **Livingston, P. M.**, & Sengupta, S. (2018). Differences between participants and non participants in a randomised controlled trial – lessons learnt from the engage study of referral for an exercise program in survivors of prostate cancer. *BJU International*, 122(6), 922-923. doi:10.1111/bju.14479
10. **Bloomer, M. J., Botti, M.**, Runacres, F., Poon, P., Barnfield, J., & **Hutchinson, A. M.** (2018). Communicating end-of-life care goals and decision-making among a multidisciplinary geriatric inpatient rehabilitation team: A qualitative descriptive study. *Palliative Medicine*, 32(10), 1615-1623. doi:10.1177/0269216318790353
11. **Bloomer, M., Botti, M.**, Runacres, F., Poon, P., Barnfield, J., & **Hutchinson, A.M.** (2018). End-of-life care for older people in subacute care: a retrospective clinical audit. *Collegian*. Published online in advance of print, Elsevier.
12. **Bloomer, M. J.**, Clarke, A. B., & Morphet, J. (2018). Nurses' prioritization of enteral nutrition in intensive care units: a national survey. *Nursing in Critical Care*, 23(3), 152-158. doi:10.1111/nicc.12284
13. **Bloomer, M. J., Hutchinson, A. M., & Botti, M.** (2018). Research involving dying persons: Time to reconsider? *Collegian*, 25(1), 1-2. doi:10.1016/j.collegn.2018.01.003
14. **Bloomer, M. J., Hutchinson, A. M.**, Brooks, L., & **Botti, M.** (2018). Dying persons' perspectives on, or experiences of, participating in research: An integrative review. *Palliative Medicine*, 32(4), 851-860. doi:10.1177/0269216317744503
15. **Bouchoucha, S. L.**, & Moore, K. A. (2018). Infection prevention and control: Who is the judge, you or the guidelines? *Journal of Infection Prevention*, 19(3), 131-137.
16. Brennan-Olsen, S., Vogrin, S., Holloway, K. L., Page, R. S., Sajjad, M. A., Kotowicz, M. A., **Livingston, P.M.**, Khasraw, M., Hakkennes, S., **Dunning, T.L.**, Brumby, S., Pedler, D., Sutherland, A., Venkatesh, S., Williams, L.J., Duque, G., & Pasco, J. A. (2018). Geographic region, socioeconomic position and the utilisation of primary total joint replacement for hip or knee osteoarthritis across western Victoria: a cross-sectional multilevel study of the Australian Orthopaedic Association National Joint Replacement Registry (vol 12, 2017). *Archives of Osteoporosis*, 13(1). doi:ARTN 75 10.1007/s11657-018-0484-y
17. Brooks, L., **Manias, E.**, & **Bloomer, M.** (2018). Culturally sensitive communication in healthcare: a concept analysis. *Collegian*. Published online 2018 in advance of print, Elsevier.
18. Brooks, L. A., **Bloomer, M. J.**, & **Manias, E.** (2018). Culturally sensitive communication at the end-of-life in the intensive care unit: A systematic review. *Australian Critical Care*. Published online 2018 in advance of print. Elsevier.
19. **Bucknall, T.**, & Hitch, D. (2018). Connections, Communication and Collaboration in Healthcare's Complex Adaptive Systems Comment on "Using Complexity and Network Concepts to Inform Healthcare Knowledge Translation". *International Journal of Health Policy and Management*, 7(6), 556-559. doi:10.15171/ijhpm.2017.138
20. Bugeja, L., **Low, J. K.**, McGinnes, R. A., Team, V., Sinha, S., & Weller, C. (2018). Barriers and enablers to patient recruitment for randomised controlled trials on treatment of chronic wounds: A systematic review. *International Wound Journal*, 15(6), 880-892.
21. Buggy, D., Freeman, J., Johnson, M., Leslie, K., Riedel, B., Sessler, D., Kurz, A., Gottumukkala, V., Short, T., Pace, N., Myles, P., Gan, T., Peyton, P., Tramèr, M., Cyna, A., De Oliveira, G., Wu, C., Jensen, M., Kehlet, H., **Botti, M.**, Boney, O., Haller, G., Grocott, M., Cook, T., Fleisher, L., Neuman, M., Story, D., Gruen, R., Bampoe, S., Evered, L., Scott, D., Silbert, B., van Dijk, D., Kalkman, C., Chan, M., Grocott, H., Eckenhoff, R., Rasmussen, L., Eriksson, L., Beattie, S., Wijeyesundera, D., Landoni, G., Biccard, B., Howell, S., Nagele, P., Richards, T., Lamy, A., Lalu, M., Pearse, R., Mythen, M., Canet, J., Moller, A., Gin, T., Schultz, M., Pelosi, P., Gabreu, M., Futier, E., Creagh-Brown, B., Abbott, T., Klein, T., Corcoran, T., Jamie Cooper, D., Dieleman, S., Diouf, E., McIlory, D., Bellomo, R., Shaw, A., Prowle, J., Karkouti, K., Billings, J., Mazer, D., Jayarajah, M., Murphy, M., Bartoszko, J., Sneyd, R., Morries, S., George, R., Moonesinghe, M., Shulman, M., Lane-Fall, M., Nilsson, U.,

- Stevenson, N., van Klei, W., Cabrini, L., Miller, T., Jackson, S., & Alkhaffaf, B. (2018). Systematic review and consensus definitions for standardised endpoints in perioperative medicine: postoperative cancer outcomes. *British Journal of Anaesthesia*, 121(1), 38-44. doi:10.1016/j.bja.2018.03.020
22. Buratto, E., Shi, W. Y., **Wynne, R.**, Poh, C. L., Larobina, M., O'Keefe, M., Goldblatt, J., Tatoulis, J., & Skillington, P. D. (2018). Improved Survival After the Ross Procedure Compared With Mechanical Aortic Valve Replacement. *Journal of the American College of Cardiology*, 71(12), 1337-1344. doi:10.1016/j.jacc.2018.01.048
23. Chen, L. C., Wang, L. H., **Redley, B.**, Hsieh, Y. H., Chu, T. L., & Han, C. Y. (2018). A Study on the Reporting Intention of Medical Incidents: A Nursing Perspective. *Clinical Nursing Research*, 27(5), 560-578. doi:10.1177/1054773817692179
