



CABRINI INSTITUTE ANNUAL REPORT 2016-17

EDUCATION | RESEARCH | HEALTH PROMOTION



ABOUT THE CABRINI INSTITUTE

Established in 1996, the Cabrini Institute supports a wide range of education and research activities across Cabrini. Senior medical staff and researchers oversee a diverse research program, as well as developments in clinical education. The research program includes allied health, arthritis, back pain, cancer, care of the elderly, health literacy, medicine, nursing, palliative care, patient safety, psycho-oncology and surgery. The Cabrini Institute plays a significant role in the education of our current and future health professionals.

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CONSOLIDATION AND PROGRESS



BY PROFESSOR PETER FULLER AM
CHAIR OF THE CABRINI INSTITUTE COUNCIL

CHAIR'S MESSAGE

It is a pleasure to introduce the *Cabrini Institute Annual Report 2016-17*, which highlights a highly productive year in both education and research across Cabrini. As the Cabrini Institute enters its third decade, it is clear that it remains an integral and vital component of Cabrini's mission. Further, the Cabrini Institute contributes beyond Cabrini locally, nationally and internationally.

In July 2016, Associate Professor Doug Lording formally retired from the Cabrini Institute Council after leading successful twentieth anniversary celebrations last year. He was a key driver in founding of the Cabrini Institute, and its success is due in no small measure to his unwavering support over the past 20 years.

LEADERSHIP

The Cabrini Institute Council continues to provide support, guidance and critical independent advice to the Board, the Chief Executive of Cabrini Health and the Executive Director of the Cabrini Institute. It has been impressed by the quality, innovation and commitment

of the heads of departments within the Cabrini Institute. On behalf of the Council, I would specifically like to acknowledge the contributions of Associate Professor Michele Levinson to teaching and research at Cabrini through her ten years as Head of the Cabrini Monash University Department of Medicine. Her leadership enabled hundreds of medical students to gain valuable experience in the private clinical setting, which will have positive impacts on their future medical careers, and help Cabrini to continue to attract the best medical staff. Her research, particularly in the area of the management of our elderly patients in the hospital setting, has had a national impact.

ACCOLADES

The Cabrini Institute Council was delighted by the award of the Medal of the Order of Australia (OAM) to Associate Professor Gary Richardson in the 2017 Australia Day Honours. As Head of the Cabrini University Monash Department of Medical Oncology – The Szalmuk Family Department of Medical Oncology,

Associate Professor Richardson has worked continually to promote clinical oncology research at Cabrini and in doing so, provide the best possible care to cancer patients who come to Cabrini. He has provided leadership both nationally and through the Monash Partners Academic Health Science Centre (Monash Partners) collaboration. Associate Professor Richardson's advocacy for oncology phase 1a trials at Cabrini enhances our patients' access to the latest treatments at a time when great advances are being made, and the term breakthrough is more than just hype.

Cabrini's strength in cancer research is reflected in the work of the Cabrini Monash University Department of Surgery – the Frölich West Chair of Surgery, led by Associate Professor Paul McMurrick. Associate Professor McMurrick has continued to provide leadership in academic surgical research and of the colorectal cancer stream in the Monash Partners cancer collaboration and nationally, through development of key clinical registries from which a

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number of significant publications are emerging. A collaboration with scientists at Monash University and the Hudson Institute is providing exciting approaches for research into the biology of colorectal cancer.

COLLABORATION

Our work in medical oncology and surgical oncology is complemented by Cabrini's commitment to all aspects of care for patients who have cancer. The Szalmuk Family Psycho-oncology Research Unit overseen by Professor David Kissane, and the Palliative and Supportive Care Research Unit led by Associate Professor Natasha Michael, both work to provide a program of patient-centred research in clinical practice that contributes academically and clinically to Cabrini. Associate Professor Michael's team has seen considerable success this year, securing grant funding from Menarini Australia Limited, the Bethlehem Research Foundation and the Cabrini Foundation.

The Cabrini Institute Council congratulates Associate Professor Helena Frawley, Head of the Cabrini Centre for Allied Health Research and Education, on her appointment to a research-only appointment at Monash University. This provides time to focus on her research interests and network with other experts in her field. The Council acknowledges the excellent job Associate Professor Frawley has done over a short period to initiate and sustain programs of research across allied health at Cabrini.

NHMRC SUCCESS

Professor Rachelle Buchbinder, Head of the Monash Department of Clinical Epidemiology at Cabrini Hospital, continues to provide the Cabrini Institute with an international profile through a series of high-impact publications in the areas of health implementation and evaluation science. The past year has been extremely successful with National Health and Medical Research Council (NHMRC) grants and rapid growth in

her team. Professor Buchbinder's team and collaborators launched the Wiser Healthcare NHMRC Program grant in Sydney, and she was part of a successful application for an NHMRC Partnership Centre in Health System Sustainability that was awarded \$10 million.

The Cabrini Institute Council was pleased to note that Professor Leanne Boyd, Executive Director of Nursing and the Cabrini Institute, has been promoted to Adjunct Professor of Nursing at Australian Catholic University. This is appropriate recognition of her dual leadership roles at Cabrini. Our Centre for Nursing Research has enjoyed a productive year

We were delighted that Associate Professor Gary Richardson received an OAM in the 2017 Australia Day Honours.

with significant collaborations, grants and academic publications; and it will be strengthened with the forthcoming appointment of a Professor of Nursing Research jointly with Monash University.

Clinical education at Cabrini has seen exciting developments in services for the medical staff, and the development and realignment of postgraduate and graduate nursing programs to meet the needs of Cabrini's workforce. Cabrini welcomed new leadership in education in 2017 including Associate Professor David Brewster as Director of Medical Education, Jo Schlieff as the Manager Clinical Education and Amanda Peat as the Manager of Quality and Safety Education.

Cabrini's commitment to support and nurture research and education is exemplary, reflecting dedication to address a broader mission beyond simply that of private healthcare provision.

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CHANGE AND RENEWAL



BY PROFESSOR LEANNE BOYD
EXECUTIVE DIRECTOR NURSING AND CABRINI INSTITUTE

EXECUTIVE DIRECTOR'S MESSAGE

Cabrini's strategic vision 2016-2020 calls for reinvigoration of our mission and a focus on the vulnerable in the communities we serve. It challenges us to develop better, more integrated health systems, health management and service delivery at Cabrini and beyond. The Cabrini Institute has a vital role to play, particularly in fostering cross-sector partnerships, undertaking translational research that challenges the *status quo* and building a workforce to enable this vision.

There have been significant changes across the organisation and within Cabrini Institute to align ourselves with the organisation's strategic direction. The Clinical Dean role has evolved into a Director of Medical Education role, in recognition of the need to include education services for our employed and accredited doctors. Another major change was the closure of the Cabrini Monash University Department of Medicine in 2017 to make way for an integrated clinician-researcher model. This model has been chosen to foster translational research

and enhance clinical care for our vulnerable, elderly patients.

The Cabrini Institute's revenue includes income from clinical placements, internal and external research grants, donor funding, pharmacological-sponsored trials, our Cabrini Human Research Ethics Committee and Cabrini support. This year has seen our revenue increase, particularly through sponsored trials and external grants. Given the competitive environment in which we work, this is an excellent achievement. A highlight for 2016-17 was the addition of phase 1a trials within the Cabrini Monash University Department of Medical Oncology. This is vital for our patients who have cancer, as it enables them to access the latest trial drugs while continuing to be cared for by Cabrini nurses and doctors.

We have continued to enjoy excellent outcomes across research, education and health promotion over the past 12 months. Our research and education teams continue to flourish. Our research departments are well represented within

Monash Partners Academic Health Science Centre (Monash Partners) and continue to undertake and publish meaningful health services research. We have developed postgraduate nursing programs based on our strategic nursing workforce plan and have restructured our novice graduate nurse program to better meet operational and workforce needs. Novice enrolled nurses and registered nurses will now learn together in our new *transition to professional practice program*. We continue to work with our community through Let's Beat Bowel Cancer to improve early detection of colorectal cancer among at-risk people.

FOUNDATION GRANT ROUNDS

This year, the Cabrini Foundation with the support of the Cabrini Institute funded more than \$300,000 in grants and scholarships. This is testament to the generous support provided by our donors. In 2016-17, we moved our application process to an online environment to enable a reduction in print and paper wastage, to create a database for evaluation and research, and

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to streamline the process for applicants, reviewers and administrators.

KEY PARTNERSHIPS

Cabrini Institute is unique in the number and quality of the partnerships it has created and fostered. Our university partnerships with Monash, La Trobe, Notre Dame and Australian Catholic universities continue to grow. We are seeing more PhD (or doctor of philosophy) students within Cabrini Institute and plan to increase our numbers and range of project options.

The Cabrini Institute has continued to enjoy excellent outcomes across education, research and health promotion during 2016-17.

For the first time, we have partnered with the Capital Markets Cooperative Research Centre (CMCRC) to host a PhD student within operational analytics. This embedded-in-industry model is designed to enhance quality by increasing efficiency, and identifying waste and errors to deliver better outcomes for users of our health services.

Monash Partners, of which Cabrini is a foundational member, is continuing to grow in numbers and reach with Eastern Health and Peninsula Health having joined. Collaboratively, Monash Partners conduct translational research with a focus on informatics and patient data, primary and community health, and innovation and healthcare improvement.

PETER MEESE LECTURE

This year, the orator for our Peter Meese lecture was Associate Professor Michael Jefford who is Deputy Head of Oncology at Peter MacCallum Cancer Centre. He has an international reputation for

excellence in cancer survivorship care and research. More than 100 guests attended and the feedback for the event was excellent.

CABRINI RESEARCH DAY

Cabrini Research Day was held in September 2016, attracting a large and diverse audience of staff, students and community members. The event was well received due to the high standard of the presentations and the diversity of research undertaken at Cabrini. An evaluation was conducted and this has identified a number of improvements that will be embedded over the coming year.

GRATITUDE

We conducted our first patient and family forum, which provided many valuable insights to inform our education curriculum and research agenda over the next 12 months and beyond.

There has been much to celebrate over the past 12 months and we have much to look forward to in the next year. We will see the appointment of new Professors in Medicine and Nursing in partnership with Monash University. This investment will position Cabrini Institute to achieve the ambitious research and education goals inherent in our strategic direction.

I would like to thank our excellent researchers, clinicians, administration team and educators who have worked with such passion and commitment. We are most grateful to the members of the Cabrini Institute Council for their ongoing guidance and to our Cabrini doctors, nurses and allied health staff for their support of our research and education programs.

I would like to acknowledge each and every patient and family member who has contributed by participating in a clinical trial or supporting education for our health professionals and thank our valued donors for their continuing support of the Cabrini Institute.

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CABRINI INSTITUTE COUNCIL

The Cabrini Institute Council is responsible for developing, supporting and promoting the clinical education and research activities of Cabrini. The group brings a broad range of clinical and managerial experience to the Cabrini Institute Council's governance role.



PROFESSOR PETER FULLER AM

*Member since June 2005,
Chair from May 2014*

Professor Peter Fuller AM is a National Health and Medical Research Council Senior Principal Research Fellow at Hudson Institute in Melbourne where he is Associate Director, Head of the Centre for Endocrinology and Metabolism Research Group, and Head of the Steroid Receptor Biology Group. He is Head of the Endocrinology Unit at Monash Health and Adjunct Professor in Medicine and Biochemistry and Molecular Biology at Monash University. His research interests include understanding the molecular mechanisms of adrenal steroid hormone action and the molecular pathogenesis of endocrine tumours.



DR EMMA BAKER

Invitee since July 2015

Dr Emma Baker joined Cabrini in May 2015 as the Manager of Research Programs. Emma has a research background in epigenetics and pre-clinical testing in cancer models and is a previous recipient of National Health and Medical Research Council and Cure Cancer Australia Fellowships. Her role includes organising the annual Cabrini Research Day and undertaking activities to strengthen the reputation of the Cabrini Institute and maximise its funding opportunities. Emma works closely with the Cabrini Monash University Department of Medical Oncology, the Szalmuk Family Department of Medical Oncology, in managing the clinical trials research activity.



PROFESSOR LEANNE BOYD

*Invitee from September 2014,
Member since September 2015*

Professor Leanne Boyd leads the Cabrini Institute, having joined the Executive Committee in August 2014 as Executive Director of Nursing and Cabrini Institute. She has a clinical background in critical care and began working at Cabrini in 2012 as Director of Education and Staff Development. Professor Boyd has more than 20 years' experience in health professional education. Previously, she worked at Monash University as Director of Academic Programs (Middle East) and Head of Department Community Emergency Health and Paramedic Practice. She holds postgraduate qualifications in education and critical care from Monash University and a Master of Tertiary Education Management from the University of Melbourne.

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SAM LOW

Invitee from May 2015

As Cabrini's Finance and Treasury Manager, Sam Low is responsible for Cabrini's financial accounting, compliance and treasury. He has been a Chartered Accountant for 13 years and has a Graduate Diploma in Applied Finance from the Financial Services Institute of Australasia. Previously, he was the Corporate Finance Manager at a national logistics company jointly owned by Australia Post and Qantas. Prior to that, he worked at professional services firm Deloitte.



ASSOCIATE PROFESSOR DOUG LORDING

Member since September 2008, retired July 2016

Associate Professor Doug Lording is an endocrinologist and andrologist in private practice at Cabrini. From 1992-2007, he was Medical Director at Cabrini. His specialities include diabetes, general endocrinology and male reproductive medicine. He has extensive clinical trial experience and is an Honorary Clinical Associate Professor of Medicine at Monash University. He is a Fellow of the Royal Australasian College of Physicians, a Board member of Andrology Australia and a member of the scientific advisory committee for Foundation 49: Men's Health.



JEREMY MCCARTHY

Member since February 2007

Jeremy McCarthy is a partner at national law firm HWL Ebsworth in its mergers and acquisitions group in Melbourne. He has extensive experience in corporate governance and general commercial matters and has drafted a broad range of commercial contracts. He advises clients in a range of industries, in particular the health sector.



PROFESSOR MEG MORRIS

Member since February 2015

Professor Meg Morris is a physiotherapist and fellow of the Australian College of Physiotherapists. She is Head of the School of Allied Health at La Trobe University, an Honorary Professor at Cabrini and an Honorary Professor at Melbourne Health. She is an international expert in ageing and neurological conditions such as Parkinson's disease and is widely published. Professor Morris is known for her work on physical activity, exercise and dancing for people with Parkinson's disease, as well as physical activities and strength training. She has strong international research collaborations in Italy, Ireland and Singapore.

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PROFESSOR ROBYN O'HEHIR AO

Member since September 2010

Professor Robyn O'Hehir AO is Professor/ Director Allergy, Immunology and Respiratory Medicine, Central Clinical School, Monash University and Alfred Hospital, Deputy Head, Central Clinical School, Monash University and Deputy Head Research, Alfred Health. She is a consultant physician, educator and internationally renowned researcher in allergy and anti-inflammatory therapies with substantial grant support from the National Health and Medical Research Council. Robyn was elected a Fellow of the Australian Academy of Health and Medical Sciences and a Fellow of the Thoracic Society of Australia and New Zealand in 2015 and she was made an Officer of the Order of Australia in 2016. Robyn is a Life Governor of Asthma Victoria and a member of Council of the Sir Robert Menzies Memorial Foundation.



SUE PARKES

Invitee since July 2015

Sue Parkes, Director of the Cabrini Foundation, has more than 20 years' experience working in not-for-profit organisations including some of Australia's leading non-government organisations. Sue has held leadership roles at Melbourne City Mission, Sacred Heart Mission, Brotherhood of St Laurence and Eastern Health. She has a strong commitment to social justice and is currently on the Board of the Fitzroy Learning Network.



ASSOCIATE PROFESSOR JOHN SANTAMARIA

Member since August 1996

Associate Professor John Santamaria is the Director of St Vincent's Hospital Melbourne's Intensive Care Unit. He is National and State President of the Australian and New Zealand Intensive Care Society. He was a member of the Cabrini Board of Directors for many years and served as Vice Chairman from September 2005 until October 2009.



PROFESSOR JULIAN SMITH

Member since July 2015

Professor Julian Smith is Head of the Department of Cardiothoracic Surgery at Monash Health, Head of Monash University's Department of Surgery (School of Clinical Sciences at Monash Health) and Deputy Head of the School of Clinical Sciences at Monash Health. He has served as a Councillor of the Royal Australasian College of Surgeons. He is a consultant cardiothoracic surgeon at MonashHeart and has broad basic and clinical research interests in robotic and minimally invasive surgical techniques, acute kidney injury after cardiac surgery, utilising large databases to monitor patient outcomes and in surgical education.

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DR MICHAEL WALSH

Member since December 2008

Dr Michael Walsh has been Chief Executive of Cabrini Health since 2008. He has a distinguished career in hospital and health administration in Victoria, Western Australia, the UK and the Middle East. He is a medical graduate of Monash University and holds a Master in Public Administration from the Kennedy School of Government, Harvard University. He is a Fellow of the Royal Australasian College of Medical Administrators and the Australasian College of Health Service Managers.



**PROFESSOR
NEVILLE YEOMANS AM**

Member since February 2010

Professor Neville Yeomans AM is Director of Research at Austin Health and Emeritus Professor of Medicine (previously Foundation Dean) in the School of Medicine, University of Western Sydney. He is a gastroenterologist and a fellow of the Royal Australasian College of Physicians, American College of Gastroenterology and American Gastroenterological Association. His research has been mainly into the biology and pathology of the gastric mucosa, pharmacology of acid-related diseases and recently, medical education.

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CABRINI MONASH UNIVERSITY DEPARTMENT OF MEDICINE

CENTRE FOR NURSING RESEARCH

CABRINI MONASH UNIVERSITY DEPARTMENT OF SURGERY – THE FRÖHLICH WEST CHAIR OF SURGERY

SZALMUK FAMILY PSYCHO-ONCOLOGY RESEARCH UNIT

PALLIATIVE AND SUPPORTIVE CARE RESEARCH UNIT

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MONASH DEPARTMENT OF CLINICAL EPIDEMIOLOGY AT CABRINI HOSPITAL

The focus of our department is to perform high quality clinical research with an emphasis on answering questions that are important to both patients and clinicians and can be translated into better quality patient care and outcomes.

