

2022-2023

# Annual Research Report

[grampianshealth.org.au](http://grampianshealth.org.au)



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Grampians Health acknowledges the Traditional Custodians of the lands on which we operate, the Wadawurrung, Djab wurrung, Wotjobaluk, Jaadwa, Jadawadjali, Wergaia and Jupagulk peoples, and their connections to land, waterways and community. We pay our respects to their Elders past and present and extend this to all Aboriginal and Torres Strait Islander peoples today. Grampians Health recognises and values the contributions that Aboriginal and Torres Strait Islander peoples make in our society. Sovereignty has never been ceded. It always was and always will be, Aboriginal land.

It is my pleasure to present the Grampians Health Research Report for 2022-2023. Our amalgamation in 2021, has brought together the communities of Ballarat, Dimboola, Edenhope, Horsham, and Stawell enabling Grampians Health to further support and develop clinical research outside of Ballarat and into the Grampians region of Victoria.

Clinical research is fundamental to enhancing healthcare at Grampians Health, where our focus is firmly on effective patient care and improved health outcomes for our community.

Our researchers are continuing to bring a strong research focus to regional Victoria, giving our regional community members access to life saving medical treatment in their own backyard.

All our campuses have embraced research opportunities and the annual Research and Innovation on the Run symposium helped highlight and inspire research across the organisation.

Research at Grampians Health is growing rapidly. Our membership with Western Alliance Academic Health Science Centre has not only strengthened research initially at the Ballarat campus, it has also allowed for research to be supported across western Victoria, giving our clinicians, patients and community members access to world-class research support.

To support our strong research growth, our ethics and governance team has also grown, enabling the team to continue supporting researchers and clinicians and ensure the continuation of a strong research culture within the organisation.

Our teams are preparing for the introduction of the National Clinical Trials Governance Framework that all health services must adopt in keeping with the requirements of the Australian Commission on Safety and Quality in Health Care. This framework looks to standardise governance and conduct of clinical trials within our health service and ensure they are part of the everyday fabric of providing healthcare and treatment.

Embedding research in our everyday practice has been a central pillar of Grampians Health and we welcome this framework which presents the opportunity for all healthcare practitioners to include research and clinical trials into their daily routines.

It's been well proven that a hospital that has a strong research culture and base has strong clinical work and outcomes. We are proud to have a keen interest in research here in regional Victoria. Not only does it benefit our hospital, it benefits our staff, our patients and our community.

We look forward to continuing to deliver strong research and clinical outcomes in regional Victoria. We know that world class research can be performed outside of metropolitan areas and Grampians Health is here to show how it can benefit regional Australian communities.

**Professor Matthew Hadfield**  
*Grampians Health  
 Chief Medical Officer*

# Grampians Health: A trusted and progressive leader of regional and rural healthcare

Established in 2021, Grampians Health brings together Ballarat Health Services, Wimmera Health Care Group, Stawell Regional Health, and Edenhope & District Memorial Hospital.

Grampians Health Ballarat has the largest clinical trials unit in western Victoria, and the health service is the primary referral hospital for the Grampians region – which stretches from the western edge of Melbourne to the South Australian border.

Many communities in our region experience socio-economic disadvantage, and are more likely to suffer ill-health, particularly chronic disease.

The region covers around 48,500m<sup>2</sup> and is home to over 250,000 people or 17% of regional Victoria's population.



## Facts about Grampians Health (2022)



**57,395**  
Patient Admissions



**75,000+**  
Presentations to  
Emergency Department



**133,850+**  
Specialist Outpatients  
appointments



**12,095**  
Elective Surgery  
Episodes



**6,800+**  
Staff

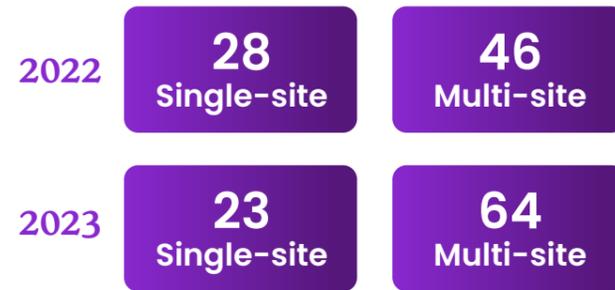


**700+**  
Beds

# Research activity



**161**  
New Research Projects Approved in 2022 and 2023



Research Governance Amendments Processed: 2022 = 171 and 2023 = 186

## 272 Active Research Projects




**Publications**  
**84** in 2022   **112** in 2023

# Research publications



**Summary**  
In 2023 Grampians Health used the ABS **Field of Research (FoR) codes** to classify research from **112 publications**. These **336 codes** fell into **70 different fields**, **26 groups** and **10 divisions**.

<b>112</b> Papers	<b>70</b> Fields	<b>26</b> Groups	<b>10</b> Divisions
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The most used Field code: **321403 Clinical Pharmacy and Pharmacy Practice**, which was used 32 times.