24. Chen, S. W., **Hutchinson, A. M.**, Nagle, C., & **Bucknall, T. K.** (2018). Women's decision-making processes and the influences on their mode of birth following a previous caesarean section in Taiwan: a qualitative study. *BMC Pregnancy and Childbirth*, 18. doi:ARTN 3110.1186/s12884-018-1661-0
25. Cheng, L. S., Barlis, P., Gibson, J., Colville, D., **Hutchinson, A.**, Gleeson, G., Lamoureux, E., VanGaal, W., & Savige, J. (2018). Microvascular retinopathy and angiographically-demonstrated coronary artery disease: A cross-sectional, observational study. *Plos One*, 13(5). doi:ARTN e019235010.1371/journal.pone.0192350
26. Chiswell, M., Smissen, A., **Ugalde, A.**, Lawson, D., Whiffen, R., Brockington, S., & Boltong, A. (2018). Using Webinars for the Education of Health Professionals and People Affected by Cancer: Processes and Evaluation. *Journal of Cancer Education*, 33(3), 583-591. doi:10.1007/s13187-016-1138-7
27. Chua, C. C., **Hutchinson, A.**, Tacey, M., Parikh, S., Lim, W. K., & Aboltins, C. (2018). A physician targeted intervention improves prescribing in chronic heart failure in general medical units. *BMC Health Services Research*, 18. doi:ARTN 20610.1186/s12913-018-3009-x
28. **Considine, J.**, Berry, D., Newnham, E., Jiang, M., Fox, K., Plunkett, D., Mecner, M., Darzins, P., & O'Reilly, M. (2018). Factors associated with unplanned readmissions within 1 day of acute care discharge: a retrospective cohort study. *BMC Health Services Research*, 18. doi:ARTN 71310.1186/s12913-018-3527-6
29. **Considine, J.**, Curtis, K., Shaban, R. Z., & Fry, M. (2018). Consensus-based clinical research priorities for emergency nursing in Australia. *Australasian Emergency Care*, 21(2), 43-50. doi:10.1016/j.auec.2018.03.001
30. **Considine, J.**, **Hutchinson, A. F.**, **Rawson, H.**, **Hutchinson, A. M.**, **Bucknall, T.**, **Dunning, T.**, **Botti, M.**, & **Street, M.** (2018). Comparison of policies for recognising and responding to clinical deterioration across five Victorian health services. *Australian Health Review*, 42(4), 412-419. doi:10.1071/Ah16265
31. **Considine, J.**, Rhodes, K., Jones, D., & **Currey, J.** (2018). Systems for recognition and response to clinical deterioration in Victorian emergency departments. *Australasian Emergency Care*, 21(1), 3-7. doi:10.1016/j.auec.2017.12.003
32. Craike, M. J., Gaskin, C. J., **Mohebbi, M.**, Courneya, K. S., & **Livingston, P. M.** (2018). Mechanisms of Physical Activity Behavior Change for Prostate Cancer Survivors: A Cluster Randomized Controlled Trial. *Annals of Behavioral Medicine*, 52(9), 798-808. doi:10.1093/abm/kax055
33. **Currey, J.**, Allen, J., & Jones, D. (2018). Critical care clinician perceptions of factors leading to Medical Emergency Team review. *Australian Critical Care*, 31(2), 87-92. doi:10.1016/j.aucc.2017.03.003
34. **Currey, J.**, Massey, D., Allen, J., & Jones, D. (2018). What nurses involved in a Medical Emergency Teams consider the most vital areas of knowledge and skill when delivering care to the deteriorating ward patient. A nurse-oriented curriculum development project. *Nurse Education Today*, 67, 77-82. doi:10.1016/j.nedt.2018.05.009
35. **Currey, J.**, Sprogis, S. K., Burdeu, G., **Considine, J.**, Allen, J. A., & Oldland, E. (2018). Students perceive Team-Based Learning facilitates development of graduate learning outcomes and professional skills. *Journal of Teaching and Learning for Graduate Employability*, 9(1), 93-113.
36. Dehring, T., von Treuer, K., & **Redley, B.** (2018). The impact of shift work and organisational climate on nurse health: a cross-sectional study. *BMC Health Services Research*, 18. doi:ARTN 58610.1186/s12913-018-3402-5
37. Digby, R., Bolster, D., Perta, A., & **Bucknall, T. K.** (2018). The perspective of allied health staff on the role of nurses in subacute care. *Journal of Clinical Nursing*, 27(21-22), 4089-4099. doi:10.1111/jocn.14553
38. Dowrick, A. S., Wootten, A. C., & **Botti, M.** (2018). Does partnership status affect the quality of life of men having robotic-assisted radical prostatectomy (RARP) for localised prostate cancer? *Applied Nursing Research*, 42, 51-55. doi:10.1016/j.apnr.2018.06.008
39. **Driscoll, A.**, Grant, M. J., Carroll, D., Dalton, S., Deaton, C., Jones, I., Lehwaldt, D., McKee, G., Munyombwe, T., & Astin, F. (2018). The effect of nurse-to-patient ratios on nurse-sensitive patient outcomes in acute specialist units: a systematic review and meta-analysis. *European Journal of Cardiovascular Nursing*, 17(1), 6-22. doi:10.1177/1474515117721561
40. **Dunning, P.** (2018). The common disease trajectories: are they relevant to guide care as older people with diabetes progress towards their end of life? *SM Gerontology and Geriatric Research*, 2(1), 1-8.
41. **Dunning, T.** (2018). Palliative and end-of-life care: Essential aspects of holistic diabetes care. *Journal of Diabetes Nursing*, 22(2).
42. **Dunning, T.**, & **Martin, P.** (2018). Palliative and end of life care of people with diabetes: Issues, challenges and strategies. *Diabetes Research and Clinical Practice*, 143, 454-463. doi:10.1016/j.diabres.2017.09.018
43. **Dunning, T.**, **Martin, P.**, Orford, N., & Orellana, L. (2018). Diabetes, palliative and end of life care: Information to support shared decision-making. *Australian Nursing and Midwifery Journal*, 26(1), 40-40.