HEAD: PROFESSOR RACHELLE BUCHBINDER



Our department conducts systematic reviews, randomised controlled trials and other research studies of promising new treatments for a range of musculoskeletal conditions. We manage the Australian Rheumatology Association Database, which assesses the long-term health of patients who have arthritis and the outcomes of new therapies. The department provides the editorial base for the Cochrane Musculoskeletal Group and a satellite of the Cochrane Effective Practice and Organisation of Care (EPOC) Group. The Cochrane Musculoskeletal Group publishes high quality systematic reviews of available evidence for the prevention and treatment of arthritis and musculoskeletal conditions. Cochrane EPOC publishes high quality systematic reviews of educational, behavioural, financial, regulatory and organisational interventions for improving health professional practice and organisation of healthcare services. We host the administrative office of the Australia & New Zealand Musculoskeletal (ANZMUSC) Clinical Trials Network: a newly formed clinical trials network formed to facilitate the conduct of

high quality clinical trials for musculoskeletal conditions.

CURRENT PROJECTS AND RESEARCH HIGHLIGHTS

A major focus has been on our new five-year National Health and Medical Research Council (NHMRC) funded program grant entitled 'Using healthcare wisely: reducing inappropriate use of tests and treatments, a part of the Wiser Healthcare collaboration'. This work seeks to systematically investigate the problem of over-testing, over-diagnosis, and over-treatment, and develop and test sustainable solutions. We are part of a new, five-year NHMRC Partnership Centre in Health System Sustainability. This centre will explore the issues impacting healthcare system sustainability, as well as develop and evaluate a set of implementable interventions that are appropriate from clinical, patient and economic perspectives.

As part of these programs, the department has conducted a number

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of studies on the management of musculoskeletal conditions, including low (lower) back pain. While there is evidence that diagnostic imaging is often unnecessary and can negatively impact patient recovery, rates for lumbar spine imaging remain high in Australia and internationally. To address this, we are interviewing general practitioners, and patients who have this condition, to explore their information needs when requesting diagnostic imaging of the lumbar spine and on receiving the subsequent report. We are analysing the content of requests and reports for lumbar spine radiographs to quantify the reasons for requests and the information provided in reports. Further, we are investigating how low back pain is managed in the emergency departments of Cabrini Malvern and Monash Medical Centre to inform how to better manage and treat these patients. The findings from these studies will inform the development of novel interventions to reduce inappropriate imaging, which will be evaluated in future clinical trials.

Another area of focus is on over-diagnosis and over-treatment for

knee osteoarthritis. We have begun to develop an evidence-based decision support tool informing patients on the benefits and risks of having arthroscopy for knee osteoarthritis. We have sought patient and clinician input into the tool and intend to test its usefulness. We have been actively involved in the development and launch of the Australian Commission on Safety and Quality in Health Care *Clinical care standard for osteoarthritis of the knee* (OA Knee). This evidence-based standard provides patients, health professionals and health services with the most up-to-date information on the best way to assess and treat knee osteoarthritis.

We have been involved in the Australia and New Zealand Musculoskeletal Clinical Trials Network (ANZMUSC) which has grown in 2016-17 and now includes a consumer advisory group that works with ANZMUSC clinicians and researchers to identify important research questions, and assess the feasibility and impact of proposed research studies from patients' perspectives.

We were successful in securing funding from the NHMRC's Cochrane Funding Program to support the Cochrane Musculoskeletal Group in Australia for the next three years. This funding, and the support of Cabrini Institute, helps Cochrane Musculoskeletal to prepare the best available evidence about treatments for rheumatoid arthritis, osteoarthritis, osteoporosis and other musculoskeletal conditions, and publishes them in the Cochrane Library available at www.cochrane.org

We received the Cabrini Foundation's annual clinical research grant in 2017 for our project to pilot a living Cochrane systematic review of the potential benefits and harms of autologous injection therapies – stem cell injections and platelet-rich plasma – in people who have osteoarthritis of the knee. Living systematic reviews are updated in near real-time, whenever new research becomes available, to enhance evidence-based decision-making. The pilot project will link to planned work with Therapeutic Guidelines Limited (TGL) to pilot a system for rapidly incorporating

the results of living reviews into 'living' recommendations in TGL: Rheumatology.

PLANS

As a way to ensure that ANZMUSC conducts high quality trials focused on the most important research questions for all stakeholders, we will be involved in conducting a research priority-setting workshop that will bring together patients, researchers and clinicians to discuss what makes a research question a priority and which factors are the most important in determining this.

We will continue to be involved in NHMRC-funded clinical trials comparing the effectiveness of autologous platelet-rich plasma to glucocorticoid or placebo injections for tennis elbow, and will begin another randomised controlled trial analysing the effectiveness of surgery for spinal stenosis.

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TOWARDS WISER HEALTHCARE CHOICES

Helping people make wiser choices about their healthcare is the number one priority for Dr Denise O'Connor.

As a Senior Research Fellow with the Monash Department of Clinical Epidemiology at Cabrini Hospital, her main focus is researching how to help Australians make better decisions about health care tests and treatments.

A background in working with Cochrane Australia has provided Dr O'Connor with the knowledge and skills she needs to help make a difference. "In Cochrane, we identify and summarise the best available evidence on the benefits and harms of tests and treatments to help people make informed choices," she said. She is an editor for the Cochrane Effective Practice and Organisation of Care Group and the Cochrane Musculoskeletal Group.

Currently Dr O'Connor's core work is the Wiser Healthcare Program, a collaboration of researchers, clinicians and consumers focused on undertaking research to reduce over-diagnosis and over-treatment in Australia. "We know that some tests and treatments are not effective and, in some cases, cause harm but continue to be used in practice." She says as researchers, they are investigating why these tests and treatments are used and ways to address this issue.

"We're in the early stages of the program and we are currently investigating why and when over-testing and over-treatment occurs in areas of musculoskeletal disorders, cardiovascular disease and cancer," said Dr O'Connor. "For example, why diagnostic imaging is overused in back pain and how we can reduce this."

Dr O'Connor says her day-to-day work could include anything from preparing and editing systematic reviews about healthcare interventions to meeting with research collaborators and students to analysing data and preparing presentations for stakeholders.

The part she enjoys most is collaborating with other people who are just as dedicated as she is. "These are passionate and motivated people," she said. "That's the biggest driver, collaborating with researchers, clinicians and consumers."

As for the future, Dr O'Connor hopes the research in which she is involved would help people to make wiser healthcare decisions and support a more sustainable healthcare system.



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CABRINI MONASH UNIVERSITY DEPARTMENT OF MEDICAL ONCOLOGY – THE SZALMUK FAMILY DEPARTMENT OF MEDICAL ONCOLOGY

Our cancer research program allows the discovery and development of new agents to better treat cancer. This translates into better cure rates, increased symptom control and better quality of life for our patients.

HEAD: ASSOCIATE PROFESSOR GARY RICHARDSON



The department specialises in clinical research using new therapeutic agents in the treatment of many different cancers and haematological malignancies (or blood cancers). Currently most studies involve immunotherapeutic drugs or targeted therapies. Immunotherapies are treatments that restore or enhance the immune system's ability to fight cancer. We have completed studies in melanoma, and are working on trials in other forms of cancer such as lung and ovarian cancers. Targeted therapies are those that block the growth and spread of cancer by interfering with specific molecules (or molecular targets) that are involved in the growth, progression, and spread of cancer. Such therapies are key to precision medicine, that is a form of medicine that uses information about a person's genes and proteins to prevent, diagnose, and treat disease.

Clinical research is a critical component in expanding treatment options in relation to all types of cancer. Clinical research studies help doctors to find ways to improve health and cancer care. Each study is designed to answer scientific

questions and to find better ways to prevent, diagnose, or treat cancer. Clinical research offers high quality cancer care, provides patients with the opportunity to take an active role in their treatment plans, and allows patients to help others by improving cancer treatment for future patients. Discovery of new agents leads to improved cure rates, better disease and symptom control, and improved quality of life for our patients.

CURRENT PROJECTS AND RESEARCH HIGHLIGHTS

We are now among a small number of Victorian hospitals and research facilities approved to conduct early oncology phase 1a drug trials or in-human trials. These are the earliest stage of oncology testing, and the first time a drug has been tested in cancer patients. Drugs that enter a phase 1a trial have gone through rigorous pre-testing in the laboratory setting, but their full effect and best treatment dose still need to be determined in humans to ensure their safe use and ability to treat cancer

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effectively. These trials are potential pathways into future best practice, but the agents are not yet perfected or even proven. Our first phase 1a oncology trial began in May 2017 and will examine a new immunomodulatory agent in patients who have been diagnosed with a range of cancer types. We are planning to open at least two more phase 1a trials in 2017. Cabrini's participation in such trials opens additional possibilities for patients who have few therapeutic options. Providing such possibilities to patients is part of our aim to be a truly comprehensive cancer centre.

Targeted therapies block the growth and speed of cancer by interfering with specific molecules involved in the progression of cancer.

Currently, we are holding approximately 40 trials, of which almost half are currently open to recruitment. We continually consider new trials to bring therapies to Cabrini that would best serve our patients. A new Cabrini cancer trials website has been launched this year, with a dedicated section listing the trials and detailing those for which patients can apply. Cabrini has been a major participant in a number of immunotherapy trials using these agents, particularly showing their efficacy in melanoma, lung cancer, kidney cancer, and bladder cancer.

We are engaged in a research partnership, Car-T Cellular Therapy, with Hudson Institute of Medical Research based at Monash Health. Chimeric antigen receptors (or CARs) are engineered receptors, which graft an arbitrary specificity onto an immune effector cell (or T-cell). This is a two-stage, phase 1 to 2 (initial dose escalation followed by an expansion phase), open label, multicentre study

to determine the safety, tolerability and preliminary efficacy of escalating doses of a single administration of CTH-101. It may be appropriate for patients who have stage 3 or 4 WT1+, TAG72+ ovarian cancer, who have failed treatment with standard-of-care taxane and platinum-based chemotherapy regimens, and are unsuitable for further treatment with platinum-based chemotherapy.

We are working on translational breast cancer research in partnership with Monash University's biochemistry department. This is underpinned by the Brightways Breast Cancer Database, which records detailed information on all patients treated through the program numbering more than 500 each year. Tissue from all patients will be obtained for the following purposes including tissue banking, tissue microarrays, and organoid research.

Weight gain is a significant problem for most women receiving chemotherapy for breast cancer, which has short and long-term implications to their health. A breast

cancer dietary study was launched this year comparing two calorie-controlled diets in this patient population.

PLANS

Our clinical research program will be expanded in a range of ways such as:

- increasing the number of trials
- increasing patient recruitment to trials
- partnering with Monash University in major translational research programs focused on the Monash Partners' areas of distinctive research strength
- strengthening the cooperative colon cancer research program developed in partnership with the Cabrini Monash University Department of Surgery
- developing new research in cancer genetics and allied health

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ONE OUT OF THE BOX

Nina Box and the team in which she works are at the forefront of offering many cancer patients who have often exhausted all treatment options one more piece of hope.

As Cabrini's Team Leader in Oncology Research, Ms Box plays a vital role in sourcing and implementing a range of international drug trials to patients in need at Cabrini. After having been in this role for one year, she says her previous background as a Clinical Research Associate working for pharmaceutical companies has helped her to make a smooth transition into hospital-based research.

Ms Box began working at Cabrini in February 2016 as a study coordinator in anaesthetics research. Recently she took on her current position. She describes her day-to-day workload as "a little crazy" and when she's not juggling two young children at home, she spends her time between Cabrini Institute and Cabrini hospitals.

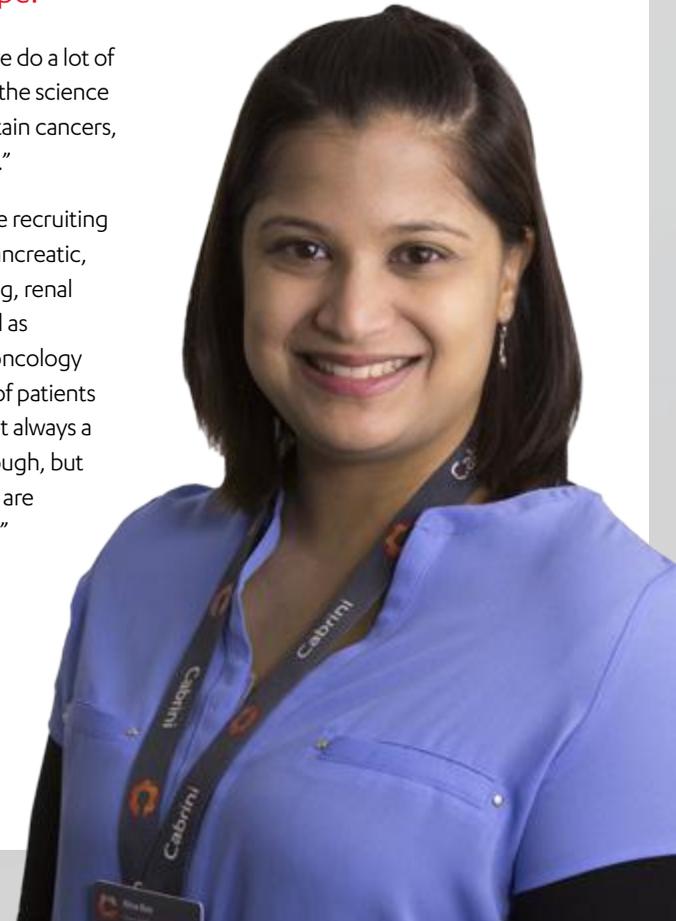
From dealing with drug companies and auditors to providing hospital tours and collating information to help being selected for trials, Ms Box performs a diverse and challenging role. But the best part for her is the patients.

"It's all about getting them access to drugs they normally wouldn't be able to get," said Ms Box. "With my pharmacology background, I also really enjoy learning

about the new therapies coming through – we do a lot of research on these drugs, and I enjoy learning the science behind how the therapies are targeted to certain cancers, and how each therapy will benefit the patient."

At present Cabrini has approximately 20 active recruiting trials for patients who have breast, ovarian, pancreatic, colorectal (bowel), endometrial, prostate, lung, renal (kidney) and melanoma (skin) cancers, as well as haematological/blood cancers. Ms Box says oncology research can be a difficult area. "We get a lot of patients doing their own research, but sadly there's not always a suitable trial for everyone – it can be pretty tough, but what keeps us going is there are patients who are successful and respond well to the treatment."

Her hope for the future of oncology research is that it continues to grow and bring even more therapies to patients at Cabrini.



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CABRINI MONASH DEPARTMENT OF MEDICINE

The focus of our work is to ultimately improve patient care, especially for older patients. This involves understanding patient values and how healthcare systems can best meet these needs. Our work incorporates issues such as communication, provision of treatment at end-of-life, understanding of language and shared decision-making.

HEAD: ASSOCIATE PROFESSOR MICHELE LEVINSON



HIGHLIGHTS

Key features of our work this year were an emphasis on addressing delirium in hospitalised patients, and a focus on decision-making around cardiopulmonary resuscitation (known as CPR).

We published a paper on the difficulties in diagnosing delirium in intensive care patients, noting that nurses were often the initial reporters of delirium symptoms. A Cabrini Foundation-funded project continues this work in supporting and educating nursing staff in recognising delirium in acute care and rehabilitation wards.

We contributed to a national multisite audit of the care received by dying patients in acute hospitals coordinated by the Australian Commission on Safety and Quality in Health Care. The review evaluates end-of-life care provided to patients who died in hospital between 2015 and 2016, with a focus on recognition of dying, as well as implementation of palliative and comfort care plans including withdrawal of treatment.

Our work on CPR continued, with the publication of a multisite point prevalence review of the use of not-for-resuscitation (NFR) orders across hospitals in metropolitan Melbourne. This work highlighted the differences in practice across hospitals without the use of statewide standardised documentation. It highlighted the importance of treatment plans and goals of care early in admission. Following on from this work, we evaluated doctors' decision-making and attitudes towards resuscitation in two further publications. These reveal complex issues relating to the implementation of NFR orders, especially around the issues of consent and futile or overly burdensome treatments.

ACKNOWLEDGEMENTS

The work of the department was presented at conferences including:

- an address by Associate Professor Levinson at the Cabrini Institute's twentieth anniversary celebration on the department's achievements

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The Cabrini Monash University Department of Medicine has done an excellent job particularly in its research endeavours.

- presentations at the *Integrated Emergency Care of Older Persons* symposium on survival and quality of life
- and winner of the Best Poster prize at the Advance Care Planning national conference on the role of medical emergency teams in provision of end-of-life care

These publications draw to a close a body of work undertaken by Associate Professor Levinson over ten years at Cabrini. Under her leadership, the department evaluated the role of hospital systems in addressing the needs and values of patients, with particular regard to patient outcomes and the process of shared decision-making. The strength of the department was its multidisciplinary approach to data collection and evaluation, recruitment of staff members from a variety of backgrounds and provision of research training and

experience to enthusiastic student investigators.

The Cabrini Monash University Department of Medicine ceased operation at the end of February 2017.

FUTURE DIRECTIONS FOR MEDICAL RESEARCH AND TEACHING AT CABRINI

Early in 2017, it was decided that Cabrini would take a new direction in medical research and teaching. The Cabrini Monash University Department of Medicine had done an excellent job, particularly in its research endeavours but it was evident that Cabrini needed to increase clinical leadership in our medical wards. To support this change, it was decided that Cabrini would appoint a new Professor of Medicine/Senior Clinician.

Increasingly, Cabrini is receiving more medical patients in line with our ageing

population and this brings myriad challenges for patients and their families, as well as for those of us at Cabrini who care for them. This new form of clinical leadership will help to improve the patient experience of people who come to us for medical care.

As we mark this change in direction in the Cabrini Institute, it is timely to reflect on the excellent contributions of Associate Professor Michele Levinson and her team over many years – to Cabrini, our patients, residents and their families. The department’s publications, papers, conference presentations and other academic contributions are too many to mention. Without the commitment, hard work and dedication of this team, such groundbreaking work in areas such as care of older patients, particularly end-of-life care, would not have been possible.

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CENTRE FOR NURSING RESEARCH

Nursing research at Cabrini is focused on the themes of patient and family-centered care, safety and quality; and Catholic healthcare. We aim to continually improve and evaluate the safety and quality of our services, provide evidence for nurses to inform their clinical practice and help our patients and their families to make informed healthcare decisions.

HEAD: PROFESSOR LEANNE BOYD



Improving the patient, family and community experience of healthcare is integral to the research agenda of the Centre for Nursing Research. Nurses' frontline roles put them in a unique position to understand the needs and priorities of patients, residents and their families. Encouraging nurses to lead and contribute to research keeps research activity focused on patient care and the needs of our healthcare service. Further, this supports meaningful engagement with patients, residents, carers and families. Nursing research can help to make healthcare more efficient and cost-effective. By encouraging ongoing improvements to practice and investigating new models of care, nursing research can inform new practices that improve the patient experience, prevent waste and improve efficiency.

Acquisition of research knowledge equips nurses with the theoretical and analytical skills they need to make informed decisions and contribute effectively to new developments, from individual improvements in practice to

the redesign of services. This culture of enquiry ensures that we always strive to improve. Nursing research and evidence implementation are essential parts of the education and training of existing and future nursing workforce.

HIGHLIGHTS

We received funding from the Australian Government Department of Health from March 2015 to June 2017 to research and develop a resource for religious and cultural advance-care planning. We worked in partnership with the department, key religious and cultural organisations and our colleagues at Cabrini, in particular the Palliative and Supportive Care Research Unit. Through the project, we developed the ACP Talk website to support end-of-life decision-making in various denominations. Freely available, this website is intended to support health professionals in advance care planning with their patients by providing religion-specific content and complementing other resources in the area.

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ACPTalk was a sponsor of the national Advance Care Planning Australia (ACPA) conference in November 2016. Presentations related to this project have occurred in Melbourne at:

- ACPA conference
- Palliative Care Research Colloquium
- Cabrini GP symposium
- Disrupt-Create-Connect: the business of multiculturalism

With evaluation of the website underway, ACPTalk has recently been nominated for a 2017 Catholic Health Australia Award for Excellence in Pastoral Care supporting health professionals in addressing religious and cultural needs of diverse Australian communities.

The purposeful rounding project has been trialed at four Cabrini campuses with the aim of reducing falls and pressure injuries, and increasing patient and staff satisfaction. It has been implemented across all wards at Cabrini Brighton based on the positive interim data. Due to the acceptability of this

program, the Cabrini falls prevention and management protocol now includes rounding at all Cabrini sites.

In collaboration with the Cabrini Technology division and Cabrini's maternity department, Professor Boyd has been working to develop an innovative application for women who are booked to give birth at Cabrini. The goals of this initiative are to:

- provide expert evidence-based information and support prior to delivery
- increase engagement and improve the experience patients have at Cabrini
- engage users with pre- and post-natal support services

At the end of June 2017, development of the application was mostly complete.

KEY RESEARCH COLLABORATIONS

A point-prevalence study to quantify and qualify the utilisation of peripheral intravenous cannulas (PIVC) at Cabrini's

Brighton and Malvern hospitals has been conducted, in collaboration with St John of God in Subiaco, Western Australia.

Through this work, we aimed to:

- gain a clearer understanding of the utilisation and purpose of PIVCs in order to reduce risk of falls secondary to PIVC
- enhance the experience patients have with us
- reduce infection risk due to unnecessary cannulation
- reduce costs associated with unnecessary PIVC

Findings from this study have been

The ACPTalk website has been nominated for a Catholic Health Australia Award for Excellence in Pastoral Care.

accepted for publication by the *Journal of Clinical Nursing in Australia*, an international, peer-reviewed, scientific journal that seeks to promote the development and exchange of knowledge that is directly relevant to all spheres of nursing practice.

With funding from the Victorian Department of Health and Human Services, Cabrini worked in collaboration with several stakeholders to develop national online education resources for the National Safety and Quality Health Service (NSQHS) Standards. An evaluation was published in December 2016.

Collaboration is underway with the Cochrane Musculoskeletal Group to co-author a *Cochrane Review* update on glucocorticoid injections for rotator cuff disease.

Through an alliance with Swinburne University of Technology, Cabrini Research Fellow Amanda Pereira-Salgado is working with Professor Penelope Schofield of the Department of Psychological Sciences, in order

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We are invested in supporting our nursing and midwifery workforce at Cabrini by better understanding current and future needs.

to develop the 'Remind' medication adherence system in to a commercially viable version of the platform. The system is designed to increase patients' adherence to oral medication therapy and improve self-management of medication side effects. A prototype has been completed and funding will be sought to conduct the next phase of the research.

PLANS

We remain invested in supporting our nursing and midwifery workforce by better understanding our past, current and future needs. In 2016-17, Cabrini's first nursing and midwifery strategic workforce plan was implemented. The Centre for Nursing Research will continue to evaluate its utility, accuracy and feasibility, as well as

monitor implementation as part of the quality process.

Partnering effectively is an important element of the Cabrini Institute's strategic plan for 2016-2020. We have long established relationships with Australian Catholic University (ACU), reflected through the ACU/Cabrini learning, teaching and research collaboration, which includes nursing students on placement at Cabrini facilities in acute, sub-acute, palliative care and aged-care services, as well as midwifery students enrolled in the Diploma of Nursing with ACUcom. Professor Leanne Boyd was appointed an Adjunct Professor by ACU.

We have explored opportunities with our university partners and established the foundation for the Cabrini-Monash Centre for Nursing Research

set to commence in 2017 following appointment of a Cabrini-Monash Nursing and Midwifery Professorial Chair. This provides an opportunity to build on the excellent work that has already occurred in nursing research at Cabrini and to position the Centre for Nursing Research for continued success. Amanda Pereira-Salgado has been appointed as an Adjunct Research Fellow with Monash University.

Our work with Monash Partners continues to grow. We are currently engaged with a multicentre research project identifying falls prevention strategies and success rates. We partner with Swinburne University in relation to innovation and falls prevention, and regularly meet with the Monash Institute of Medical Engineering (MIME) to discuss collaboration opportunities.

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CABRINI MONASH UNIVERSITY DEPARTMENT OF SURGERY, THE FRÖHLICH WEST CHAIR OF SURGERY

Bowel cancer is a leading cause of cancer death in Australia and has one of the highest (and increasing) incidence rates in the world. We are committed to highly innovative research, medical advances and greater public awareness to help patients, families and clinicians beat bowel cancer.

HEAD: ASSOCIATE PROFESSOR PAUL MCMURRICK



The Chair of Surgery at Cabrini was established in 1998 as a joint venture between the Cabrini Institute and Monash University, being the first of its kind in the Victorian private medical sector and one of the first in Australia. The chair was endowed as the Fröhlich West Chair of Surgery in 2004.

Australia continues to have among the highest rates of bowel cancer in the world and increasing incidence of the disease. Our focus on innovative research and promotion of bowel cancer screening is absolutely vital. If detected at the earliest stage, the survival rate for bowel cancer is high: 93 per cent. It is one of the most preventable cancers, and adults of all ages can take positive action to reduce their risk.

Our department has shown national leadership in integrating our strongest assets in clinical and translational research to improve outcomes for bowel cancer patients. The Cabrini Monash Neoplasia Database has accumulated nearly 3000 patients since 2010 and serves as a platform for all of our research

activities. Apart from measuring the quality and consistency of clinical outcome for patients, it allows us to undertake translational research projects, which focus on topics such as:

- The significance and impact on outcome and treatment of specific cancer biomarkers
- The development of organoids in the development of personalised medicine
- Patient reported outcome measures (PROMs)
- Development of tissue micro array platform linking patient outcome data to cancer biomarkers

GRANTS

We received the following grants in 2016-17 to support our research and health promotion work:

- The Collie Foundation, *Patient Reported Outcome Measures* \$40,000 and *Human Organoids*, \$300,000

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- Margaret Walkom Trust, *Tissue Micro Array*, \$30,000
- Urquhart Charitable Fund, *Patient education with a view to expanding uptake of the National Bowel Cancer Screening Program*, \$14,490

Colorectal cancer has a profound impact on the health of Australians, and its screening and management is of significant financial importance in Australia. With the high rate of adults affected by bowel cancer over the course of their lifetime, the financial impact of the disease is considerable in loss of working life, quality of life, the cost of treatment post-diagnosis and the National Bowel Cancer Screening program.

The significance of gathering patient-reported outcome measure data from patients is that it allows patients to give their view in relation to their own outcome rather than measurement by someone else. This research project will allow all patients on our database and bowel cancer survivors to provide clear information about their recovery, quality of life, and their return to

functional capacity before, during and after treatment for bowel cancer. It is envisaged that this information will have significant impact on improving efficiency of outcome assessment for patients who have colorectal cancer, improve patient care and the provision of value-based medicine, and importantly enable benchmarking of patient experiences and outcomes.

LET'S BEAT BOWEL CANCER – A CABRINI HEALTH PROMOTION INITIATIVE

In collaboration with Let's Beat Bowel Cancer (LBBC), the Cabrini Monash University Department of Surgery continued work designed to improve the health of the Australian community, with respect to bowel cancer treatment and prevention. Thanks to the efforts of dedicated committee members that include Geoff Stansen (Chair), Des Jackson, Andrew Facey, Melissa Monks (new member), Robert Williams (new member) and Sue Parkes (Director of the Cabrini Foundation), LBBC was central to several engagement activities over the

year. For example:

- A Charity Gala Dinner was hosted at Melbourne's Margaret Court Arena in memory of Andrew Florent (1970-2016), a well-known and much loved Davis Cup tennis player, who died from bowel cancer. He was a dedicated supporter of LBBC activities and an ambassador.
- We staged the LBBC Golf Classic event, an annual fundraising and public awareness event. This year was made all the more memorable by the event's guest speaker, who was bowel cancer survivor Jean Gamon. Aged 94, she impressed the

attendees with her story of resilience and positivity after being diagnosed four years ago with a large bowel cancer and having undergone curative surgery. A highlight of the event was the inaugural establishment and presentation of the Andrew Florent Memorial Trophy 'The Florey' for Best Individual Golfer.

- Our inaugural Breakfast of Champions was held with attendees enjoying breakfast with well-known Australian sports stars including Todd Woodbridge (host & tennis legend), John Fitzgerald (tennis legend), Jessica Watson (solo sailor), Paul Salmon (AFL star), Dylan Alcott (tennis star), and Meg Wade (endurance horse competitor). This new event will be an important annual fundraising and public awareness initiative by LBBC.

AL POLGLASE VISITING PROFESSOR PROGRAM

Professor Ronan O'Connell from St Vincent's Hospital and the School of

Our department has shown national leadership in clinical and translational research to improve outcomes for people who have bowel cancer.

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Medicine and Medical Sciences at University College in Dublin, Ireland, was invited as the 2016 AL Polglase Visiting Professor in Colorectal Surgery at Cabrini. Professor O’Connell met with various medical, nursing and allied health staff and led educational sessions including a public lecture.

AWARENESS OF ORGANOIDS

Researchers from Cabrini and Monash University were featured prominently in their use of cutting-edge techniques to grow a patient’s three-dimensional tumour or organoid outside the body. Monash University’s Associate Professor Helen Abud and her team were featured in the media for their groundbreaking work with colorectal organoids or ‘mini-guts’ research. A story in Melbourne’s *Herald Sun* newspaper (November 2016) explained the developments conducted by Professor Abud and the Cabrini research team. The aim is to use organoids to provide a guide to treating oncologists with respect to the

best choice of medications for each patient. If the organoids biobank can be demonstrated to mimic a patient’s cancer response, then the ability to deliver personalised bowel cancer treatment is a step closer to reality.

PROFESSIONAL REPRESENTATION

Members of the department continued to work as clinical representatives of professional bodies including:

- Joint Council of Monash Partners Comprehensive Cancer Consortium: Associate Professor Paul McMurrick
- Executive Council, Victorian Clinical Oncology Group: Associate Professor Paul McMurrick
- Member of the Training Board in Colon and Rectal Surgery: Mr Stephen Bell
- Cabrini Director of Surgical Training: Mr Martin Chin

- Members of the Victorian Advisory Panel for the National Bowel Cancer Screening Program: Mr Stephen Bell and Associate Professor Paul McMurrick
- Member of Executive Council, CSSANZ: Associate Professor Paul McMurrick

LEADERSHIP IN CLINICAL RESEARCH

The Bi-national Colorectal Cancer Audit (BCCA) of the CSSANZ derived from the

Our research in colorectal organoids is taking us one step closer to the ability to deliver personalised bowel cancer treatment.

Cabrini colorectal neoplasia database continued in 2016-17. The latest report includes data from more than 17,700 colorectal cancer treatment episodes across Australia and New Zealand, with collaboration from more than 97 centres. Associate Professor Paul McMurrick remains a member of the working committee of the BCCA.

PLANS

The department’s research program continues to focus on screening and prevention of bowel cancer, and improving patient treatment and patient outcomes following treatment for bowel cancer. We will continue our world-leading collaborative research based on cutting-edge research techniques with human organoids and tissue micro arrays, as well as exploring new opportunities for patient-reported outcome measure data to guide improved clinical efficacy.

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PATHWAYS TO PERSONALISED TREATMENT

As Research Officer for the Cabrini Monash University Department of Surgery, Dr Christine Koulis has the opportunity to help pave the way when it comes to personalised treatments for every colorectal cancer patient.

Dr Koulis has a passion for research with a PhD in Pharmacology from the University of Melbourne, 14 years of experience in medical research and a desire to help patients receive the best treatment possible are what drives her every day. The fact that she works with an “amazing” team of people is the cherry on top.

Having been at Cabrini less than a year, Dr Koulis is already involved in three different projects. The first is the tissue micro-array project, which will allow researchers to examine the outcomes of colorectal cancer patients based on the expression of biomarkers. In future, biomarkers may assist in selecting the most effective treatment for patients.

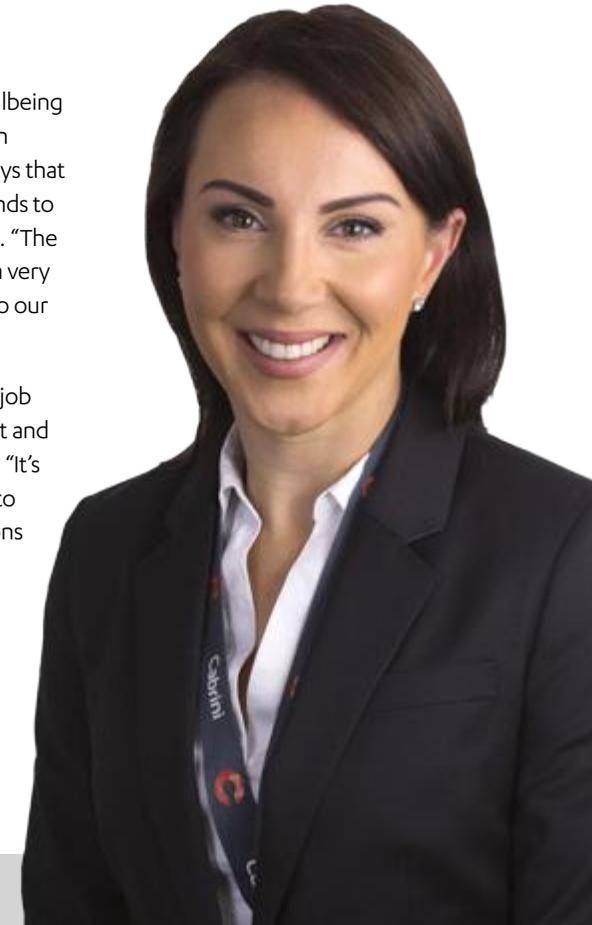
The second project is based on improving patient outcomes with the use of the colorectal neoplasia database. Currently, Dr Koulis is assessing the effect of type 2 diabetes on patient outcomes after surgery.

The third project is the patient reported outcome measures project, which will provide valuable information

from a patient’s perspective on their treatment, wellbeing and quality of life, and will allow for improvements in patient care and value-based medicine. Dr Koulis says that a highlight of this project was a trip to the Netherlands to meet with colorectal cancer working group leaders. “The reason why we’ve been able to travel is because of a very generous donation from Brian and Lee Johnstone to our department,” she said.

According to Dr Koulis, one of the best parts of her job is being involved with a team that is not only brilliant and motivated but enthusiastic about the work they do. “It’s quite inspiring,” she said. “It’s also quite interesting to go into the operating theatre and watch the surgeons perform various procedures – it gives me a better understanding of the surgical techniques and the complications that can arise. It all ties in nicely with the research projects.”

She hopes to see personalised medicine become common practice. “It’s satisfying knowing you can help to improve patient outcomes.”



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SZALMUK FAMILY PSYCHO-ONCOLOGY RESEARCH UNIT

The Szalmuk Family Psycho-oncology Research Unit strives to achieve clinical research outcomes that make a difference to people's lives. Our research covers the full cancer experience including diagnosis, treatment, survivorship and supportive care. Our focus is researching psychosocial interventions to support adjustment in people affected by cancer.

HEAD: PROFESSOR DAVID KISSANE



Highlights of 2016-17 included the completion of three psychosocial intervention studies. These included a trial of meaning and purpose therapy for people who have advanced cancer and two studies involving the cultivation of self-compassion in individuals diagnosed with non-advanced cancer.

RESEARCH HIGHLIGHTS

The Meaning and Purpose (MaP) Therapy pilot compared patients who have advanced cancer receiving the MaP intervention to a control group of patients receiving usual supportive care. Patients who received the MaP intervention achieved significantly greater improvements in perception of new possibilities for their life, appreciation of their life and sense of personal strength compared with the control group. We found a significant gain in patients' sense of choice and their ability to set goals for their future. Feasibility and acceptability were demonstrated. There were trends for protection against developing depressive symptoms and protection against

becoming demoralised in the findings. These results are being prepared for publication.

The overall findings of the MaP study have been included in a program grant application to the National Health and Medical Research Council for major randomised controlled trials to treat depression, adjustment and anxiety disorders in cancer care, which would prove the benefit of this specific therapy for people who are living with progressive cancer and need help to find increased meaning and purpose in their lives. Further, the MaP study has contributed to the training of future psychologists in meaning-based psychotherapy, thereby increasing capacity to deliver such

Patients who received the MaP interventions perceived new possibilities for their life and personal strength.

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therapies in Victorian health services. Eight psycho-oncology placement students have received training and supervision from Professor David Kissane and Dr Sue Burney. In 2016, former placement student Dr Tanya Osicka returned to Cabrini in the staff role of Meaning and Purpose Therapist and Research Assistant.