Publications

44. Fasugba, O., Cheng, A. C., **Russo, P. L.**, Northcote, M., Rosebrock, H., & Mitchell, B. G. (2018). Reducing urinary catheter use: a protocol for a mixed methods evaluation of an electronic reminder system in hospitalised patients in Australia. *BMJ Open*, 8(5). doi:ARTN e02046910.1136/bmjopen-2017-020469
45. Fisher, J., Tran, T., **Wynter, K.**, Hiscock, H., Bayer, J., & Rowe, H. (2018). Gender-informed psycho-educational programme to promote respectful relationships and reduce postpartum common mental disorders among primiparous women: long-term follow-up of participants in a community-based cluster randomised controlled trial. *Global Mental Health*, 5.
46. Forbes, F., **Wynter, K.**, Wade, C., Zeleke, B. M., & Fisher, J. (2018). Male partner attendance at antenatal care and adherence to antenatal care guidelines: secondary analysis of 2011 Ethiopian demographic and health survey data. *BMC Pregnancy and Childbirth*, 18(1), 145.
47. Fossum, M., Hewitt, N., Weir-Phyland, J., Keogh, M., Stuart, J., Fallon, K., & **Bucknall, T.** (2018). Providing timely quality care after-hours: perceptions of a hospital model of care. *Collegian*. Published online 2018 in advance of print, Elsevier.
48. Fry, M., Fitzpatrick, L., **Considine, J.**, Shaban, R. Z., & Curtis, K. (2018). Emergency department utilisation among older people with acute and/or chronic conditions: A multi-centre retrospective study. *International Emergency Nursing*, 37, 39-43.
49. Gardner, G., Gardner, A., Middleton, S., **Considine, J.**, Fitzgerald, G., Christofis, L., Doubrovsky, A., Adams, M., & O'Connell, J. (2018). Mapping workforce configuration and operational models in Australian emergency departments: a national survey. *Australian Health Review*, 42(3), 340-347. doi:10.1071/Ah16231
50. Graham, I., Kothari, A., McCutcheon, C., Alvarez, G., Banner, D., **Botti, M.**, **Bucknall, T.**, Botting, I., **Considine, J.**, **Duke, M.**, Dunn, S., **Dunning, T.**, Gagliardi, A., Gainforth, H., Gifford, W., Harlos, K., Horsley, T., **Hutchinson, A.M.**, Kastner, M., Kreindler, S., Li, L., MacLeod, M., **Manias, E.**, Mitchell, J., Montini, T., Pakhale, S., Pearson, M., **Rasmussen, B.**, Rycroft-Malone, J., Salbach, N., Salsberg, J., Sibbald, S., Sibley, K., Stacey, D., Van Spall, H., Watson, M., Williamson, A., Wright, D., Yeung, E., Jenkins, E., Bahrani, S., Bell, F., Boland, L., Hamilton, C., & Jull, J. (2018). Moving knowledge into action for more effective practice, programmes and policy: protocol for a research programme on integrated knowledge translation, *Implementation Science*, 13(1), 1-15.
51. Gray, E., **Currey, J.**, & **Considine, J.** (2018). Hospital in the home nurses' assessment decision making: an integrative review of the literature. *Contemporary Nurse*, 54(6), 603-616. doi:10.1080/10376178.2018.1532802
52. Gray, E., **Currey, J.**, & **Considine, J.** (2018). Hospital in the Home nurses' recognition and response to clinical deterioration. *Journal of Clinical Nursing*, 27(9-10), 2152-2160. doi:10.1111/jocn.14076
53. Grayson, M. L., Stewardson, A. J., **Russo, P. L.**, Ryan, K. E., Olsen, K. L., Havers, S. M., Greig, S., Cruickshank, M., on behalf of Hand Hygiene Australia and the National Hand Hygiene Initiative. (2018). Effects of the Australian National Hand Hygiene Initiative after 8 years on infection control practices, health-care worker education, and clinical outcomes: a longitudinal study. *Lancet Infectious Diseases*, 18(11), 1269-1277. doi:10.1016/S1473-3099(18)30491-2
54. Guinane, J., **Hutchinson, A. M.**, & **Bucknall, T. K.** (2018). Patient perceptions of deterioration and patient and family activated escalation systems-A qualitative study. *Journal of Clinical Nursing*, 27(7-8), 1621-1631. doi:10.1111/jocn.14202
55. Harrison, R., Walton, M., Kelly, P., **Manias, E.**, Jorm, C., Smith-Merry, J., Ledema, R., Luxford, K., & Dyda, A. (2018). Hospitalization from the patient perspective: a data linkage study of adults in Australia. *International Journal for Quality in Health Care*, 30(5), 358-365. doi:10.1093/intqhc/mzy024
56. Havers, S., **Russo, P.**, Page, K., Wilson, A., & Hall, L. (2018). Clinician perspectives of policy implementation: a qualitative study of the implementation of a national infection prevention policy in Australian hospitals. *American Journal of Infection Control*. Published online 2018 in advance of print, Elsevier.
57. Haynes, K., **Ugalde, A.**, Whiffen, R., Rogers, M., Duffy, M., Packer, C., Spence, D., Dowling, A., Poon, P., & **Livingston, P.** (2018). Health professionals involved in cancer care coordination: Nature of the role and scope of practice. *Collegian*, 25(4), 395-400. doi:10.1016/j.colegn.2017.10.006
58. Haynes, K., **Ugalde, A.**, Pittman, L., Linde, D., Shields, M., & **Livingston, P.** (2018). The contribution of wellness centres to cancer care: patient and carer perspectives. *Collegian*. Published online 2018 in advance of print, Elsevier.
59. Healy, C., Baldwin, I., **Currey, J.**, & **Driscoll, A.** (2018). A randomised controlled trial to determine the effectiveness of a radial arterial catheter dressing. *Critical Care and Resuscitation*, 20(1), 61-67.
60. Heckel, L., Fennell, K. M., Orellana, L., Boltong, A., Byrnes, M., & **Livingston, P. M.** (2018). A telephone outcall program to support caregivers of people diagnosed with cancer: utility, changes in levels of distress, and unmet needs. *Supportive Care in Cancer*, 26(11), 3789-3799. doi:10.1007/s00520-018-4246-6
61. Heckel, L., Fennell, K. M., Reynolds, J., Boltong, A., **Botti, M.**, Osborne, R. H., Mihalopoulos, C., Chirgwin, J., Williams, M., Gaskin, C.J., Ashley, D.M., & **Livingston, P. M.** (2018). Efficacy of a telephone outcall program to reduce caregiver burden among caregivers of cancer patients [PROTECT]: a randomised controlled trial. *BMC Cancer*, 18. doi:ARTN 5910.1186/s12885-017-3961-6
62. Heckel, L., Gunn, K. M., & **Livingston, P. M.** (2018). The challenges of recruiting cancer patient/caregiver dyads: informing randomized controlled trials. *BMC Medical Research Methodology*, 18. doi:ARTN 14610.1186/s12874-018-0614-7
63. Heynsbergh, N., **Botti, M.**, Heckel, L., & **Livingston, P. M.** (2018). Caring for the person with cancer: Information and support needs and the role of technology. *Psycho-Oncology*, 27(6), 1650-1655. doi:10.1002/pon.4722
64. Heynsbergh, N., **Botti, M.**, Heckel, L., & **Livingston, P.** (2018). Caring for the person with cancer and the role of digital

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

65. Heynsbergh, N., Heckel, L., **Botti, M., & Livingston, P. M.** (2018). Feasibility, useability and acceptability of technology-based interventions for informal cancer carers: a systematic review. *BMC Cancer*, 18. doi:ARTN 24410.1186/s12885-018-4160-9
66. Hodgson, C. L., Haines, K. J., Bailey, M., Barrett, J., Bellomo, R., **Bucknall, T.**, Gabbe, B.J., Higgins, A.M., Iwashyna, T.J., Hunt-Smith, J., Murray, L.J., Myles, P.S., Ponsford, J., Pilcher, D., Udy, A.A., Walker, C., Young, M., Cooper, D.J., & ICU-Recovery Investigators. (2018). Predictors of return to work in survivors of critical illness. *Journal of Critical Care*, 48, 21-25. doi:10.1016/j.jcrc.2018.08.005
67. Holloway, K. L., Sajjad, M. A., **Mohebbi, M.**, Kotowicz, M. A., **Livingston, P. M.**, Khasraw, M., Hakkennes, S., **Dunning, T.L.**, Brumby, S., Page, R.S., Pedler, D., Sutherland, A., Venkatesh, S., Brennan-Olsen, S.L., Williams, L.J., & Pasco, J. A. (2018). The epidemiology of hip fractures across western Victoria, Australia. *Bone*, 108, 1-9. doi:10.1016/j.bone.2017.12.007
68. Honda, T., **Wynter, K.**, Yokota, J., Tran, T., Ujiie, Y., Niwa, M., Nakayama, K., Ito, F., Kim, Y., Fisher, J., & Kamo, T. (2018). Sexual Violence as a Key Contributor to poor mental health among Japanese women subjected to intimate partner violence. *Journal of Women's Health*, 27(5), 716-723.
69. **Holton, S.**, Hammarberg, K., & Johnson, L. (2018). Fertility concerns and related information needs and preferences of women with PCOS. *Human Reproduction Open*, 2018(4), hoy019.
70. **Holton, S.**, Papanikolaou, V., Hammarberg, K., Rowe, H., Kirkman, M., Jordan, L., McNamee, K., Bayly, C., McBain, J., Sinnott, V., & Fisher, J. (2018). Fertility management experiences of women with polycystic ovary syndrome in Australia. *European Journal of Contraception and Reproductive Health Care*, 23(4), 282-287. doi:10.1080/13625187.2018.1483020
71. **Holton, S.**, Thananjeyan, A., Rowe, H., Kirkman, M., Jordan, L., McNamee, K., Bayly, C., McBain, J., Sinnott, V., & Fisher, J. (2018). The Fertility Management Experiences of Australian Women with a Non-communicable Chronic Disease: Findings from the Understanding Fertility Management in Contemporary Australia Survey. *Maternal and Child Health Journal*, 22(6), 830-840. doi:10.1007/s10995-018-2454-9
72. **Holton, S.**, Young, K., Fisher, J., Kirkman, M., & Rowe, H. (2018). Endometriosis and fertility management: Secondary analysis of Understanding Fertility Management in Contemporary Australia survey data. *European Journal of Contraception and Reproductive Health Care*, 23(6), 434-440.
73. **Hutchinson, A. M.**, Nagle, C., Kent, B., Bick, D., & Lindberg, R. (2018). Organisational interventions designed to reduce caesarean section rates: a systematic review protocol. *BMJ Open*, 8(7). doi:ARTN e02112010.1136/bmjopen-2017-021120
74. Hyde, M. K., Legg, M., Occhipinti, S., Lepore, S. J., **Ugalde, A.**, Zajdlewicz, L., Laurie, K., Dunn, J., & Chambers, S. K. (2018). Predictors of long-term distress in female partners of men diagnosed with prostate cancer. *Psycho-Oncology*, 27(3), 946-954. doi:10.1002/pon.4617
75. Iddrisu, S. M., **Considine, J.**, & **Hutchinson, A.** (2018). Frequency, nature and timing of clinical deterioration in the early postoperative period. *Journal of Clinical Nursing*, 27(19-20), 3544-3553. doi:10.1111/jocn.14611
76. Iddrisu, S. M., **Hutchinson, A. F.**, Sungkar, Y., & **Considine, J.** (2018). Nurses' role in recognising and responding to clinical deterioration in surgical patients. *Journal of Clinical Nursing*, 27(9-10), 1920-1930. doi:10.1111/jocn.14331
77. Islam, T., **Hutchinson, A. M.**, & **Bucknall, T. K.** (2018). Nurse manager risk information management for decision-making: A qualitative analysis. *Collegian*, 25(4), 401-407. doi:10.1016/j.collegn.2017.10.009
78. Iyngkaran, P., Liew, D., Neil, C., **Driscoll, A.**, Marwick, T. H., & Hare, D. L. (2018). Moving From Heart Failure Guidelines to Clinical Practice: Gaps Contributing to Readmissions in Patients with Multiple Comorbidities and Older Age. *Clinical Medicine Insights-Cardiology*, 12. doi:10.1177/1179546818809358
79. Jayaseelan, G., Wang, W., Bennett, P. N., **Rawson, H.**, & Bradshaw, W. (2018). Exercise Benefits and Barriers: The Perceptions of People Receiving Hemodialysis. *Nephrology Nursing Journal*, 45(2), 185-219.