Self-compassion is a self-relational construct that protects people against depression, anxiety and other forms of psycho-social suffering. Accordingly, we investigated self-compassion as a protective factor against the psycho-social distress associated with cancer. The main study involves the examination of the feasibility and acceptability of the Mindful Self-Compassion (MSC) program for individuals diagnosed with non-advanced cancer. Supported by the Cabrini Foundation, this is the first study to examine the face-to-face MSC program in cancer patients internationally. A sample of 27 patients completed the eight-week program and reported significant improvements in depression, anxiety, fear of cancer

recurrence, mindfulness and aspects of self-compassion.

These findings, together with the demonstrated feasibility of recruitment and acceptability of the program to patients, indicate that this group-based psycho-social intervention is suitable for patients who have a broad range of cancers and demographic characteristics. Identifying such programs is key to providing equitable access to psycho-social programs for cancer patients, as research frequently neglects psycho-social interventions for those with less common cancers. The findings are currently being prepared for publication. We are seeking funding to conduct a

Cancer is a distressing illness, and we investigated self-compassion as a protective factor against depression and anxiety.

multisite, randomised, controlled trial with a larger group of patients.

During 2016-17, we completed a focus group study of a two-hour, self-compassion intervention attended by 18 patients who had non-advanced cancer. The results provided further evidence of the relevance and value of self-compassion in the context of cancer, as well as valuable information about factors that may influence implementation of self-compassion interventions across the cancer experience. This study included the successful completion of a Master of Psychology thesis by Gemma Stephenson under the supervision of Dr Jo Brooker and Professor Jenny Sharples of Victoria University. Work on a peer-reviewed publication is underway.

CURRENT PROJECTS

Demoralisation is a mental state comprising lowered morale and a sense of poor coping, in which pessimism, helplessness and hopelessness can lead to loss of meaning and purpose in life. Building on our work in the refinement

and revalidation of the Demoralisation Scale to develop the Demoralisation Scale Version 2 (DS-II), we have begun investigation of the clinical utility of demoralisation as a diagnostic specifier for adjustment and depressive disorders. In the past year, we undertook foundational work that involved the use of text-based clinical vignettes to determine whether demoralisation as a diagnostic specifier enhanced diagnostic understanding, treatment selection and communication of clinical information regarding a patient's mental state.

In a field survey of 280 clinicians involved in the psycho-social care of cancer patients, we found that 77 per cent supported utility of the category 'adjustment disorder with demoralisation' compared to 33 per cent supporting 'adjustment disorder with anxiety'. Eighty-three per cent supported the utility of 'with demoralisation' as a specifier for major depressive episode, matching 83 per cent perceiving utility for the specifier 'with melancholia.' These findings supporting the clinical utility of demoralisation were published in *General*

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One collaborative project is a study of the spiritual requirements of patients who have advanced cancer.

Hospital Psychiatry. We have applied to the National Cancer Institute for funding for a multicultural, case-controlled field study of the text-based vignettes and a subsequent ecological field study using video vignettes in an English-speaking sample of consultation-liaison psychiatrists.

We are involved in a variety of collaborative projects, including:

- A randomised controlled trial of a website and DVD to support men diagnosed with low-risk prostate

cancer and their partners in the complex process of treatment decision-making. This multisite study led by Professor Penny Schofield, Swinburne University, is funded by the National Health and Medical Research Council of Australia.

- A study of the spiritual requirements of patients who have advanced cancer, supported by a Cabrini Foundation research grant. The findings of this research led by Associate Professor Clare O'Callaghan will inform spiritual care at Cabrini.

- With support from the Sarah Jane Merl Miskin Palliative Care Nursing Scholarship, we are undertaking a systematic review of interventions to support communication in families affected by parental cancer.
- A systematic review of interventions to alleviate death anxiety in advanced cancer patients undertaken with Dr Chris Grossman and Associate Professor Natasha Michael, which has been accepted for publication.

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PALLIATIVE AND SUPPORTIVE CARE RESEARCH

Palliative and supportive care promotes dignity in care by helping patients and families find comfort and meaning in their living. We strive to further research, develop robust evaluations and interventions, and partner collaboratively to ensure benefit to those who deserve the best care possible as they face their illness.

HEAD: ASSOCIATE PROFESSOR NATASHA MICHAEL



Established in 2014, our program conducts research that clinically translates into improved holistic care, in order to enable patients and families affected by serious illnesses achieve the best quality of living possible. Our research is interdisciplinary and at present, includes valued collaborations with Cabrini's psycho-oncology, nursing, chronic disease, aged-care and allied health clinical and research teams. We collaborated externally with a range of organisations including Deakin University, Monash University, the University of Melbourne and University of Notre Dame, as well as Peter MacCallum Cancer Centre.

In 2016-17, we focused on research areas including:

- values based decision-making in cancer patients
- development of assessment tools and strategies to promote existential and spiritual wellbeing
- understanding end-of-life care

perspectives of those from culturally and linguistically diverse backgrounds

- advancing psychosocial interventions to support coping among those affected by life-threatening conditions
- models of service delivery for cancer patients and patients who have non-malignant (non-cancerous) illness
- bioethics
- creative arts therapies in palliative care

We strongly support further education and are involved in teaching and higher-degree supervision with Monash University and the University of Notre Dame. Further, we have supported projects and research undertaken by advanced trainees in palliative care from the Royal Australian College of Physicians.

Highlights of 2016-17 included receiving grants to conduct research on a dvance care planning, spirituality and pancreatic cancer.

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ADVANCE CARE PLANNING

Advance care planning is a process whereby people consider their values and goals related to end-of-life care and share them with relevant others, so that individuals' wishes are carried out if they lose capacity for decision-making. In collaboration with the Health Issues Centre, we researched and published findings related to how community-dwelling older people and caregivers understood and actualised advance care planning. These findings and our previous research on a similar theme helped us to secure a grant from the Bethlehem Griffith Foundation for \$50,000 enabling us to conduct a pilot randomised control trial using videos to support more effective decision-making and communication between cancer patients and their families.

We continued to collaborate with Cabrini's Centre for Nursing Research, assisting with the evaluation of ACPTalk, a website created to support advance care planning in people of diverse religious backgrounds, and with Deakin

University's faculty of health, examining whether documented advance care plans accurately represent patients' wishes.

SPIRITUALITY

Spiritual care has remained a central component of palliative care since the earliest hospice traditions through to modern palliative care. We recognise that care should encompass physical, social, emotional and spiritual concerns. We are undertaking one of Australia's first multisite studies, examining spiritual and religious beliefs of patients and caregivers with advanced illness. Spirituality can be regarded as the way individuals seek and express meaning, and how they

At Cabrini, we recognise that care should encompass social, emotional and spiritual concerns and not only physical needs.

experience their connectedness to the moment, self, others, nature, and who or what is considered significant or sacred to them. This may or may not include religion. Since 2015, we have received a total of \$80,000 worth of grant funding from the Cabrini Foundation, the Palliative Care Research Network in Victoria, and the University of Notre Dame. In total, we hope to recruit 400 participants. The expanded project will enable more meaningful findings broadly relevant to Australians, and will include the development of patient and caregiver spiritual concerns assessment tools so that available support may be offered to those most in need.

PANCREATIC CANCER

Pancreatic cancer is a diagnosis associated with a poor prognosis. Cabrini cares for a large number of pancreatic cancer patients across Victoria. A \$25,000 research grant from Menarini Australia Limited is being used to benchmark care received by Cabrini patients over a five-year period with internationally defined end-of-life quality indicators to ensure

we provide patients and families with the best recommended care.

INNOVATIONS IN MODELS OF SERVICE DELIVERY

Following on from our successful evaluation of an improved model of care at Cabrini Palliative Care in Prahran, and successful publication of our findings, we are continuing to collaborate with the Palliative Care Clinical Outcomes Collaboration Group based at the University of Wollongong, New South Wales, in order to evaluate our patient-reported outcomes against national benchmarks for palliative care service. Our interrupted time-series analysis has indicated significant improvements in the care we are providing to palliative care patients across Cabrini.

We continue to develop with Associate Professor Natasha Michael having secured a continuing appointment with the University of Notre Dame, Sydney school of medicine. Associate Professor Clare O'Callaghan secured an academic appointment

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We are working to better understand the philosophical dimensions of spirituality and help patients live with a sense of value and meaning.

with the Institute for Ethics and Society at the University of Notre Dame, Sydney. This collaboration is intended to synthesise bioethics and research methods expertise, in order to extend understanding about philosophical dimensions of spirituality and religiosity, and develop approaches to assist people with advanced illnesses in living with a sense of value and meaning. With

the recent appointment of research nurse Adelaide Melia, the palliative and supportive care research program is well-placed to complete current projects.

PLANS

We aim to conduct research which can inform strategies for improving the lives of elderly and vulnerable people, and to

support people having dignified end-of-life care experiences. Our intention is to continue to secure independent grant funding, establishing our research group as an emerging leader in the areas of existential issues at the end of life, end-of-life ethics, and societal issues around end-of-life matters.

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BEST OF BOTH WORLDS

Associate Professor Clare O’Callaghan has the best of both worlds. As a Senior Research Associate for Palliative & Supportive Care Research at Cabrini and a music therapist at Caritas Christi Hospice at St Vincent’s Public Hospital, she feels “incredibly lucky” to be able to do two jobs she loves.

For the past three years, Clare has worked for Cabrini’s Palliative and Supportive Care Research Unit under the guidance of Associate Professor Natasha Michael. Her main focus is to support the ongoing development of Cabrini’s palliative and supportive care research programs. “I aim to conduct high quality research, which can be used to improve palliative care services here at Cabrini, locally and internationally,” she said. “We focus on research which can help patients and their families to have the best quality of life possible.”

Associate Professor O’Callaghan says the highlights far outweigh the difficult days. She finds being involved in a range of diverse research projects, including Catholic health and spirituality, extremely interesting. “I especially value being involved in qualitative research, which allows me to inquire about patients’ values and those of their families,” she said. “It’s a real privilege to be trusted with information about what matters to people, so we can use it to improve practices.”

Associate Professor O’Callaghan says that her collaborations with Cabrini palliative care staff and close colleagues at the Cabrini Institute enable her to learn through sharing knowledge and ideas. She is now closely involved in quantitative and mixed-methods studies.

Prior to joining Cabrini, Associate Professor O’Callaghan spent 15 years as a music therapist at Peter MacCallum Cancer Centre. It was there her love of research grew. Now, she works in both areas. “Being both a clinician and a research associate is very helpful. That really adds to my thinking about research and palliative care,” she said. “I feel incredibly lucky to be able to work in both areas at this time of my life.”

She has always been interested in people’s stories. “Now I collect their stories and use them for research, which can potentially help others,” she said.

She hopes to help develop an internationally renowned palliative and supportive care research program at Cabrini.



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ALLIED HEALTH RESEARCH

Cabrini's Centre for Allied Health Research & Education works to improve the health of patients and the community through development and implementation of clinically-focused research that translates into best clinical practice. Our vision is to be the leader in allied health research in Australian private healthcare. Our research themes are: implementation of clinical practice guidelines, rehabilitation and self-management of chronic disease, and health economic evaluations.

HEAD: ASSOCIATE PROFESSOR HELENA FRAWLEY



Established in 2013, we have steadily increased our research activities. We are dedicated to supporting better patient outcomes from allied health clinical care via the implementation of evidence syntheses, primary clinical research and health services research findings. We provide research advice and mentorship to the range of allied health research activities underway. We facilitate activities with partner organisations (such as universities and research centres) and foster Cabrini clinicians in becoming research-aware and research-active. There are currently five allied health clinicians undertaking PhDs and two undertaking Master degree research projects. These clinicians are based in physiotherapy, speech pathology and dietetics.

In November 2016, the Allied Health Researchers' Group forum was established. It meets up to three times each year to discuss and provide support for allied health researchers. The forums held in 2016-17 were focused on grant applications and conference abstract submissions. Future forums will

focus on conference presentation and implementing research findings.

HIGHLIGHTS

We began our first multidisciplinary allied health research activity in July 2014. The project, led by Associate Professor Helena Frawley, is a multidisciplinary rehabilitation program for patients following surgery for abdomino-pelvic cancer. The clinical data collection phase is now complete and the results were presented at national and international conferences in 2016-17. The findings will be valuable to inform the clinical services being planned for future outpatient oncology rehabilitation programs. The project was conducted in collaboration with the University of Melbourne and included a PhD candidate Dr Kuan-Yin Lin. She graduated with her PhD in May 2017, the first such graduate to be associated with allied health research at Cabrini.

Senior physiotherapist and PhD candidate Jason Wallis was invited by the Victorian Department of Health and Human

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Services to be an external expert advisor on development of the Victorian model of care for osteoarthritis of the hip and knee. The purpose was to describe what kind of care and how care should be organised and delivered to Victorians diagnosed with hip or knee osteoarthritis in both public and private health services. This includes early to advanced management of the condition, including surgery.

At Cabrini, we now offer a program – called Good Life with osteoArthritis from Denmark, known as GLAD – for people who have hip and knee osteoarthritis. Cabrini was the first Australian health service to implement this innovative, evidence-based program that includes all

Cabrini has five allied health staff studying for their PhD and two undertaking Master-degree research projects.

the key elements recommended by the model of care.

GRANTS

- Australian Bladder Foundation Award (\$20,000) *Optimising uptake and implementation of pelvic floor muscle training exercise programs for people with urinary incontinence*. Recipients: Slade, S., Frawley, H., Morris, M. & Mastwyk, S.
- Cabrini Foundation funds (\$35,000) Implementation of massage therapy to Cabrini inpatient palliative care services. Recipient: Pryde, K.
- Cabrini Clinical Research Grant (\$30,000) *Barriers and enablers for referrals and participation in Cabrini's new evidence-based osteoarthritis management program: capturing referrer and patient perspectives*. Recipients: Wallis, J. & Brusco, T.
- Rory Willis Grant to support travel expenses for conference in Adelaide (November 2016). Recipient: Frawley, H.

- Medical staff travel scholarship to support travel expenses for conference in Sydney (May 2017). Recipient: Krikheli, L.

RESEARCH PROJECTS

New research projects in 2016-17 are as follows:

- Implementation of massage therapy to Cabrini inpatient palliative care services
- Barriers and enablers for referrals and participation in Cabrini's new evidence-based osteoarthritis management program: capturing referrer and patient perspectives
- Development and evaluation of a nursing manual handling program for patients with a stroke and other conditions affecting mobility: 'Stroke Safe Moves' program
- Evaluation of meal serve sizes at Cabrini
- Evaluating chronic disease programs within allied health and ambulatory care

- Effect of staff e-learning and simulation training for a dysphagia screening tool on time from patient admission to dysphasia screening and incidence of pneumonia (ASSIST)

- Malnutrition in Victorian cancer services phase 3: appraisal of hospital patient food service models to best support improving nutrition care

Our ongoing research projects include:

- Do postoperative sitting and activity restrictions impact on the outcome following elective lumbar micro discectomy?
- Basic life support for patients and their family members at cardiac rehabilitation: a feasibility study
- Clinical practice guidelines phase 1: scoping review of the literature, design of staff survey to investigate barriers and facilitators to implementation
- Telephone or electronic nutrition care delivery (TEND) to upper gastro-intestinal cancer patients: a randomised controlled trial

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We plan to increase the implementation of evidence into practice and achieve real improvements in patient outcomes.

- Evaluation of nutritional status as measured by hand grip strength in patients post oesophageal cancer surgery
- Threshold concepts, ways of thinking and practising and curriculum: a phenomenological heuristic research enquiry in an entry-level physiotherapy context
- Predicting delay in complex discharge: why stay longer?
- Home assessment visits prior to discharge from hospital after hip fracture: a randomised, controlled trial
- Jejunal versus oral nutrition for one month post-hospital discharge after major upper gastrointestinal surgery – a multicentre, randomised control trial
- Investigating patient satisfaction and nutritional adequacy of the free fluids diet at Cabrini Malvern
- Improving Cabrini health professionals' capabilities to support self-management in a rehabilitation setting
- Reducing the impact of aphasia in stroke patients and their caregivers one year post-onset via a brief early intervention: a cluster randomised control trial of the action success knowledge (ASK) program
- The feasibility of increasing inpatient rehabilitation duration by implementing an additional, self-directed, independent exercise program: My Therapy
- Implementation of stroke clinical practice guidelines at Cabrini
- An evaluation of multiple financially driven projects run in parallel across a private health service: The Advisory Board projects
- Evidencing social work practice in health and mental health
- A multidisciplinary rehabilitation program for patients following surgery for abdomino-pelvic cancer

PLANS

Our plan is to increase the implementation of evidence into practice. We have been invited to join a project on evidence translation in allied health funded by the National Health and Medical Research Council. This project is a partnership between health services, universities, and government health departments across Australia. The purpose is to identify better ways that evidence can be translated into practice to achieve real improvements in patient outcomes and efficiencies in service delivery.

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INTENSIVE CARE UNIT

Our intensive care team of medical and nursing staff at Cabrini are conducting, and collaborating in, important local and international research projects to provide our patients and families with the best standard of care.

HEAD: ASSOCIATE PROFESSOR VINEET SARODE



Primarily, research in our unit is designed to help Cabrini patients. More than 1700 patients are admitted to our intensive care unit (ICU) at Cabrini Malvern each year. We have focused our efforts on research topics that specifically target, and are designed to benefit, these patients. For example, our research work in care of the cardiac surgery patient and end-of-life practices. We continue to seek opportunities to collaborate with the research community both locally and internationally to improve outcomes and standards of care for our patients.

Every patient admitted to our ICU, as well as those in other Victorian hospital ICUs, submits de-identified data to the adult patient database held by the Australian and New Zealand Intensive Care Society (ANZICS). This enables benchmarking of performance, as well as research opportunities for large observational studies in the area of intensive care. Diligent data collection by our team supports this key activity. Our involvement with the clinical trials group research at ANZICS has enabled

us to participate in large international and multicentre trials. This is an ongoing activity at our ICU.

HIGHLIGHTS

An international, multicentre, randomised control trial – Transfusion Requirements in Cardiac Surgery (TRICS 111) – began in Canada and involves five major Victorian hospitals. It is designed to answer the question of when red blood cells should be transfused to patients undergoing open-heart surgery and whether the trigger for transfusion affects mortality and other important outcomes. More than 5000 patients were recruited worldwide to the study, which finished in March 2017. Cabrini contributed 41 patients to this study, and we are now undertaking six-month follow-up of these patients with data analysis ongoing during this time. Further funding from the National Health and Medical Research Council has been allocated for the Australian sites to further follow up these patients over the next 12-24 months.