80. Jedwab, R., **Redley, B.**, & **Hutchinson, A. M.** (2018). Magnesium sulphate replacement therapy in cardiac surgery patients: A systematic review. *Australian Critical Care*, Published online 27 Nov 2018 in advance of print, Elsevier.
81. Johnson, M., Levett-Jones, T., Langdon, R., Weidemann, G., **Manias, E.**, & Everett, B. (2018). A qualitative study of nurses' perceptions of a behavioural strategies e-learning program to reduce interruptions during medication administration. *Nurse Education Today*, 69, 41-47. doi:10.1016/j.nedt.2018.06.028
82. Johnson, M., Weidemann, G., Adams, R., **Manias, E.**, Levett-Jones, T., Aguilar, V., & Everett, B. (2018). Predictability of Interruptions During Medication Administration With Related Behavioral Management Strategies. *Journal of Nursing Care Quality*, 33(2), E1-E9. doi:10.1097/Ncq.0000000000000260
83. Johnstone, M. J., **Rawson, H.**, **Hutchinson, A. M.**, & **Redley, B.** (2018). Fostering trusting relationships with older immigrants hospitalised for end-of-life care. *Nursing Ethics*, 25(6), 760-772. doi:10.1177/0969733016664978
84. **Kerr, D.**, McCann, T., Mackey, E., & Wijeratne, T. (2018). Effects of early motivational interviewing on post-stroke depressive symptoms: A pilot randomized study of the Good Mood Intervention program. *International Journal of Nursing Practice*, 24(4). doi:ARTN e1265710.1111/ijn.12657
85. Kilpatrick, M., **Bouchoucha, S.**, & **Hutchinson, A.** (2018). Antimicrobial stewardship and infection prevention and control in atopic dermatitis in children. *American Journal of Infection Control*. Published online 2018 in advance of print, Elsevier
86. Koshy, A. N., Sajeev, J. K., Nerlekar, N., Brown, A. J., Rajakariar, K., Zureik, M., Wong, M.C., Roberts, L., **Street, M.**, Cooke, J., & Teh, A. W. (2018). Smart watches for heart rate assessment in atrial arrhythmias. *International Journal of Cardiology*, 266, 124-127. doi:10.1016/j.ijcard.2018.02.073

Publications

87. Koshy, A. N., Sajeev, J. K., Nerlekar, N., Brown, A. J., Rajakariar, K., Zureik, M., Wong, M.C., Roberts, L., **Street, M.**, Cooke, J., & Teh, A.W. (2018). Utility of photoplethysmography for heart rate estimation among inpatients. *Internal medicine journal*, 48(5), 587-591.
88. Kusljic, S., Perera, S., & **Manias, E.** (2018). Age-dependent physiological changes, medicines and sex-influenced types of falls. *Experimental Aging Research*, 44(3), 221-231. doi:10.1080/0361073x.2018.1449588
89. Le, M. T. H., **Holton, S.**, Kirkman, M., & Fisher, J. (2018). "I feel that life is meaningless": Vietnamese adolescents' experiences of and reflections about interpersonal violence. *Global Mental Health*, 5. doi:ARTN e1210.1017/gmh.2017.34
90. Leonard-Roberts, V., **Currey, J.**, & **Considine, J.** (2018). Senior emergency nurses' responses to escalations of care for clinical deterioration. *Australasian Emergency Care*, 21(2), 69-74. doi:10.1016/j.aupec.2018.05.003
91. **Low, J. K.**, Crawford, K., **Manias, E.**, & Williams, A. (2018). Quantifying the medication burden of kidney transplant recipients in the first year post-transplantation. *International Journal of Clinical Pharmacy*, 40(5), 1242-1249. doi:10.1007/s11096-018-0678-9
92. **Lowe, G.** (2018). The Importance of Physical Health Checks and Care for People Taking Psychotropic Medications. *Journal for Nurse Practitioners*, 14(9), 689-689. doi:10.1016/j.nurpra.2018.08.025
93. **Lowe, G.** (2018). Nurse Practitioners can Influence, Shape and Reform Healthcare. *Journal for Nurse Practitioners*, 14(2), 124-124. doi:10.1016/j.nurpra.2017.12.026
94. **Lowe, G.**, Jennings, N., Tregaskis, P., Kenneally, A., & **Bucknall, T.** (2018). Profiling Nurse Practitioner practice patterns at a major urban acute health service. *Collegian*, 25(3), 277-283. doi:10.1016/j.colegn.2017.07.002
95. **Lowe, G.** (2018). Value-based healthcare. *The Journal for Nurse Practitioners*, 14(3), 210.
96. **Lowe, G.**, & Monaghan, M. (2018). Policy and Reform - A Multi Layered Approach. *Journal for Nurse Practitioners*, 14(1), 53-53. doi:10.1016/j.nurpra.2017.11.013
97. **Lowe, G.**, Plummer, V., & Boyd, L. (2018). Nurse practitioner integration: Qualitative experiences of the change management process. *Journal of Nursing Management*, 26(8), 992-1001. doi:10.1111/jonm.12624
98. **Manias, E.** (2018). Effects of interdisciplinary collaboration in hospitals on medication errors: an integrative review. *Expert Opinion on Drug Safety*, 17(3), 259-275. doi:10.1080/14740338.2018.1424830
99. **Manias, E.**, Gray, K., Wickramasinghe, N., & Manojlovich, M. (2018). Using electronic medical records to create big data and to communicate with patients-Is there room for both? *Collegian*, 25(4), 467-469. doi:10.1016/j.colegn.2018.03.008
100. Mazzarino, M., **Kerr, D.**, & Morris, M. E. (2018). Pilates program design and health benefits for pregnant women: A practitioners' survey. *Journal of Bodywork and Movement Therapies*, 22(2), 411-417. doi:10.1016/j.jbmt.2017.05.015
101. McKenzie, L., Webber, J., Aickin, R., **Considine, J.**, Lawson, A., Mildenhall, L., Nation, K., Nicholson, T., Nuthall, G., Scott, T., & Stuart, M. (2018). Twenty-one years of saving lives: The New Zealand Resuscitation Council. *New Zealand Medical Journal*, 131(1477), 9-11.