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We work with the research community in Australia and internationally to improve care and outcomes for our ICU patients.

An international observational study – called ETHICUS II – is designed to analyse current practices and attitudes towards end-of-life care and associated issues within the ICU. It is important to understand current practices for end-of-life care around the world, to document variations in the pattern of practice and to analyse the variables that might explain any observed differences. Sixty-one Cabrini patients were included in the study, which concluded in September 2016.

A randomised, controlled trial between multiple ICUs both in Australia and New Zealand called ICU ROX TRIPS compares two approaches to oxygen therapy for ventilated ICU patients. Two groups of ICUs are compared: those that participated in the study and those that continued standard practice. Attitudes and practices of medical and nursing

staff are compared across the total time period of the study to see if their practices changed.

A study into the prevalence and association of frailty in ICU involves analysing previously collected data to find out the prevalence of frailty in our ICU. It is designed to analyse the effects of frailty on outcomes such as mortality, ICU and hospital length of stay and discharge destination.

PLANS

Patient follow-up for the TRICS III study will continue in 2017-18 with analysis of data approaching completion.

A new study will begin on patient and population preferences for intensive care: integrating the person into decisions around care. We aim to explore the attitudes of ICU

doctors and nurses, compared with the general population, when judged according to patient-centred values i.e. survival, pain, loss of independence, loss of cognitive functioning and loss of physical functioning.

We have plans for further studies including:

- ANZ CODE: in-hospital cardiac arrests and outcomes
- TEAM: early mobilisation of ICU patients in collaboration with the physiotherapy department
- BALANCE and BLING III: use of certain antibiotics and length of use
- SIQ STUDY: a multicentre survey of sources of health information used by surrogate decision makers of patients in ICU

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EMERGENCY DEPARTMENT

Cabrini's emergency department (ED) is undertaking unique and influential bedside research. Our goal is to improve the timeliness and quality of emergency care. We have brought medical scribes to Australia, Cabrini nurses call patients following discharge from our ED (both firsts in Australia) and we have published world-first acupuncture research. We are now working on how best to talk with patients about end-of-life care.

HEAD: DR KATIE WALKER



Over the past four years, the Cabrini ED has been embedding research into clinical care. The research is led by Dr Katie Walker and invaluable support is provided by Equity Trustees, the Phyllis Connor Memorial fund, the Cabrini Foundation and the Cabrini Institute. This enables Cabrini emergency doctors to contribute to important research questions, large and small, and to take them from concept stage through to review and implementation. This allows the Cabrini ED to provide the best care possible for patients.

CURRENT PROJECTS AND RESEARCH HIGHLIGHTS

Medical scribes

A medical scribe is a trained assistant for a doctor. They stand with the doctor during consultations, documenting the consultation and arranging all that the patient requires (e.g. diagnostic tests, consultations, procedures and admission to an inpatient hospital bed).

The Cabrini ED brought this concept from the USA to Australia for the first time

and is testing the role critically. Despite the role of medical scribe having existed in the USA for the past 30 years, there is almost no independent evaluation of its effectiveness anywhere in the world.

It is not widely known that emergency doctors spend almost half of their time (48 per cent) during a clinical shift typing at a computer instead of seeing patients. The aim of the scribe is to free the doctor from paperwork/typing and allow them to spend more time thinking about and consulting with their patients.

We tested the role in a pilot with an American scribe and then conducted an extended pilot. We developed a training program for Australian pre-medical and medical students and trained our scribes. We have a national multicentre study underway to examine the effectiveness of scribes in public and private emergency departments. We have implemented scribe programs in four public EDs in Victoria and are advising other groups nationally and internationally. We have investigated how scribes impact on patients and their doctors. We are now

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working on evaluating the quality and safety of the work the scribe undertakes. Ultimately, our aim is to improve access to emergency doctors for patients who are acutely unwell.

A highlight has been seeing the first two groups of medical scribes develop in this role and as young healthcare professionals. They learnt a great deal about patient care over a relatively short period and we expect they will become excellent junior doctors as a result of their experience. Further, two medical scribes have published research papers and three have presented abstracts nationally and internationally. Two other medical scribes currently have a research paper under revision with an international journal. We celebrated the enrolment of several of our pre-medical scribes in medical schools of their choice. Another highlight in this area of work was two studies on how patients are impacted by scribes during consultations. The studies found that that patients were not inconvenienced or troubled by the medical scribes' involvement in their care. Similarly, we established that most

doctors place a high value on having a scribe to work with during a shift.

End-of-life discussions

We are working to improve conversations with patients about their end-of-life care. In partnership with the Cabrini Monash University Department of Medicine, we have been testing a new concept – that is, goals-of-care discussions – with patients who attend the Cabrini emergency department. This concept prompts the doctor to ask the patient about their aims for their care during the last two years of their life. This enables care to be tailored towards the patient's preferences rather than making assumptions.

Acupuncture in emergency medicine

Dr Michael Ben-Meir, director of Cabrini's ED, has published a large multicentre Australian study on the use of acupuncture for painful medical conditions in emergency medicine in the *Medical Journal of Australia*.

Results from the trial demonstrated equivalence between acupuncture and standard care for emergency patients who attended four EDs (two at public hospitals and two at private hospitals). More than 550 patients were enrolled in the trial, which provided ED doctors with the chance to learn a new skill to complement current options in providing rapid, adequate pain relief.

This work showed that treatment with acupuncture is equivalent to taking pain medications. It provides us with another modality of treatment for patients enduring conditions such as back pain, migraines or ankle sprains.

PLANS

We have partnered with Professor Rachele Buchbinder who is Head of the Monash University Department of Clinical Epidemiology at Cabrini Hospital, in order to evaluate how we treat back pain patients at Cabrini. We look forward to the results of this project and to potentially improving the way we treat patients.

We are currently conducting research that could change the way blood pressure is measured in patients.

We have partnered with Monash University engineers to test an exciting new concept for the first time in the world. Associate Professor Keith Joe is a Cabrini emergency specialist and an engineering researcher. His engineering colleagues have developed a device that sticks to the skin of the chest of a patient and measures a person's blood pressure. We are undertaking pre-clinical trials to test its accuracy in healthy volunteers. If the device is proven successful, it will transform how blood pressure is measured. It would mean that a person would no longer need to have their arm squeezed by a cuff at the GPs, or when seriously unwell, they would no longer need invasive catheters inserted in their arteries while in intensive care.

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ONE STEP AT A TIME

Dr Katie Walker is changing the way emergency departments operate, one step at a time.

With more than 20 years' experience under her belt, Dr Katie Walker is currently an emergency doctor and leads emergency medicine research at Cabrini. But it's her work bringing the concept of medical scribes to Australia, which is paving the way for emergency medicine in the future.

Dr Walker has implemented, and leads, a medical scribe program at Cabrini; she has also developed and directed scribe programs in emergency departments at four public hospitals in Victoria. She says the scribes are "like having a real time personal assistant".

"I train medical students and they document a patient's medical history, order tests and find past medical history records," Dr Walker said. One of the benefits is an 18 per cent increase in productivity. "I'm running four scribe programs in Victoria in a research capacity – it's been fascinating," she said.

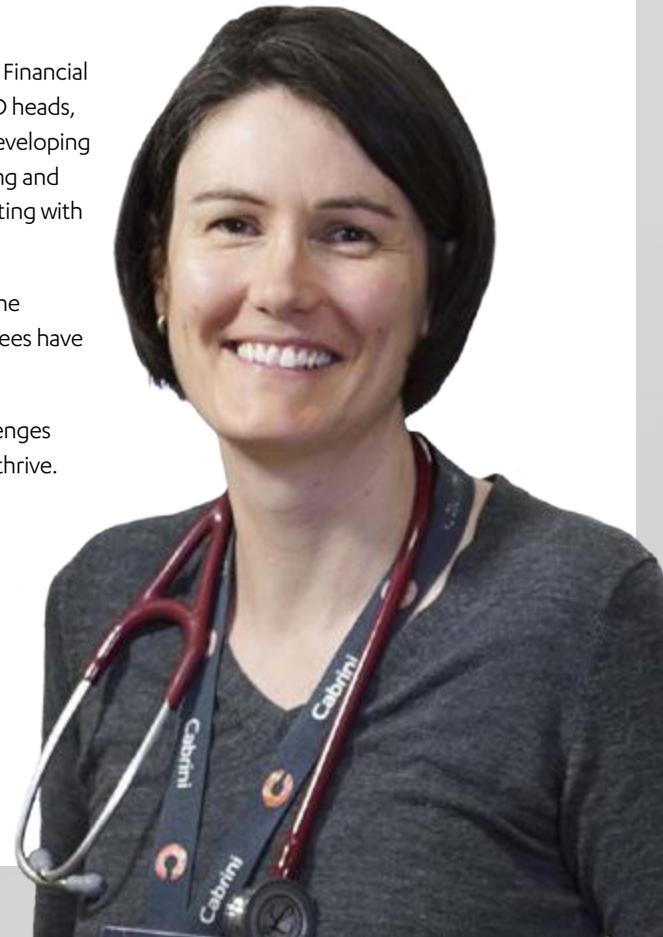
Dr Walker's involvement in scribe programs includes project-management, securing funds, and negotiating

with the C-suite (e.g. Chief Executive and Chief Financial Officer), human resources departments and ED heads, as well as developing and leading education, developing IT systems and procuring equipment, employing and managing teams, managing budgets, and assisting with day-to-day operations.

The Cabrini Institute, the Cabrini Foundation, the Phyllis Connor Memorial Fund and Equity Trustees have supported Dr Walker in her endeavours.

She says that as well as the continual new challenges and skills, the highlight is watching the scribes thrive. "Being able to take young people, teach them and watch them blossom – that's been tremendous."

Day-to-day, Dr Walker's role is to assess the many patients who come through Cabrini's doors. She sees patients who have complex problems, from tiny babies to elderly people in their eighties.



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DATABASE REGISTRIES

Without some form of clinical audit, it is difficult to know if healthcare is being delivered efficiently or effectively and even more difficult to demonstrate to others. The purpose of clinical registries/audits is to improve the safety and/or quality of healthcare provided to patients by collecting key clinical information from individual healthcare encounters, which enable risk-adjusted outcomes to be used in evidence-based quality improvement.

There is now extensive evidence across the world of a gap between the healthcare that patients receive, and the practice that is recommended. In both primary and secondary care, there are unwarranted variations in practice and in the resulting outcomes, which cannot be explained by characteristics of the patients.

Cabrini leads the development and application of a number of high quality clinical database registries.

CABRINI MONASH COLORECTAL NEOPLASIA DATABASE

The collection of complete and accurate data enables us to measure, analyse, interpret and report colorectal neoplasia outcomes. Neoplasia is the presence or formation of new, abnormal growth of tissue. The knowledge gained from this database allows us to learn, assess the appropriateness of care and ultimately improve the lives of our patients.

Bowel cancer is a major cause of illness, disability and death in Australia. The

Cabrini Monash Colorectal Neoplasia Database was established in 2010 to describe and compare the diagnosis, treatment and outcomes of patients who have benign or malignant bowel tumours. In this database, data has been collected on more than 3100 patients aged 18 to 100 years.

We need accurate and up-to-date information, in order to monitor patterns of care and ensure that the care provided is aligned with evidence based guidelines. We encourage use of the data for the purpose of research so that we can advance knowledge and understanding of the optimal treatment for bowel cancer to help ensure best practice. We

Cabrini is leading the development of high quality clinical database registries for bowel, breast and lung cancer, and rheumatoid arthritis.

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know that at the centre of bowel cancer is the patient and their family: we are committed to discovering what matters most to patients by implementing a patient-reported outcome measures module to the database to help us understand how to drive improvements in patient care. Data registries provide the backbone to knowledge and serve as a clinical outcome feedback loop and are therefore a fundamental part of continuous quality improvement.

BRIGHTWAYS BREAST CANCER DATABASE

Brightways: A Cabrini Breast Cancer Service is a model of care that is patient-centred, best practice breast cancer care and treatment. We have developed the breast cancer database to monitor our cancer services and ensure we provide timely, safe, appropriate and effective treatment. The breast cancer database is also a valuable resource for epidemiological studies, clinical research and clinical trials.

A web-based oncology outcomes database, all patients diagnosed with breast cancer at Cabrini are captured at initial diagnosis. The data we collect includes:

- patient characteristics
- family history of cancer
- genetic testing
- diagnosis
- tumour characteristics and staging
- patient risk factors
- treatment administered
- treatment modification
- treatment outcomes and toxicity
- disease recurrence and metastases
- survival

The main purpose of the breast cancer database is to monitor and improve cancer care and services at Cabrini. Quality improvement is an essential part of healthcare delivery. Data is

used to measure quality of cancer care, adherence with best practice guidelines, reduce unacceptable variation, identify areas for service improvement, implement system change and evaluate the impact of service improvement. The database identifies risk factors, psychosocial issues, adverse events and provides evidenced based information for planning cancer services and long-term survivorship care.

The breast cancer database integrates preparation for multidisciplinary team meetings with data collection and contains a module for generating meeting agendas, minutes and records of care plans.

The database provides a centralised repository for breast cancer clinical and survival data which can be used for epidemiological and/or clinical research. Data can also be used to assess the feasibility of clinical trials, facilitate planning, identify patients for enrolment and measure new intervention outcomes.

AUSTRALIAN RHEUMATOLOGY ASSOCIATION DATABASE

The Australian Rheumatology Association database (ARAD) collects long-term observational data about the outcomes of Australians who have inflammatory arthritis. Its primary aim is to determine the long-term safety and effectiveness of biological disease modifying antirheumatic drugs. The database promotes collaborative research that translates into improved outcomes for patients who have these diseases.

Since its inception in 2003, ARAD has collected extensive and complete follow-up data on more than 5000 participants who have the following conditions: rheumatoid arthritis, psoriatic arthritis, ankylosing spondyloarthritis and juvenile idiopathic arthritis. Enrolment is via a rheumatologist or self-referral with confirmation by the treating rheumatologist, so case definition is accurate. The longitudinal design means we have repeated measures to assess the health of participants, which can be related to their medication. ARAD

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Lung cancer is the fifth major common cancer in Australia, and a leading cause of death from cancer, with a five-year survival rate of just 15 per cent.

maintains linkages to federal/state registries including Medicare Australia, Pharmaceutical Benefits Scheme, National Death Index and National Cancer Statistics Clearing House for accurate records. It verifies all reported malignancies including non-melanoma skin cancers that are not currently reported to state cancer registries.

ARAD is part of a national initiative to establish a national, longitudinal musculoskeletal biobank. The biobank will integrate with ARAD, as well as other sources of medical data to develop epigenetic/genetic research via advanced technologies and processes in bioinformatics and big data modelling.

**VICTORIAN LUNG
CANCER REGISTRY**

Lung cancer is the fifth most common cancer in Australia, and accounts for the

highest number of deaths from cancer. The Victorian lung cancer registry is a clinical quality registry, which has been developed to measure and benchmark compliance with recommended care guidelines and drive improvements in patient outcomes and quality of life.

Despite advances in medical imaging and targeted treatments, the overall five-year survival rate for lung cancer is just 15 per cent following diagnosis. The Victorian lung cancer registry was established in 2011 to collect a standardised data set on new lung cancer cases reported by participating hospitals including Cabrini. Data is collected on diagnosis, staging and management of lung cancer. Analysed data is reported in risk-adjusted, benchmarked quality indicator reports, to provide hospitals with important feedback regarding the quality of care delivered to their patients.

The registry is housed at Monash University and led by a governance committee including clinicians, nurses, epidemiologists, statisticians and a consumer representative with personal experience of lung cancer. It is overseen by a committee to ensure data quality is monitored and that policies, established to address issues of clinical significance, are applied. It has established a rich data source, used by a variety of researchers in numerous publications. Significant findings reported include variation in timeliness of care between public and private hospitals. There are plans to expand the registry to increase capture of newly diagnosed lung cancer cases across Victoria, and ultimately across Australia.

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BENCH TO BEDSIDE PRACTICE

When it comes to research, Cabrini's Karen Oliva has been part of some of Australia's most memorable moments.

Now, after hanging up the pipettes, Ms Oliva has swapped her lab coat for a laptop: she has spent the past six-and-a-half years working as the Database Manager and Research Officer for the Cabrini Monash University Department of Surgery.

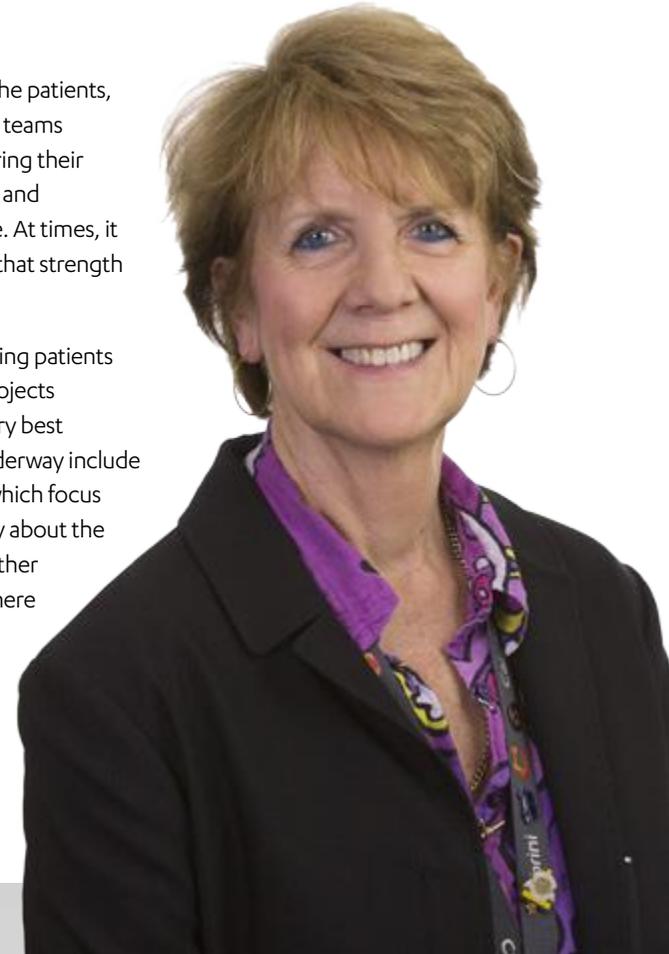
With more than 40 years' experience in research, 30 of which were spent at the Royal Women's Hospital as a medical scientist, Ms Oliva is now responsible for collecting and entering data from hundreds of patients who pass through Cabrini's doors each year. Her main focus on bowel cancer.

"I've met about 1800 people within my six years in this role," she said. "Everyone is unique in their journey and I'm humbled by the experience – the determination and fervidity of people is just amazing."

Within her role, Ms Oliva makes patients aware their data is being collected and how the information will be used. She has not had a single person decline to be involved. "I'm blown away by the people and their willingness to help," she said.

While a highlight of the job is contact with the patients, Ms Oliva relishes being involved with all the teams responsible for treating patients and gathering their information, from scientists to pathologists and oncologists. "This role is the whole package. At times, it can be quite sad but you also do get to see that strength in people."

As for the future, she says it is all about helping patients and that Cabrini already has a number of projects underway to ensure patients receive the very best treatments and care. Two such projects underway include the patient-reported outcome measures, which focus on patients being able to have more of a say about the practices and treatments they receive. Another project is the organoid culture program, where tumour tissue is procured (or taken) for the culture of organoids. The aim of this research is the ability to tailor treatment for each patient. "Each tumour is unique and each person is unique," she said.



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CLINICAL EDUCATION

Cabrini is a strong supporter of education in healthcare, providing undergraduate and postgraduate education in medicine, nursing and allied health disciplines.

CLINICAL EDUCATION DEPARTMENT

This department develops educational resources and training programs for nursing, allied health and medical staff, ensuring safety and quality standards are maintained throughout Cabrini. Our focus is to provide educational opportunities that inspire confidence, professionalism, expertise and excellence in clinical care.

Education programs

Nursing, allied health and medical staff have access to a wide variety of professional development opportunities. Our online clinical education learning space provides staff with 24-hour access to e-Learning that supports their clinical practice and aligns with workforce needs. Our department offers face-to-face workshops where staff can apply knowledge and collaborate with peers to explore complex case scenarios.

Undergraduate nursing clinical placements

As a teaching hospital, Cabrini provides clinical training to future health professionals. During 2016-17, Cabrini offered more than 7500 placement days to nursing and midwifery students, a considerable increase on past years.

Cabrini has strong primary partnerships with Australian Catholic and Monash universities, providing placements for nursing and midwifery students across all clinical campuses. This year, we have partnered with ACUcom and Swinburne University to increase the number of enrolled nursing placements at Cabrini, accounting for the changing workforce requirements of the organisation. Cabrini and Australian Catholic University have partnered to create the Cabrini/ACU teaching, learning and research collaboration. One outcome is implementation of a clinical school for both registered and enrolled nursing students. Students are allocated the majority of their clinical placements at Cabrini, increasing the quality of clinical

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placements and facilitating familiarity and a sense of belonging, maximising their learning potential and embedding them within Cabrini's culture. This positions students for successful transition into employment at Cabrini on completion of their studies.

Graduate program

We introduced the transition to professional practice program (TPPP) for newly graduated registered and enrolled nurses and midwives. This structured program enables novices to consolidate their clinical skills, and at the same time enhance their critical thinking and clinical reasoning in a supported learning environment. The TPPP educator oversees the program and provides a range of learning opportunities to ease the novices' transition to the workforce.

As part of this program, our graduate midwives are enrolled in the fundamentals of neonatal nursing course, which provides further skills to support care of new babies in our special care nursery.

Postgraduate programs

Cabrini offers postgraduate programs to help nurses expand their scope of practice and pursue their personal and professional development goals. We offer courses in cancer and palliative care (University of Melbourne), as well as in emergency nursing, intensive care nursing and perioperative nursing (Monash University). We have dedicated clinical-support nurses who provide clinical learning opportunities to help course participants contextualise their academic learning.

Our perioperative education team has partnered with Monash University's

Cabrini offers postgraduate programs enabling nurses to expand their scope of practice and pursue their development goals.

school of nursing and midwifery to design and deliver two new perioperative units in the Master of Advanced Nursing Practice course. These units are innovative in their use of the patient journey as the context for integrated clinical practice development.

Quality and safety

Point-of-care, just-in-time training has been adopted at Cabrini, with ongoing support and engagement from staff. This proactive form of education provides real-time insights with respect to performance, perceptions and trends. Knowledge and skill deficits can be corrected immediately to promote patient safety and ensure prompt response is provided for patients who are at risk of deterioration.

Our clinical deterioration educator has focused on developing this role over the past 12 months. The educational opportunities provided have been sought across Cabrini and the data captured informs case studies within our learning resources.

STEWARDSON CHARITABLE TRUSTS SIMULATION CENTRE

Clinical simulation is used in the training and assessment of healthcare professionals and for educational research. All simulation activities at Cabrini aim to provide truly engaging learning opportunities for staff, ultimately promoting the delivery of safe and high quality patient care at Cabrini.

The Stewardson Charitable Trusts Simulation Centre, located at Cabrini's Patricia Peck Education & Research Precinct in Malvern, provides a realistic and safe clinical environment for healthcare professionals to safely practise the skills and behaviors required to meet the needs of Cabrini and our patients. It is a flexible and safe learning environment, providing basic training to advanced care scenarios. We cater for a range of learner levels, from university students and new graduates through to experienced practitioners. Simulation training focuses on patient-centered care and provides educational opportunities with an emphasis on communication, teamwork

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and the recognition and response to patient deterioration. Simulation Educator Tanya Harding has been able to share her knowledge and expertise with a variety of clinicians to develop simulation programs and scenarios that promote safe and high quality patient care.

Our staff have used simulation to train in advanced life support for adults, children and babies. Staff of our cardiac catheterisation laboratory, intensive care unit, emergency department and Cabrini Brighton staff were targeted for this training, as the main responders in medical emergencies and arrests on the wards. Our newest manikins (a birthing

**The Stewardson
Charitable Trusts
Simulation Centre
allows clinicians to
practise their skills in a
safe environment.**

mother and a newborn) were used in our course on obstetric emergencies. This provided our midwives with an opportunity to refresh their knowledge and skills in this critical scenario. Our graduate nurses have attended multiple simulations, focused on recognising and responding to patient deterioration, improving communication and working with cognitively impaired patients. Medical students who attend Cabrini as part of their training attended the Stewardson Charitable Trusts Simulation Centre weekly, in order to practise their skills on the manikins before advancing to direct patient care.

As part of a long standing Cabrini partnership, in November 2016 we hosted Dr Harry Aigeeleng and Dr John Benjamin from the Divine Word University in Papua New Guinea. An aim of their visit was to work with our education team to identify the requirements for establishing and maintaining a simulation program.

MEDICAL EDUCATION

Medical education is evolving rapidly at Cabrini. Complementing a long-standing and successful Monash University undergraduate program, Cabrini has developed clinical rotations for medical students from the University of Notre Dame, an exciting structured teaching program for junior medical staff and targeted educational sessions for medical specialists.

Monash University undergraduates

As a member of the Central Clinical School for Monash University, Cabrini provides high quality clinical placements for students from Monash University's Bachelor of Medicine and Bachelor of Surgery (MBBS) course. Cabrini's new Director of Medical Education Associate Professor David Brewster has joined Clinical Site Administrator Jennie McInerney to expand the undergraduate educational program at Cabrini.

Third-year program

Twenty-four medical students will spend their third year of study on clinical placements in various specialties of medicine and surgery at Cabrini Malvern in 2017. They have additional learning through a problem-based learning program at Alfred Hospital and a popular curriculum-enhancement program at Cabrini. Our Cabrini specialists donate their time and efforts to run a local lecture series throughout the year. Procedural skills training and simulation teaching are provided to complement the students' development. Students receive a weekly bedside teaching sessions from their tutors and have summer research grants available.

Fourth-year program

Forty-one fourth-year students experienced a four-week paediatric rotation and were supervised by paediatric general physician Dr Simon Costello.

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CLINICAL EDUCATION

Fifth-year program

Approximately 80 fifth-year students completed a six-week pre-intern rotation at Cabrini. These placements occur in many medical specialties and general surgery. Positive student feedback reflects the ability of our registrars and supervising specialists to provide valuable guidance and preparation for these students. The students form a valuable part of the clinical team and contribute to patient care. They engage in multiple education programs (weekly case discussions, radiology sessions and registrar teaching programs) and learn to function in inter-professional working environments.

University of Notre Dame

Clinical placements for final year undergraduate medical students from the University of Notre Dame (UND) based in Sydney have continued. Associate Professor David Brewster is working closely with Professor Moyez Jiwa from UND to continue this relationship, as well as expand student

placements and engagement with our health service.

Cabrini's relationship with the University of Notre Dame continues to strengthen. A small number of Notre Dame students work alongside the larger Monash University cohort in interdisciplinary teams that include nursing and allied health students. These teams describe a new direction of medical education, one that the students find worthwhile. Interdisciplinary education is advantageous to all and allows each discipline to appreciate the work and capabilities of the others. Students on placement at Cabrini benefit from significant access to consultants, providing them with opportunities to learn from the highest placed in their field.

Junior medical staff education

To complement teaching within specialty units, Associate Professor David Brewster has overseen the development of a new transition-to-consultancy program by educator Dr Tim Gray. The registrars

attend shared decision-making workshops by intensive care physician Dr Steve Philpot.

Senior medical staff education

A new program called quick clinical updates features local Cabrini experts providing updates to medical staff on clinical topics. The series complements the Cabrini Q&A educational sessions, which feature expert panels engaging with the Cabrini staff and discussing topics related to the *National Safety and Quality Health Service* Standards set out by the Australian Commission on Safety and Quality in Health Care.

Medical education is evolving rapidly at Cabrini and expansion of the undergraduate educational program is underway.

ALLIED HEALTH AND AMBULATORY SERVICES EDUCATION

We strive to be the leader in allied health and ambulatory service education in Australian private health care. We work to educate staff and students and equip them for a successful health service career. We are committed to education that enhances quality patient care and develops health service leaders.

Clinical education

Following the establishment of the Allied Health and Ambulatory Services (AH&AS) education steering committee in 2015-16, the appointment of an Allied Health Educator in 2016-17 has enhanced processes and communication for both staff and student education.

Student education

During 2016-17, we have partnered with five different tertiary institutions to deliver student education with positive feedback from both students and their

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supervisors. Cabrini has hosted 2982 clinical education days for allied health students, with most through the Cabrini-La Trobe University Allied Health Clinical School. Allied health and ambulatory services staff have delivered 640 hours of tertiary level lectures and 330 hours of TAFE teaching.

Student highlights include the introduction of multidisciplinary education and orientation. For example:

- joint student orientation days between multiple universities and multiple allied health disciplines
- streamlined and safe access for students to Cabrini's IT services
- utilisation of the Cabrini Institute for a student common area where allied health students join the medical and nursing students with the intent of fostering multidisciplinary relationships and practice

Next year, our allied health and ambulatory clinical education program is expected to grow with a planned increase

of 30 clinical education days. With this growth in activity, we will work towards more multi-professional student teaching.

Staff education

In 2016-17, staff education has focused on building capability among our emerging and established leaders. Leadership development has focused on inter-professional mentoring, as well as formal education sessions on topics such as how to be effective in meetings and how to manage high workloads. Resources from Mind Tools, an online training program that teaches management, leadership and personal effectiveness skills, were utilised together with expert knowledge from our Cabrini leaders. We plan to expand professional development opportunities for the junior allied health and ambulatory workforce, inviting external presenters and mapping professional development opportunities to ensure alignment of learning with Cabrini's strategic direction.

Allied health and ambulatory staff engaged in more than 140 days of

professional development covering 114 different activities. Professional development reporting has been galvanised by an online form to request support and increased tracking of dissemination of knowledge. Six senior staff are engaged in postgraduate studies including the Master of Health Administration, Master of Ageing and Master of Social Science (Family Therapy).

SPECIALIST TRAINING PROGRAM

The experience patients have at Cabrini is enhanced through the involvement of medical students, specialist trainees and their supervisors. We believe patients receive more information and opportunity to ask questions about their care plans when there are ward rounds with consultants, trainees and medical students. We currently have 18 trainees across the medical areas of anaesthetics, emergency medicine, gastroenterology, general medicine, geriatrics, haematology, intensive care, medical administration, neurology, oncology, palliative care and pathology.

We welcomed accreditation teams in general medicine, geriatrics, medical administration and oncology. The regular accreditation cycles ensure that we continue to provide effective learning opportunities in accordance with the requirements of the relevant specialist colleges.

Administratively, we have made significant improvements to the orientation and mandatory training provided to trainees with support from the clinical education team. All learners who come to Cabrini have the same information, it is paperless, offers interprofessional interface and the data is easily accessible for accreditation.

The STP program will continue in 2017-18 with closer links to the health workforce

Cabrini's allied health and ambulatory staff undertook 140 days of professional development in 2016-17.

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Interdisciplinary education enables clinicians from different professions to understand the work and capabilities of their peers.

projections of the Federal Department of Health. The new application process is still in development.

The delivery of medical education (both undergraduate and postgraduate) would not be possible without the support of the supervisors. The Cabrini Institute is most grateful to them.

LEE & BRIAN JOHNSTONE LIBRARY

The Lee & Brian Johnstone Library based at Cabrini's Patricia Peck Education and Research Precinct provides the most up-to-date information resources and library services to support research, education and clinical care at Cabrini. Usage of library services continues to increase: over 2016-17, there were 387

active registrations of OpenAthens which enables remote online use of library resources.

We undertook our first survey in November 2016, which provided staff with the opportunity to provide formal feedback on library resources and services. Most respondents rated the level of help and knowledge as good to excellent. Staff provided examples of how the library service has assisted with information in their roles.

Apps are providing staff with more flexibility to access information quickly and efficiently.

Staff are using resources such as UpToDate and Clinical Key to have information on various devices that can be at the patient bedside.

Subject content guides have been developed to provide staff with all resources on subject areas relevant to their professions. Guides on paediatrics, midwifery, wound care, and infection control are the latest additions to the LibGuides collection.

In December 2016, we upgraded our print collection with donated funds of approximately \$6000 from the Cabrini Medical Staff Association. Continuing funding through the Lee & Brian Johnstone Fund continues to pay for the higher priced subscriptions and enabled the library to subscribe to more journal resources including Oxford medical journals and the *Journal of the American Medical Association*, a peer-reviewed medical journal published 48 times per year.

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TEACHER AT HEART

Teaching has always been one of Associate Professor David Brewster's great loves. Now, the man with more titles than most, is able to practise his passion almost daily.

He is not only the Director of Medical Education but holds the positions of Deputy Director of Intensive Care at Cabrini and the Clinical Dean at Monash University and Cabrini Clinical School.

As Cabrini's Director of Medical Education, Associate Professor Brewster started his part-time role in March 2017 and oversees the education of medical staff and undergraduate medical students. Most of his time is spent delivering lectures and workshops at Cabrini or at Alfred Health through the Central Clinical School. As if that isn't enough, Associate Professor Brewster is working on a PhD in leadership in intensive care.

Although he works with students from each year level, most of his work is with third-year students who undertake all their medical and surgical training at Cabrini. "I coordinate their programs and their rotations," he said. "I work very closely with Jennie McInerney who helps to coordinate the programs – I also set up new education programs for junior medical staff and education for specialists, there are about 900 specialists at Cabrini."

Associate Professor Brewster says his main aim is to encourage educational research for medical students, junior doctors and senior specialists. "Teaching has always been a great love of mine," he said. "I've always enjoyed helping junior doctors and medical students to learn – I worked at Monash Health for 12 years as a junior doctor and anaesthetist and I've always been teaching one day a week somewhere."

Teachers are vital to the future of medicine, according to Associate Professor Brewster. "We need teachers who are enthusiastic," he said. "The challenge is to pass on our knowledge and experience and keep that tradition going, to our profession."

As well as his many teaching roles, Associate Professor Brewster is part of Cabrini's intensive care leadership team and works one day a week as an anaesthetist. "I work with people I respect and admire and have learnt a lot from them over the years," he said.



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PUBLICATIONS

CLINICAL EDUCATION DEPARTMENT

Johnson M, Peat A, Boyd L, Warren T, Eastwood K and Smith G. (2016) The impact of quantitative feedback on the performance of chest compression by basic life support trained clinical staff. *Nurse education today* 45:163-166.

DEPARTMENT OF MEDICAL EDUCATION

Brewster DJ, Barrett JA, Gherardin E, O'Neill JA, Sage D and Hanlon GC. (2017) Evaluating team-based inter-professional advanced life support training in intensive care. A prospective observational study. *Anaesthesia Intensive Care* 45:1: 79-87.

Levinson M, Kelly D, Zahariou K, Johnson M, Jackman C and MacKenzie S. (2017)

Description and student self-evaluation of a pilot integrated small group learning and simulation programme for medical students in the first clinical year. *Internal Medicine Journal* 47(2):211-216.

Yap R, Moreira A, Wilkins S, Reeves F, Levinson M and McMurrick P. (2016)

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GRANTS AND SCHOLARSHIPS

Approximately \$300,000 was awarded this year through competitive rounds. Almost half of this funding afforded Cabrini staff opportunities to pursue further education and increase their skills. The balance was awarded to research projects ranging from those spearheaded by seasoned and highly published researchers to novice researchers. The outcomes of these awards align with Cabrini's vision of supporting the growth of a skilled workforce while nurturing a vibrant research culture. The Cabrini Institute and the recipients of grants and scholarships are immensely grateful to the generous donors who funded these opportunities and the Cabrini Foundation team.

CLINICAL RESEARCH AND QUALITY-IMPROVEMENT GRANTS

A panel of Cabrini's executive team and members of the Cabrini Health Board of Directors, led by Board member and Chair of the Cabrini Foundation Board Sylvia Falzon, reviewed the applications and chose the recipients for the Cabrini Foundation annual clinical research and quality-improvement grant round.