102. McNicol, L., **Hutchinson, A. F.**, Wood, B., **Botti, M.**, & **Redley, B.** (2018). An exploration of patients' experience of nurses' use of point-of-care information technology in acute care. *Patient Experience Journal*, 5(1), 76-89.
103. Mitchell, D., Raymond, M., Jellett, J., Webb-St Mart, M., Boyd, L., **Botti, M.**, Steen, K., **Hutchinson, A.M.**, **Redley, B.**, & Haines, T. (2018). Where are falls prevention resources allocated by hospitals and what do they cost? A cross sectional survey using semi-structured interviews of key informants at six Australian health services. *International Journal of Nursing Studies*, 86, 52-59.
104. Mordiffi, S. Z., Kent, B., **Phillips, N. M.**, & Choon Huat, G. K. (2018). Assessing pressure injury risk using a single mobility scale in hospitalised patients: a comparative study using case-control design. *Journal of Research in Nursing*, 23(5), 387-403.
105. Myles, P.S., Boney, O., **Botti, M.**, Cyna, A., Gan, T., Jensen, M., Kehlet, H., Kurz, A., De Oliveira, G., Peyton, P., Sessler, D., Tramär, M., Wu, C., StEP COMPAC Group., Myles, P., Grocott, M., Bickard, B., Blazeby, J., Boney, O., Chan, M., Diouf, E., Fleisher, L., Kalkman, C., Kurz, A., Moonesinghe, R., & Wijesundera, D. (2018). Systematic review and consensus definitions for the Standardised Endpoints in Perioperative Medicine (StEP) initiative: patient comfort. *British Journal of Anaesthesia*, 120(4), 705-711.
106. Naccarella, L., Raggatt, M., & **Redley, B.** (2018). The influence of spatial design on team communication in hospital emergency departments. *HERD: Health Environments Research and Design Journal*. Published online 20 Sep 2018 in advance of print, SAGE Publications.
107. Ng, Y. H., Pilcher, D. V., BaiLey, M., Bain, C. A., MacManus, C., & **Bucknall, T. K.** (2018). Predicting medical emergency team calls, cardiac arrest calls and re-admission after intensive care discharge: creation of a tool to identify at-risk patients. *Anaesthesia and Intensive Care*, 46(1), 88-96. doi:10.1177/0310057x1804600113
108. Nguyen, V. B., **Duke, M.**, & **Forbes, H.** (2018). Nurse educator confidence in clinical teaching in Vietnam: A cross-sectional study. *Collegian*, 25(3), 335-340. doi:10.1016/j.colegn.2017.09.008
109. Nguyen, V. N. B., **Forbes, H.**, **Mohebbi, M.**, & **Duke, M.** (2018). The effect of preparation strategies, qualification and professional background on clinical nurse educator confidence. *Journal of Advanced Nursing*, 74(10), 2351-2362. doi:10.1111/jan.13737
110. O'Brien, A., **Redley, B.**, Wood, B., **Botti, M.**, & **Hutchinson, A. F.** (2018). STOPDVTs: Development and testing of a clinical assessment tool to guide nursing assessment of postoperative patients for Deep Vein Thrombosis. *Journal of Clinical Nursing*, 27(9-10), 1803-1811. doi:10.1111/jocn.14329
111. O'Hara, J., McPhee, C., Dodson, S., Cooper, A., Wildey, C., Hawkins, M., Fulton, A., Pridmore, V., Cuevas, V., Scanlon, M.,

- Livingston, P.,** Osborne, R., & Beauchamp, A. (2018). Barriers to breast cancer screening among diverse cultural groups in Melbourne, Australia. *International Journal of Environmental Research and Public Health*, 15(8), 1677.
112. Omonaiye, O., Kusljic, S., **Nicholson, P., & Manias, E.** (2018). Medication adherence in pregnant women with human immunodeficiency virus receiving antiretroviral therapy in sub-Saharan Africa: a systematic review. *BMC Public Health*, 18. doi:ARTN 80510.1186/s12889-018-5651-y
 113. Omonaiye, O., **Nicholson, P.,** Kusljic, S., & **Manias, E.** (2018). A meta-analysis of effectiveness of interventions to improve adherence in pregnant women receiving antiretroviral therapy in sub-Saharan Africa. *International Journal of Infectious Diseases*, 74, 71-82. doi:10.1016/j.ijid.2018.07.004
 114. **Ostaszkiwicz, J.** (2018). A conceptual model of the risk of elder abuse posed by incontinence and care dependence. *International Journal of Older People Nursing*, 13(2). doi:ARTN e1218210.1111/opn.12182
 115. **Ostaszkiwicz, J., Dunning, T., & Streat, S.** (2018). Models of care for aged care-social or biomedical? *Australian Nursing and Midwifery Journal*, 25(7), 45.