The following studies were successful:

- Understanding spiritual views and requirements of caregivers of people living with serious illnesses*
Recipients: Associate Professor Clare O'Callaghan and Associate Professor Natasha Michael
Sambor Family Clinical Research Grant: \$29,989
- Pancreatic cancer organoid cultures to guide treatment choices*
Recipient: Dr Belinda Lee
Shirley Brundrett Pancreatic Cancer Research Grant: \$35,000
- Innovative systematic review methods – a Cochrane living systematic review*

of autologous injections for knee osteoarthritis'

Recipients: Professor Rachelle Buchbinder and Dr Renea Johnston

Cabrini Foundation Clinical Research Grant \$30,000

- Barriers and enablers for referrals and participation in Cabrini's new evidence-based osteoarthritis management program: capturing referrer and patient perspectives*
Recipients: Dr Tash Brusco and Jason Wallis
Cabrini Foundation Clinical Research Grant: \$30,000
- Correlation of structure and function in Multiple Sclerosis*
Recipient: Associate Professor Owen White
Cabrini Foundation Clinical Research Grant: \$29,830
- Best possible medication history by a pharmacy technician in the peri-operative setting*
Recipients: Lyndal Emery and Melanie Vellios
Cabrini Foundation Quality Improvement Grant: \$14,400

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GRANTS PORTAL

A new feature of the grant round is the online application process. The portal was created to facilitate a reduction in print and paper wastage, streamline processes for the user/reviewer/administrator, and to create a database for Cabrini, the applicant and their projects. A second phase of this work will see the scholarships program incorporated in an online process.

GENERAL AND POSTGRADUATE PROGRAM SCHOLARSHIPS

In 2016-17, more than \$110,000 in scholarship funding was awarded to clinical, non-medical staff to support their education. Following are some of the activities funded with a pool of almost \$40,000:

- Louise Wilson, a practice nurse at the Cabrini Asylum Seeker and Refugee Health Hub in Brunswick, used her Brian J Sutton Nursing Scholarship to complete the nurse immuniser program. She is now able to provide

a catch-up vaccination service for asylum seekers and refugees.

- Associate Nurse Unit Manager Blessing Gazi applied her Heartbeat Cabrini Scholarship towards the advanced paediatric life support course to cement her position as the paediatrics champion in the emergency department.
- Cabrini Medical Imaging technologist Eugene Greco is enrolled in a Master of Magnetic Resonance Technology and is one of the first from his team to be awarded a scholarship for postgraduate study.

The new Postgraduate Nursing Program Scholarship provided financial support for up to 50 per cent of the coursework fees for the first year of advanced nursing practice study in the fields of oncology, intensive care, perioperative services and emergency. A total of \$73,988 was shared between 14 staff from nursing disciplines identified as priorities for enhancement of skills. Recruits received academic support during their first year of study from Cabrini's clinical education

department. Postgraduate scholarships for allied health and pastoral services were new additions, rewarding emerging leaders in these two important areas of clinical care.

MEDICAL STAFF SCHOLARSHIPS FOR TRAVEL AND SUMMER RESEARCH

The Cabrini Medical Staff Association sponsors a series of annual summer research scholarships which are available to medical students who have completed a placement at Cabrini. The scholarship offers students experience and supervision in research over a six-week period. The main focus of the work is to collect and analyse data, and produce an abstract for presentation at the annual Cabrini Research Week.

Six students were assigned to the following projects and will each receive \$1500 upon completion:

- Understanding end-of-life care in acute hospitals in Australia
- Doctors' attitudes towards not-for-cardiopulmonary resuscitation orders

- Moral distress in nursing staff
- Complementary medicine use in people with inflammatory arthritis
- A blinded comparison of emergency department scribed notes to unscribed notes – assessing emergency physician note documentation quality
- Assessment of drug-related side effects of Ferinject in iron deficiency

Cabrini Medical Staff generously offer travel scholarships for non-medical clinical staff who are presenting at domestic or international conferences. Following are some of the recipients from the past 12 months:

- Research Fellow Allison Bourne spoke on 'Is consumer information about arthroscopy available in Australia adequate to inform evidence-based decision-making' at the Preventing Overdiagnosis Conference in Barcelona, Spain
- Glenda Mann presented a poster of her work on 'An adjunct automated

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blood bank method to manage interference from the monoclonal Anti-CD38 drug Daratumumab' at the International Society of Blood Transfusion Annual Regional Congress in Copenhagen

- Rick Peebles delivered an oral presentation about 'Just-In-Time Training: An innovative education approach to recognising and responding to clinical deterioration' at the ANZICS Quality and Safety Conference in Sydney.

PETER MEESE MEMORIAL LECTURE

More than 100 guests celebrated the sixteenth annual Peter Meese Memorial Lecture on 21 March 2017. Held in memory of Dr Peter Meese, a former infectious diseases physician and patient of Cabrini during his bowel cancer journey, the event celebrates the work of cancer nurses and provides a forum for education and discussion in this area.

The 2017 speaker was Associate Professor Michael Jefford, a practising medical

oncologist and Deputy Head of Medical Oncology at Peter MacCallum Cancer Centre and Director of the Australian Cancer Survivorship Centre at the hospital. He spoke about his work in survivorship care research, particularly his 'SurvivorCare' study and the integral role that nurses have played as co-investigators in this and other projects.

GRATITUDE

The scholarships and grants program would not be possible without the generosity of our donors who share our vision of helping staff to continually develop professionally. Via these scholarships, donors are in turn able to express their gratitude for the care they or their family have received at Cabrini.

An annual donor appreciation event is held to convey Cabrini's gratitude. The 2016 Donor High Tea garnered 80 guests including donors, senior staff and scholarship recipients. Recipients showcased the activities they undertook, their learning outcomes and their plans for sharing the knowledge with their

team to ultimately improve the Cabrini patient experience.

Donors were able to meet the scholarship recipients they funded, which was memorable for all involved.

We are most grateful to our long-standing donors and new donors:

- Brendon Finnegan Professional Development Grant (Caryl Finnegan, Sarah Reilly)
- Brian Gillies Palliative Nursing Travel Scholarship (Mrs Prue Gillies AM)
- Brian J Sutton Nursing Scholarship (Brian J Sutton)
- Heartbeat Cabrini Cardiac Nursing Scholarship (Bruce Hocking, Ron Weinmann)
- Jean St Leger Nursing Education Awards (Professor Lawry & Dr Pam St Leger)
- Joyce Reed Memorial Grant (Ray Reed)

- Lorraine McClymont Oncology Nursing Scholarship (Graeme McClymont)

- Peter Meese Study/Travel Grant and Oncology Nursing Research Grant (Dr Darren Lockie)

- Ron & Joan Davies Memorial Fund (Sue Davies)

- Sambor Family Clinical Research Grant (Susi and Perry Sambor)

- Sarah Jane Merl Miskin Palliative Care Nursing Scholarship (Ben Miskin)

- Sasse Scholarship (Jenny Sasse)

- Shirley Brundrett Pancreatic Cancer Research Grant

- Medical Staff Committee (Chair Dr Antonio Grossi)

If you would like to contribute towards Cabrini's scholarships and grants program, please telephone the Cabrini Foundation on ph **(03) 9508 1382** or visit the Cabrini website www.cabrini.com.au

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DEPARTMENT STAFF

MONASH DEPARTMENT OF CLINICAL EPIDEMIOLOGY AT CABRINI HOSPITAL

Head of Department

Professor Rachelle Buchbinder

Biostatistician

Dr Margaret Staples

Senior Research Fellow, Director of Australasian Satellite of Cochrane Effective Practice and Organisation of Care Group

Dr Denise O'Connell

Managing Editor, Cochrane Musculoskeletal – Australia

Dr Renea Johnston

Research Fellows

Dr Allison Bourne

Melanie Hawkins

Dr Susan Slade

ANZMUSC EO

Sheila Cyril

Managing Editor, Australasian Satellite of Cochrane Effective Practice and Organisation of Care Group

Clare Dooley (acting)

Dr Emma Tavender

Administrative Assistant

Cathy Matthews

PhD students

Caitlin Farmer, Monash University

Sarah Hosking, Deakin University

Rebecca Jessup, Deakin University

Julia Medew, Bond University

Dr Bethan Richards, University of Sydney

Honours students

Chris Lui, Monash University

Ben Reed, Monash University

Australian Rheumatology Association Database (ARAD)

Principal Investigators

Professor Rachelle Buchbinder

Professor Marissa Lassere

(St George Hospital/University of NSW)

Professor Lyn March

(Royal North Shore Hospital Sydney/
University of Sydney)

Project Manager

Ashley Fletcher

Data Manager

Vibhasha Chand

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State Coordinators

Lyndall Henderson
(RNSH Sydney/University of Sydney)
Joanie McPhee

Steering Committee Chair

Professor Catherine Hill
(The Queen Elizabeth and Royal Adelaide
Hospitals/University of Adelaide)

**CABRINI MONASH DEPARTMENT
OF MEDICAL ONCOLOGY – THE
SZALMUK FAMILY DEPARTMENT
OF MEDICAL ONCOLOGY**

Head of Department

Associate Professor
Gary Richardson OAM

Principal Investigators

Susannah Anceschi
Dr Yoland Antill
Dr Ben Brady
Dr Andrew Haydon
Dr Kirsten Herbert
Dr Melita Keneally
Associate Professor Lara Lipton
Zillan Nieron
Dr David Pook

Professor Miles Prince
Associate Professor Jeremy Shapiro

Associate Investigators

Dr Emma Beardsley
Dr Sanjeev Gil
Associate Professor Ian Haines
Dr Despina Handolias
Dr Henry Januszewicz
Dr Esther Lin
Dr Ben Markman
Miss Joanna Morgan
Dr Tess Schenberg
Professor Max Schwarz
Dr Gaurav Srivastava
Dr Robert Stanley
Dr Karen Taylor
Dr Michelle White
Associate Professor Max Wolff

Research Manager

Dr Emma Baker

Oncology Research Team Leader

Nina Box

Research Coordinators

Daphne Antonopoulos
Kathryn Barton
Theresa Ealdama

Melissa Groom
Kate Hurford
Joseph Miani
Rosie Newman

Clinical Trials Assistant

Deeptika Chauhan

**Acknowledgement of Research
Coordinators who have left (2016-17)**

Demis Balamatsias
Julia Carlson
Connie Louizos
Jasmin Lowry
Alice Newman

CTA Ethics Specialists

Zohra Esperal
Simer Khaira

Family Cancer Clinic

Dr Lynne McKay

Brightways Breast Cancer Program

Vicky Durston (Manager)
Melissa Vereker (Data Coordinator)

Victorian Lung Cancer Registry**Coordinating Principal Investigator**

Associate Professor Rob Stirling

Principal Investigator

Associate Professor
Gary Richardson OAM

Research Coordinator

Margaret Brand

Data Coordinator

Justin Lang

**CABRINI MONASH UNIVERSITY
DEPARTMENT OF SURGERY,
THE FRÖHLICH WEST
CHAIR OF SURGERY**

Head of Department

Associate Professor Paul McMurrick

Consulting surgeons

Mr Stephen Bell
Mr Peter Carne
Mr Martin Chin
Mr Chip Farmer
Emeritus Professor Adrian Polglase
Mr Pravin Ranchod
Mr Paul Simpson

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Senior Research Fellow

Dr Simon Wilkins

Research Officers

Dr Rebekah Engel

Dr Christine Koulis

Database manager

Karen Oliva

Administrative Assistant

Matthew Holmes

**CABRINI MONASH
DEPARTMENT OF MEDICINE**

Head of Department

Associate Professor Michele Levinson

Research Fellow

Dr Amber Mills

Research Assistants

Anthea Gellie

Georgina Johnstone

Gaya Sritharan

Honorary & student researchers

Nadishi Athulathmudali

Isabelle Claxton

Tim Nasteka

Toby O'Brien

Moussa Oedrago

**CENTRE FOR
NURSING RESEARCH**

Head of Department

Professor Leanne Boyd

Research Fellow

Amanda Pereira-Salgado

Research Assistant

Patrick Mader

PhD Students

Louise Alexander, Deakin University

Janet Curtis, Monash University

Tegwyn McManamny, Monash University

Mani Suleiman, RMIT

Sue Wiley, Monash University

Diana Wong, Monash University

**PALLIATIVE AND SUPPORTIVE
CARE RESEARCH UNIT**

Head of Department

Associate Professor Natasha Michael

Senior Research Associate

Associate Professor Clare O'Callaghan

Research Nurse

Adelaide Melia

Administrative Support

Robyn Mason

**SZALMUK FAMILY
PSYCHO-ONCOLOGY
RESEARCH UNIT**

Head of Department

Professor David Kissane

Research Fellow

Dr Jo Brooker

Research Assistant

Dr Tanya Osicka

Adjunct Senior Research Fellow

Dr Sue Burney - Emeritus

ALLIED HEALTH RESEARCH

Head of Department

Associate Professor Helena Frawley

Research Fellows

Dr Tash Brusco

Dr Kuan-Yin Lin

Research Assistant

Sophie Jennings

INTENSIVE CARE UNIT

Director, Intensive Care Unit

Associate Professor Vineet Sarode

**Deputy Director Intensive Care Unit
and Director of Medical Education**

Associate Professor David Brewster

Specialist physicians

Associate Professor Warwick Butt

Dr Deirdre Murphy

Dr Steve Philpot

Dr Ben Turner

**Nurse Unit Manager
Intensive Care Unit**

Debbie Sage

**Research Coordinator
Intensive Care Unit**

Shannon Simpson

Adult Patient Database Manager

Lisa Dougherty

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DEPARTMENT STAFF

**EMERGENCY
DEPARTMENT****Emergency Medicine Research Lead**

Dr Katie Walker

Principal Investigators

Dr Michael Ben-Meir

(Director, Emergency Medicine)

Associate Professor Keith Joe

Associate Investigators

Dr Christine Jackman

Dr Hamish Rodda

Dr Ian Turner

Research Assistants

Timothy Cowan (scribe)

William Dunlop (head scribe)

Lachlan Hegarty (scribe)

Medical student investigators

Jennifer Hanning

Wesley Teoh

An Wang

ANAESTHETICS RESEARCH**PADDI Trial Coordinator**

Kathryn Barton

**CLINICAL EDUCATION
DEPARTMENT****Managers**

Amanda Peat

(Manager, Quality and Safety Education)

Jo Schlieff

(Manager, Clinical Education)

Academic Coordinator

Geoff White

Administration Support

Leesa Horrigan

Barbara Miles

(Curriculum Administrator)

Michele Tonkin

Clinical Education Team

Kate Cook

(Clinical Deterioration CSN)

Scott Dickson

(Perioperative Facilitator)

Abby Falla

(Transition to Professional Practice Educator)

Tanya Harding

(Undergraduate Program and Simulation Educator)

Jessica Hayward

(Allied Health Educator)

Natalie Horvath

(Perioperative Educator)

Kim Kenwell

(Educator)

Rick Peebles

(Resuscitation and Clinical

Deterioration Educator)

Chris Quinn

(Midwifery Educator)

Louise Suttie

(Perioperative Educator)

Bernadette Tiberi

(Advanced Care CSN (ICU and ED Postgraduate Programs))

Lauren Williams

(eLearning Design Educator)

Clinical Placement Facilitators

Beata Csupor

Marina Necoski

(ACU Clinical Placement Facilitator (ACU/ Cabrini Nursing Clinical School))

Andrew Talbot

**Acknowledgement of staff
who have left the education
department (2016-17)**

Luke Flynn

Matt Johnson

Steve Musgrave

Libby Smith

Louise Vautin

**DEPARTMENT OF
MEDICAL EDUCATION****Director Medical Education
Cabrini Health**

Associate Professor David Brewster

(Clinical Dean, Cabrini-Monash

University Clinical School)

Clinical Site Administrator

Jennie McInerney

(Cabrini-Monash University

Clinical School)

Clinical Educator

Naomi Snowden

(Cabrini-Monash University

Clinical School)

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**ALLIED HEALTH AND
AMBULATORY SERVICES
EDUCATION*****Allied Health and Ambulatory
Services Manager of Education***

Dr Tash Brusco

Allied Health Educator

Jessica Hayward
(Lecturer, Primary Supervisor)

***Head, Centre for Allied Health
Research and Education***

Associate Professor Helena Frawley

Adjunct Positions

Associate Professor Natalie Sullivan
(Executive Director)

Jason Wallis
(Senior Lecturer, Academic Clinician
& Primary Supervisor & Research)

Lisa Brearley
(Lecturer, Primary Supervisor)

Ann-Marie Damatopoulos
(Lecturer, Primary Supervisor)

Annika Dorey
(Lecturer, Primary Supervisor)

Robert Duncan
(Lecturer, Primary Supervisor)

Jimmy Fock
(Lecturer, Primary Supervisor)

Emma Kennedy
(Lecturer, Primary Supervisor)

Flora Kroug
(Lecturer, Primary Supervisor)

Edwina Lamborn
(Lecturer, Primary Supervisor)

Lisa Mahon
(Lecturer, Primary Supervisor)

Doug McCaskie
(Lecturer, Primary Supervisor)

Natalie O'Connor
(Lecturer, Primary Supervisor)

John Pierce
(Lecturer, Primary Supervisor)

Phillipa Risbey
(Lecturer, Primary Supervisor)

Kate Roma
(Lecturer, Primary Supervisor)

Alice Saunders
(Lecturer, Primary Supervisor)

Michelle Sheehan
(Lecturer, Primary Supervisor)

James Sherwood
(Lecturer, Primary Supervisor)

Jackie Smith
(Lecturer, Primary Supervisor)

Megan Stent
(Lecturer, Primary Supervisor)

Mark Surdut
(Lecturer, Primary Supervisor)

Jan Tepper
(Lecturer, Primary Supervisor)

Julius Ting
(Lecturer, Primary Supervisor)

Biffy Walker
(Lecturer, Primary Supervisor)

Brianna Walpole
(Lecturer, Primary Supervisor)

Jo White
(Lecturer, Primary Supervisor)

Tory Whitman
(Lecturer, Primary Supervisor)

INSTITUTE DATA MANAGEMENT

Angela Baxter
Natalie Heriot
Rebecca Khampha
Jennifer MacIndoe
Mr Gilbert Shardey

**CABRINI INSTITUTE
INFRASTRUCTURE TEAM*****Director of Institute Infrastructure***

Anne Spence

Staff

Dr Emma Baker (Manager, Research
Programs)

Leesa Horrigan
(Administrative Assistant, Engagement
and Undergraduate Education)

Jasmine Kopcewicz
(Administrative Assistant, Infrastructure)

Donna Li
(Administrative Assistant,
Postgraduate Education)

Jan Palich
(Administrative Assistant, Infrastructure)

Michele Tonkin
(Administration Assistant, Scholarships,
Grants and Communications)

Claire Turner
(Cabrin Institute Receptionist)

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**LEE & BRIAN JONHSTONE
CABRINI LIBRARY**

Manager of Library Services

Di Horrigan

**CABRINI HUMAN RESEARCH
ETHICS COMMITTEE (CHREC)**

*Manager, CHREC and
Research Governance*

Jennifer Burden

CHREC Administrator

Grace Wijnen

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CABRINI HUMAN RESEARCH ETHICS COMMITTEE

The Cabrini Human Research Ethics Committee (CHREC) helps to protect the interest of patients, researchers and Cabrini by maintaining high ethical research standards across all research projects and all levels of risk.