 116. **Ostaszkiwicz, J., Tomlinson, E., & Hutchinson, A. M.** (2018). "Dignity": A central construct in nursing home staff understandings of quality continence care. *Journal of Clinical Nursing*, 27(11-12), 2425-2437. doi:10.1111/jocn.14293
 117. Oxelmark, L., Ulin, K., Chaboyer, W., **Bucknall, T., & Ringdal, M.** (2018). Registered Nurses' experiences of patient participation in hospital care: supporting and hindering factors patient participation in care. *Scandinavian Journal of Caring Sciences*, 32(2), 612-621. doi:10.1111/scs.12486
 118. Pelzang, R., & **Hutchinson, A. M.** (2018). Establishing Cultural Integrity in Qualitative Research: Reflections From a Cross-Cultural Study. *International Journal of Qualitative Methods*, 17(1). doi:Unsp 160940691774970210.1177/1609406917749702
 119. Pelzang, R., & **Hutchinson, A. M.** (2018). Patient safety issues and concerns in Bhutan's healthcare system: a qualitative exploratory descriptive study. *BMJ Open*, 8(7). doi:ARTN e02278810.1136/bmjopen-2018-022788
 120. Poh, C. L., Buratto, E., Larobina, M., **Wynne, R.,** O'Keefe, M., Goldblatt, J., Tatoulis, J., & Skillington, P. D. (2018). The Ross procedure in adults presenting with bicuspid aortic valve and pure aortic regurgitation: 85% freedom from reoperation at 20 years. *European Journal of Cardio-Thoracic Surgery*, 54(3), 420-426. doi:10.1093/ejcts/ezy073
 121. Pol, A., Carter, M., & **Bouchoucha, S.** (2018). Violence and aggression in the intensive care unit: What is the impact of Australian National Emergency Access Target? *Australian Critical Care*. Published online 19 Nov 2018 in advance of Print, Elsevier.
 122. Pongthavornkamol, K., Khamkon, A., Phligbua, W., Cohen, E., & **Botti, M.** (2018). Thai Oncology Nurses' Perceptions of Patient Participation in Acute Cancer Care. *Asian Nursing Research*, 12(3), 209-215. doi:10.1016/j.anr.2018.08.004
 123. Pradhan, R., **Wynter, K., & Fisher, J.** (2018). Factors Associated with Pregnancy among Married Adolescents in Nepal: Secondary Analysis of the National Demographic and Health Surveys from 2001 to 2011. *International Journal of Environmental Research and Public Health*, 15(2), 229.
 124. **Redley, B.,** & Waugh, R. (2018). Mixed methods evaluation of a quality improvement and audit tool for nurse-to-nurse bedside clinical handover in ward settings. *Applied Nursing Research*, 40, 80-89. doi:10.1016/j.apnr.2017.12.013
 125. Rosenfeld, E., Kinney, S., Weiner, C., Newall, F., Williams, A., Cranswick, N., Wong, I., Borrott, N., & **Manias, E.** (2018). Interdisciplinary medication decision making by pharmacists in pediatric hospital settings: An ethnographic study. *Research in Social & Administrative Pharmacy*, 14(3), 269-278. doi:10.1016/j.sapharm.2017.03.051
 126. Russell, L., Orellana, L., **Ugalde, A.,** Milne, D., Krishnasamy, M., Chambers, R., & **Livingston, P. M.** (2018). Exploring Knowledge, Attitudes, and Practice Associated with Meditation Among Patients with Melanoma. *Integrative Cancer Therapies*, 17(2), 237-247. doi:10.1177/1534735417699514
 127. Russell, L., **Ugalde, A.,** Milne, D., Austin, D., & **Livingston, P. M.** (2018). Digital Characteristics and Dissemination Indicators to Optimize Delivery of Internet-Supported Mindfulness-Based Interventions for People with a Chronic Condition: Systematic Review. *JMIR Mental Health*, 5(3). doi:PMID 30131317UNSP e53 10.2196/mental.9645
 128. Russell, L., **Ugalde, A.,** Milne, D., Krishnasamy, M., O, E., Austin, D. W., Chambers, R., Orellana, L., & **Livingston, P. M.** (2018). Feasibility of an online mindfulness-based program for patients with melanoma: study protocol for a randomised controlled trial. *Trials*, 19. doi:ARTN 22310.1186/s13063-018-2575-x
 129. **Russo, P. L.,** Shaban, R. Z., Macbeth, D., Carter, A., & Mitchell, B. G. (2018). Impact of electronic healthcare-associated infection surveillance software on infection prevention resources: a systematic review of the literature. *Journal of Hospital Infection*, 99(1), 1-7. doi:10.1016/j.jhin.2017.09.002
 130. **Russo, P. L.,** Stewardson, A., Cheng, A. C., **Bucknall, T.,** Marimuthu, K., & Mitchell, B. G. (2018). Establishing the prevalence of healthcare-associated infections in Australian hospitals: protocol for the Comprehensive Healthcare Associated Infection National Surveillance (CHAINS) study. *BMJ Open*, 8(11). doi:ARTN e02492410.1136/bmjopen-2018-024924
 131. Schoch, M. L., **Currey, J.,** Orellana, L., Bennett, P. N., Smith, V., & **Hutchinson, A. M.** (2018). Point-of-care ultrasound-guided cannulation versus standard cannulation in haemodialysis vascular access: protocol for a controlled random order crossover pilot and feasibility study. *Pilot and Feasibility Studies*, 4(1), 176.
 132. Shaban, R., **Considine, J.,** & Fry, M. (2018). Australasian Emergency Care: Uniting the professions of emergency care. *Australasian Emergency Care*, 21(1), 1-1. doi:10.1016/j.auec.2018.02.001
 133. Sinclair, A. J., Abdelhafiz, A., **Dunning, T.,** Izquierdo, M., Manas, L. R., Bourdel-Marchasson, I., Morley, J.E., Munshi, M., Woo, J., & Vellas, B. (2018). An international position statement on the management of frailty in diabetes mellitus: summary of recommendations 2017. *The Journal of Frailty & Aging*, 7(1), 10-20.

Publications

134. Smith, D., Team, V., Barber, G., O'Brien, J., **Wynter, K.**, McGinnes, R., Tsiamis, E., & Weller, C. D. (2018). Factors associated with physical activity levels in people with venous leg ulcers: A multicentre, prospective, cohort study. *International Wound Journal*, 15(2), 291-296.
135. **Street, M.**, Berry, D., & **Considine, J.** (2018). Frequent use of emergency departments by older people: a comparative cohort study of characteristics and outcomes. *International Journal for Quality in Health Care*, 30(8), 624-629. doi:10.1093/intqhc/mzy062
136. **Street, M.**, **Mohebbi, M.**, Berry, D., Cross, A., & **Considine, J.** (2018). Influences on emergency department length of stay for older people. *European Journal of Emergency Medicine*, 25(4), 242-249. doi:10.1097/Mej.0000000000000452
137. **Street, M.**, **Phillips, N. M.**, Haesler, E., & Kent, B. (2018). Refining nursing assessment and management with a new postanaesthetic care discharge tool to minimize surgical patient risk. *Journal of Advanced Nursing*, 74(11), 2566-2576. doi:10.1111/jan.13779
138. Sungkar, Y., **Considine, J.**, & **Hutchinson, A.** (2018). Implementation of guidelines for sepsis management in emergency departments: A systematic review. *Australasian Emergency Care*, 21(4), 111-120. doi:10.1016/j.auec.2018.10.003
139. Sutthiruk, N., **Considine, J.**, **Hutchinson, A.**, **Driscoll, A.**, Malathum, K., & **Botti, M.** (2018). A survey of reported behaviours, attitudes and knowledge related to antibiotic use of hospitalised patients in Thailand. *Infection Disease & Health*, 23(4), 203-210. doi:10.1016/j.idh.2018.05.002
140. Sutthiruk, N., **Considine, J.**, **Hutchinson, A.**, **Driscoll, A.**, Malathum, K., & **Botti, M.** (2018). Thai clinicians' attitudes toward antimicrobial stewardship programs. *American Journal of Infection Control*, 46(4), 425-430. doi:10.1016/j.ajic.2017.09.022
141. Tobiano, G., **Bucknall, T.**, Sladdin, I., Whitty, J. A., & Chaboyer, W. (2018). Patient participation in nursing bedside handover: A systematic mixed methods review. *International Journal of Nursing Studies*, 77, 243-258. doi:10.1016/j.ijnurstu.2017.10.014
142. **Ugalde, A.**, Kiss, N., **Livingston, P.**, & Aranda, S. (2018). Towards a framework for reporting self-guided interventions for people with cancer. *Current Opinion in Supportive and Palliative Care*, 12(3), 293-298. doi:10.1097/Spc.0000000000000353
143. **Ugalde, A.**, O'Callaghan, C., Byard, C., Brean, S., MacKay, J., Boltong, A., Davoren, S., Lawson, D., Parente, P., Micheal, N., & **Livingston, P.M.** (2018). Does implementation matter if comprehension is lacking? A qualitative investigation into perceptions of advance care planning in people with cancer. *Supportive Care in Cancer*, 26(11), 3765-3771.
144. Vanwesemael, T., Boussery, K., **Manias, E.**, Petrovic, M., Fraeyman, J., & Dilles, T. (2018). Self-management of medication during hospitalisation: Healthcare providers' and patients' perspectives. *Journal of Clinical Nursing*, 27(3-4), 753-768. doi:10.1111/jocn.14084
145. Walton, M., Harrison, R., Smith-Merry, J., Kelly, P., **Manias, E.**, Jorm, C., & Iedema, R. (2018). Disclosure of adverse events: a data linkage study reporting patient experiences among Australian adults aged ≥45 years. *Australian Health Review*. Published online 26 April 2018 in advance of print, CSIRO.
146. White, K., **Considine, J.**, & **Currey, J.** (2018). Nurses' recognition and response to clinical deterioration in the cardiac catheterisation laboratory. *Australian Critical Care*. Published online 22 Nov 2018 in advance of print, Elsevier.
147. Wikander, L., & **Bouchoucha, S. L.** (2018). Facilitating peer based learning through summative assessment – An adaptation of the Objective Structured Clinical Assessment tool for the blended learning environment. *Nurse Education in Practice*, 28, 40-45. doi:10.1016/j.nepr.2017.09.011
148. Williams, C., Duff Dr, J., **Nicholson, P.**, Hamlin, R., Gillespie, B. M. (2018). Using the ACORN Standards: An exploration of claims, concerns and issues. *Journal of Perioperative Nursing*, 31(4), 5.
149. Wilson, N., **Wynter, K.**, Fisher, J., & Bei, B. (2018). Postpartum fatigue: assessing and improving the psychometric properties of the Fatigue Severity Scale. *Archives of Women's Mental Health*, 21(4), 471-474. doi:10.1007/s00737-018-0818-1
150. Wilson, N., **Wynter, K.**, Fisher, J., & Bei, B. (2018). Related but different: distinguishing postpartum depression and fatigue among women seeking help for unsettled infant behaviours. *BMC Psychiatry*, 18(1), 309.
151. **Wong, P.**, Liamputtong, P., Koch, S., & **Rawson, H.** (2018). Barriers to families' regaining control in ICU: Disconnectedness. *Nursing in Critical Care*, 23(2), 95-101. doi:10.1111/nicc.12310
152. Wressell, J. A., **Rasmussen, B.**, & **Driscoll, A.** (2018). Exploring the workplace violence risk profile for remote area nurses and the impact of organisational culture and risk management strategy. *Collegian*, 25(6), 601-606. doi:10.1016/j.colegn.2018.10.005
153. Yodchai, K., **Hutchinson, A. M.**, & Oumtane, A. (2018). Nephrology nurses' perceptions of discussing sexual health issues with patients who have end-stage kidney disease. *Journal of Renal Care*, 44(4), 229-237. doi:10.1111/jorc.12257
154. Yuen, E., Knight, T., Dodson, S., Chirgwin, J., Busija, L., Ricciardelli, L. A., Burney, S., Parente, P., & **Livingston, P. M.** (2018). Measuring cancer caregiver health literacy: Validation of the Health Literacy of Caregivers Scale-Cancer (HLCS-C) in an Australian population. *Health & Social Care in the Community*, 26(3), 330-344. doi:10.1111/hsc.12524
155. Zhang, L., Ip, C. K., Lee, I. C. J., Qi, Y., Reed, F., Karl, T., **Low, J.K.**, Enriquez, R.F., Lee, N.J., Baldock, P.A., & Herzog, H. (2018). Diet-induced adaptive thermogenesis requires neuropeptide FF receptor-2 signalling. *Nature Communications*, 9. doi:ARTN 472210.1038/s41467-018-06462-0
156. Zheng, R. S., Lee, S. F., & **Bloomer, M. J.** (2018). How nurses cope with patient death: A systematic review and qualitative meta-synthesis. *Journal of Clinical Nursing*, 27(1-2), E39-E49. doi:10.1111/jocn.13975

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