The committee reports directly to the Cabrini Health Board of Directors and is responsible for reviewing and approving all research projects conducted at Cabrini that involve human participants. It ensures that:

- Ethically sound research is promoted and conducted at Cabrini Health
- The research affirms the mission and values of Cabrini and social teachings of the Catholic Church
- Ethical standards are maintained in research projects to protect the interests of the research participants, the investigator and the Institution.

In 2016-17, the committee approved 82 projects covering a wide range of research areas. We have more than 1258 projects in our HRECTrack database to date. The number and diversity of the applications highlights the broad involvement of Cabrini staff in research and quality assurance projects.

Our committee continues to be chaired by Dr Margaret Staples. We have had a

number of changes to the committee this year; we farewelled Michelle Britbart QC, Dr Sharon Woolf, Angela Baird and Reverend Kevin McGovern.

The CHREC invited Simon Windsor from Bellberry Limited, a national, private, not-for-profit organisation providing scientific and ethical review of human research projects to address the 2016 Twilight Seminar on 6 September 2016. He led a national project to develop and roll-out a national template for a *Participant Information and Consent Form* available at nationalpicf.com.au.

The aim of this project is to ensure the complex details of clinical trials are presented in a way that is comprehensible to participants to facilitate informed consent.

The evening was informative and well attended. We are always pleased to welcome our colleagues from other hospitals, universities and human research ethics committees to these events.

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CABRINI HUMAN RESEARCH ETHICS COMMITTEE

NAME	NHMRC CATEGORY	GENDER
ANGELA BAIRD	PROFESSIONAL CARER	FEMALE
BEATRICE BASTOMSKY	LAY PERSON	FEMALE
MICHELLE BRITBART QC	LAWYER	FEMALE
NIV BRUNER	LAY PERSON	MALE
JENNIFER BURDEN	INVITEE	FEMALE
ASSOCIATE PROFESSOR HENRY DEBINSKI	RESEARCHER	MALE
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RESEARCH AREA	PROJECT	PRINCIPAL RESEARCHER
ALLIED HEALTH	Evaluation of meal serve sizes at Cabrini (patient survey)	Rebekah Anderson
	Appraisal of hospital patient food service models to best support improving nutrition care (patient experience questionnaire)	Rebekah Anderson
	Telephone or electronic nutrition care delivery. Care Delivery (TEND) to upper gastro-intestinal cancer patients: a randomised controlled trial	Associate Professor Helena Frawley
	Evaluating chronic disease programs within the allied health and ambulatory care programs	Claire Luxford
	Effect of staff e-learning and simulation training for a dysphagia screening tool on time from patient admission to dysphagia screening and incidence of pneumonia	Doug McCaskie
CLINICAL EPIDEMIOLOGY	Understanding general practitioner and patient expectations for imaging requests and reports of the lumbar spine in people with acute low back pain: a qualitative study	Professor Rachelle Buchbinder
	Acute back pain presentation and treatment at Cabrini and Monash Medical Centre emergency departments: the patient's journey	Professor Rachelle Buchbinder
	Development of an evidence-based decision tool for people considering arthroscopy for knee pain due to osteoarthritis	Professor Rachelle Buchbinder
END OF LIFE	Understanding end-of-life care in acute hospitals in Australia	Dr Amber Mills
	Assessment of the utility and acceptability of new 'goals of care and not-for-cardiopulmonary-resuscitation' documentation	Dr Amber Mills
	Improving recognition and screening of delirium in rehabilitation and acute care settings	Dr Amber Mills
ETHICS AND VALUES	Clinical ethics survey of experience and opinions	Emma Patterson
	Cabrini Vale impact study: impact evaluation of a specialist bereavement program for older people	Emma Patterson
	Evaluation of the memory home model of care	Dr Constantine Tsingas

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RESEARCH AREA	PROJECT	PRINCIPAL RESEARCHER
GASTROENTEROLOGY	A phase 2b, double-blind, multi-dose, placebo-controlled study to evaluate the efficacy and safety of MEDI2070 in participants with moderate to severe Crohn's Disease who have failed or are intolerant to anti-tumour necrosis factor-alpha therapy	Associate Professor Henry Debinski
	A long-term extension study to evaluate the safety of Filgotinib in subjects with ulcerative colitis	Associate Professor Henry Debinski
	Combined phase 2b/3, double-blind, randomised, placebo-controlled studies evaluating the efficacy and safety of Filgotinib in the induction and maintenance of remission in participants with moderately to severely active ulcerative colitis	Associate Professor Henry Debinski
	Combined phase 3, double-blind, randomised, placebo-controlled studies evaluating the efficacy and safety of filgotinib in the induction and maintenance of remission in participants with moderately to severely active Crohn's Disease	Associate Professor Henry Debinski
	A long term extension study to evaluate the safety of Filgotinib in participants with Crohn's Disease	Associate Professor Henry Debinski
	Entyvio (Vedolizumab IV) extended access program in ulcerative colitis and Crohn's Disease	Associate Professor Henry Debinski
	A phase 3, multicentre, open-label extension trial of oral RPC1063 as therapy for moderate to severe ulcerative colitis	Associate Professor Henry Debinski
	A phase 2, randomised, double-blind, placebo-controlled study to evaluate the efficacy and safety of Vedolizumab subcutaneous as maintenance therapy in participants with moderately to severely active Crohn's Disease who achieved clinical response following open-label Vedolizumab intravenous therapy	Associate Professor Henry Debinski
	A phase 3b, open-label study to determine the long-term safety and efficacy of Vedolizumab subcutaneous in participants with ulcerative colitis and Crohn's Disease	Associate Professor Henry Debinski
	HOSPITAL IN THE HOME	Endocarditis management in hospital in the home: review of patient eligibility checklist
INFECTIOUS DISEASES	Antimicrobial stewardship clinical care standard: progress with implementation in a general medical unit	Dr Ruth Chin

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INTENSIVE CARE	ICU ROX TRIPS: the intensive care unit randomised trial comparing two approaches to oxygen therapy: translating research into practice	Associate Professor David Brewster
	Attitudes to work-life balance and job satisfaction in intensive care medicine	Associate Professor David Brewster
	Intensive care unit outcomes from epidemic asthma following a thunderstorm	Dr Vineet Sarode
	PPPIC patient and population preferences for intensive care: integrating the person into decisions around care	Dr Vineet Sarode
NEUROSURGERY	Do post-operative sitting and activity restrictions impact the outcome following elective lumbar micro discectomy?	Dr Tony Goldschlager
NURSING	Evaluation of falls prevention in hospital	Professor Leanne Boyd
	A survey comparing satisfaction and outcomes of patients who had lumbar micro discectomy as a day procedure to those who stayed overnight	Jovie Anne Decoyna
	An evaluation of a virtual simulation resource in a graduate nurse program: cross-sectional study	Tanya Harding
	How well do hospital-in-the-home (HITH) patients comprehend the HITH emergency plan and retain information provided through patient education provided by HITH nurses	Alicia Pyke
	An evaluation of the impact of the introduction of EPAs as a framework for the fundamentals of neonatal nursing course in the special care nursery (pilot project)	Chris Quinn
ONCOLOGY AND HAEMATOLOGY	A phase 2 trial of durvalumab (Medi 4736) in advanced endometrial cancer	Dr Yoland Antill
	Treatment of vaginal atrophy using fractional microablative CO2 laser in post-menopausal women with breast cancer on aromatase inhibitors: a pilot study	Dr Yoland Antill
	Quality of life implication of madarosis for patients undergoing cytotoxic chemotherapy for breast cancer	Dr Yoland Antill
	A phase 3, randomised, open-label trial of Nivolumab in combination with Ipilimumab versus Pemetrexed with Cisplatin or Carboplatin as first-line therapy in unresectable Plueral Mesothelioma	Dr Ben Brady

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ONCOLOGY AND HAEMATOLOGY CONTINUED	A phase 3b, randomised study of multiple administration regimes for Nivolumab plus Ipilimumab in participants who have previously untreated unresectable or metastatic melanoma	Dr Ben Brady
	A phase 3, randomised, double-blind, placebo-controlled study of Pembrolizumab in combination with Epacadostat or placebo in participants with unresectable or metastatic melanoma	Dr Ben Brady
	Victorian pancreatic cancer biobank	Dr Christopher Desmond
	A prospective cohort study to assess as a predictor of outcomes in pancreatic ductal adenocarcinoma	Dr Christopher Desmond
	Management of first seizure and untreated recurrent seizures – results form an Australian private hospital	Dr Emma Foster
	Navigate: randomised controlled trial of an online treatment decision aid for men who have localised prostate cancer and their partners	Professor Mark Frydenberg
	Identifying factors associated with testicular cancer	Professor Mark Frydenberg
	Assessment of drug-related side effects of Ferinject in iron deficiency	Dr Melita Kenealy
	A phase 2, international, multicentre, randomised, open-label, parallel group study to evaluate the efficacy and safety of CC-486 (oral Azacitidine) alone and in combination with Durvalumab (MEDI 14736) in participants who have myelodysplastic syndromes and fail to achieve an objective response to treatment with Azacitidine for injection or Decitabine	Dr Melita Kenealy
	A retrospective audit on the adherence to guidelines on pre-chemotherapy screening for Hepatitis B	Dr Jared Mathai
	A phase 2, randomised study of multiple administration regimens for Nivolumab plus Ipilimumab in participants who have renal cell carcinoma	Dr David Pook
	A phase 3, multicentre, randomised study of Atezolizumab versus placebo administered in combination with Paclitaxel, Carboplatin and Bevacizumab to patients who have newly diagnosed stage 3 or stage 4 ovarian, fallopian tube or primary peritoneal cancer	Associate Professor Gary Richardson

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ONCOLOGY AND HAEMATOLOGY CONTINUED	A phase 1, multicentre, dose escalation study of CBT-501 in participants who have selected advanced or relapsed/recurrent solid tumours	Associate Professor Gary Richardson
	A phase 2, randomised study of MLN0128 (a dual TORC1/2 inhibitor), MLN0128 plus MLN1117 (a P13K alpha Inhibitor), weekly Paclitaxel, or the combination of Weekly Paclitaxel and MLN0128 in women who have advanced, recurrent or persistent endometrial cancer	Associate Professor Gary Richardson
	A phase 1/1b, open-label, multicentre, repeat dose, dose selection study of CPI-444 as a single agent and in combination with Atezolizumab in patients who have selected incurable cancers	Associate Professor Gary Richardson
	A phase 1, open-label, multiple-ascending dose trial to investigate the safety, tolerability and pharmacokinetics activity of MSB0011359C in participants who have metastatic or locally advanced solid tumours and expansion to selected indications	Associate Professor Gary Richardson
	Upper gastrointestinal cancer registry	Associate Professor Jeremy Shapiro
	TRITON 2: A multicentre, open-label, phase 2 study of Rucaparib in patients who have metastatic castration-resistant prostate cancer associated with homologous recombination deficiency	Associate Professor Jeremy Shapiro
	A phase 3 study of BBI-608 plus Nab-paclitaxel with Gemcitabine in adult patients who have metastatic pancreatic adenocarcinoma	Associate Professor Jeremy Shapiro
	A phase 3, multicentre, randomised, placebo-controlled study of Atezolizumab (anti-PD-L1 antibody) as monotherapy and in combination with platinum-based chemotherapy in patients who have untreated locally advanced or metastatic urothelial Carcinoma	Associate Professor Jeremy Shapiro
	A randomised, phase 3 study of AM0010 in combination with FOLFOX compared with FOLFOX alone as second-line therapy for patients who have metastatic pancreatic cancer that has progressed during or following a first-line Gemcitabine containing regimen	Associate Professor Jeremy Shapiro
	LONSURF EAP: An open-label, early access phase 3b study of Trifluridine/Tipiracil in patients who have pre-treated metastatic colorectal cancer	Associate Professor Jeremy Shapiro

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ONCOLOGY AND HAEMATOLOGY CONTINUED	Circulating tumour DNA Analysis informing adjuvant chemotherapy in stage 2 colon cancer (DYNAMIC Study)	Associate Professor Jeremy Shapiro
	Myeloma 1000 Project	Dr Gaurav Srivastava
ORTHOPAEDIC	Efficacy of negative pressure wound therapy in the management of lower-limb orthopaedic incisional wounds	Mr Troy Keith
PAEDIATRIC	Informing an autism (and developmental disability)-friendly paediatric ward at Cabrini	Kelly Sherman
PALLIATIVE CARE	Quality of end-of-life care in advanced pancreatic cancer	Associate Professor Natasha Michael
	A pilot randomised control trial of a video decision-support tool for advance care planning in cancer patient care giver dyads	Associate Professor Natasha Michael
	Does a change of model of palliative care to a model of early integration affect patient outcomes?	Associate Professor Natasha Michael
	Understanding spiritual encounters and requirements of Cabrini patients with an incurable, serious illness: implications for service provision	Associate Professor Clare O'Callaghan
PHARMACY	Inappropriate use of heparinised saline for flushing and de-accessing implanted ports	Lyndal Emery
	Best possible medication histories obtained by pharmacy technicians in the perioperative setting	Lyndal Emery
PLASTIC SURGERY	Study for topical delivery of Botulinum Toxin	Dr Graeme Southwick
RHEUMATOLOGY	Musculoskeletal immune diseases in checkpoint inhibitor therapy: an Australian case series	Associate Professor Stephen Hall

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RESEARCH AREA	PROJECT	PRINCIPAL RESEARCHER
SURGERY	Surgical techniques in the study of rectal cancer	Mr Stephen Bell
	Clinical registry of outcomes of upper-limb orthopaedic care	Mr Harry Clitherow
	Identifying and validating genes that are involved in different stages of colorectal neoplasms from adenoma, carcinoma and metastasis	Associate Professor Paul McMurrick
	Tissue microarray: examination of biomarkers and outcomes in patients with stage 4 disease	Associate Professor Paul McMurrick
	Examining clinical outcomes in stage IV colorectal cancer patients following surgery	Associate Professor Paul McMurrick
	The effect of insulin dependence on peri-operative outcomes in type 2 diabetic colorectal cancer surgery patients	Associate Professor Paul McMurrick
	Antibody targeting of cell surface proteins in colorectal cancer	Associate Professor Paul McMurrick
	A comparison of perioperative, functional and oncologic outcomes in robotic assisted versus laparoscopic versus open partially nephrectomy in an Australian cohort	Mr Daniel Moon
	Patient-related factors: predictors of pathological complete response	Dr Elias Saikaly

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HELPING TO CHANGE THE PATH FOR PATIENTS

As Cabrini Human Research Ethics Committee Administrator, Grace Wijnen sees firsthand research that could change the path for many patients.

Her job involves screening research applications and ensuring projects meet the requirements of the National Health and Medical Research Council's *National Statement on Ethical Conduct in Human Research*. She is responsible for research governance, making sure projects are aligned with Cabrini's mission and values and that they have adequate resources and risk-management controls in place.

For more than five years, Ms Wijnen has worked with the Cabrini Human Research Ethics Committee. Previously, she was in a similar role at Eastern Health while finishing a pharmaceutical sciences degree.

Combining her research knowledge and love of helping people, Ms Wijnen assists doctors, students and other researchers in getting their research approved. Before approval, projects must meet ethics and governance guidelines, which is where she comes in. Ms Wijnen and her team can screen up to a dozen applications per week. "Being hospital-based, it's often drug trials but there are also clinicians wanting to try a different approach to therapy, education and training projects, and projects

from outside of Cabrini. It's exciting to hear about new research and read about it firsthand."

Ms Wijnen says she enjoys helping new researchers understand the whole process. "Sometimes those new to research need guidance to understand the requirements. Research needs to have merit and integrity and clear aims with potential benefits in mind. Possible risks need to be considered. Recruitment should be fair and allow people to make up their own mind about participating. That means providing enough understandable information and allowing them reasonable time to think about it. You need to put yourself in their shoes and respect that," she said.

The best part of her job is seeing success stories and knowing that means improved care and outcomes for many people. "It's a changing environment with continual advances," said Ms Wijnen. "The priority is progressing applications but we also need to ensure we're in tune with current requirements." She hopes that Cabrini will continue to grow and improve patient care through translational research, training and education.



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Our Beloved Husband & Father,
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CABRINI MISSION

Who we are: We are a Catholic healthcare service inspired by the spirit and vision of Saint Frances Xavier Cabrini and the Missionary Sisters of the Sacred Heart of Jesus.

What we believe: We are a community of care, reaching out with compassion, integrity, courage and respect to all we serve.

What we do: We provide excellence in all of our services and work to identify and meet unmet needs.

CABRINI VALUES

Our values form the base of our mission, are built around what we believe and drive how we act. They are drawn from Saint Frances Xavier Cabrini's life and reflect her heart, her spirit, her conviction and her approach.

Compassion: Our drive to care is not just a professional duty to provide excellent quality care but is born of a heartfelt compassion for those in need, motivated by God's love for all people.

Integrity: We believe in the power of hope to transform people's lives and remain faithful to the bold healing mission and legacy of Saint Frances Xavier Cabrini.

Courage: We have the strength, determination, vision and conviction to continue the work of Mother Cabrini and the Cabrini Sisters.

Respect: We believe that every person is worthy of the utmost respect and the best possible healthcare. We know that our resources are entrusted to us to use for the benefit of others.

THE CABRINI INSTITUTE MISSION

The Cabrini Institute is committed to improving the clinical outcomes of patients of Cabrini. It embraces the mission, values and vision of Cabrini and works within an ethical framework. The Cabrini Institute has a vital role in helping Cabrini to achieve its vision – that is:

“By understanding and addressing the needs of our community, we will grow by learning – by researching and continuously improving the quality of our care and by motivating staff committed to our healthcare mission to provide excellence in all of our services . . . we will enhance health and quality of life by working with our patients and their families to anticipate, prevent and ease suffering.”

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CABRINI INSTITUTE

154 Wattleree Road
Malvern Victoria 3144 Australia
email: cabinstevents@cabrini.com.au
www.cabrini.com.au

Cabrini