## Departments

The publications were from **27 different departments** within Grampians Health. The **5 most active** were:

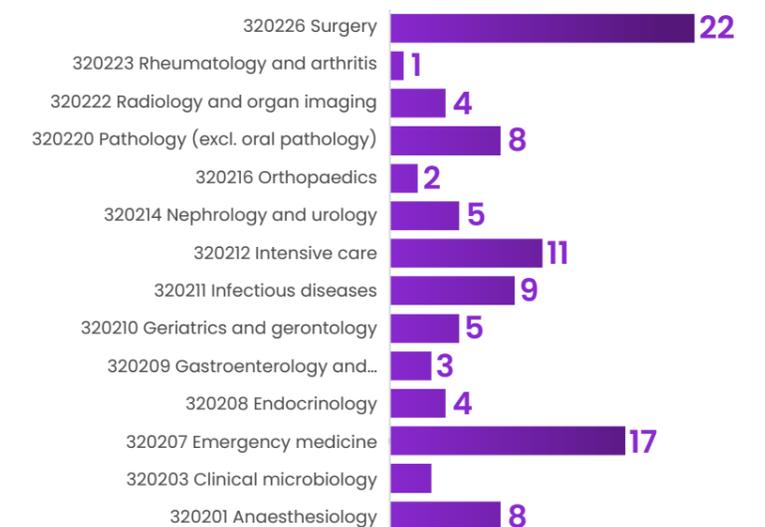


## Group Codes (4 Digit)

Top 5 group codes:



**3202 Clinical Sciences** had the largest range of field codes. **14 different field codes** used **102 times**.



# Allied Health Research Translation Program

**Allied health covers a wide variety of services and speciality clinics including physiotherapy, occupational therapy, speech pathology & dietetics.**

To make sure allied health teams are supported across Grampians Health, the Allied Health Research and Knowledge and Translation Lead, Alesha Sayner, is available to help build the research capability and capacity for clinicians across the health service.

“By building that research capacity and capability with clinicians, we’re really trying to promote a culture that clinicians are doing research with communities and with regional and rural communities rather than doing research on those people. So we’re really trying to embed that within the health service to make sure that it is a real collaborative effort with the consumers and stakeholders and it’s our role to try and foster and build that,” Ms Sayner said.

The Allied Health Research and Knowledge Translation Lead plays an important role in supporting project development and promoting research translation. Ms Sayner’s role has made for more seamless integration of research into allied health clinical practice.

“My role is helping to promote guidelines and best practice for our clinicians and help with research prioritisation. We’re extremely fortunate that we do have a research team going where we do have allied health and dedicated nursing research assistants. They do a fantastic job in helping to support not only research activity, but in building a really positive research culture,” Ms Sayner said.

Ms Sayner’s goal is to remove the stigma of research being a hard or extra thing that clinicians have to do on top of their work and have it included as part of their role.

“Part of what we want is for people to have this vision that quality improvement, implementation, translation, all of those things are really part of your core business as a clinician. We want to try remove any barriers that make that process as simple as possible to best serve the regional communities.”

Ms Sayner is excited by the possibilities that this brings to staff and communities in regional areas as research is important to both staff development and positive outcomes for patients in a health care setting.

“We want to try to and make research as feasible and manageable as possible for clinicians. We want people to enjoy the process and realise the resources Grampians Health has available to them to undertake innovative and cutting edge research for our hospital and our community,” Ms Sayner said.



**Alesha Sayner**  
Allied Health Research and Knowledge Translation Lead



**Anna Wong Shee**  
Associate Professor Allied Health

# Clinical trial blasts off

**Anaesthetic Research Coordinator Natasha Brice is proud of the success of the ROCKet (Reduction Of Chronic post-surgical pain with Ketamine) trial in Ballarat.**



The trial has been so successful that Ballarat is currently placed second in the world for patient recruitment and first in Australia.

“It’s wonderful to see this trial be so successful here in Ballarat. Our site has just recruited the 4000th patient for the trial overall, which is very exciting for us, especially as a regional centre,” Ms Brice said.

“I believe we have been so successful at recruiting at Grampians Health for a few different reasons. The first is we have a great team of supportive anaesthetists, in particular Dr Greg Henderson the Principal Investigator for ROCKet, who has really prioritised research in his department.

“We also have the support of different departments across the hospital, from theatre and recovery to the various wards.

“However, most important is the participation of the patients. Our research would be nothing without the willingness of patients to be involved in research and give back to the community,” Ms Brice said.

The ROCKet study hypothesises that ketamine given intravenously before and after surgical incision for up to three days reduces the incidence of chronic post-surgical pain at three months.

There is currently no proven treatment to prevent chronic pain from surgery.

“Pain is subjective and unique to each person. We know that it affects our patients, their recovery, their quality of life and can become a financial burden on patients and the health care system.”

Grampians Health is one of 36 sites around the world participating in this large, multicentred, randomised, double blind trial research study.

# PhD scholarships supporting rural and regional research



**Grampians Health PhD scholar, Cara Hill, has successfully received a scholarship from the Western Alliance’s Higher Degree by Research (HDR) Scholarship program to pursue her research addressing a unique healthcare challenge faced by rural and regional communities.**

The Western Alliance Academic Health Science Centre Higher Degree by Research (HDR) Scholarship program is an initiative aimed at fostering research excellence and innovation in the healthcare sector. The program, supported by Western Alliance, a collaborative network of health services, universities, and research organisations in western Victoria, provides financial assistance and resources to exceptional individuals seeking to undertake PhD research in areas of critical importance to the region’s healthcare landscape.

Cara, a Speech Pathologist and research assistant, is undertaking her PhD program at Deakin University and her research will focus on helping those living with dysphagia (swallowing difficulties) in care communities.

“**Through her studies, Cara aims to research and implement interventions to enhance the mealtime-related quality of life for individuals with dysphagia in rural and regional care communities in western Victoria.**”

”  
 Cara’s PhD program will be based at Grampians Health Ballarat and will complement the work she will be leading as part of her Western Alliance Rapid Applied Research Translation Grant.

# Clinical trials helping patients live best quality of life possible



**Christopher Duncan was a fit, healthy man in his late 50s when he was unexpectedly diagnosed with bowel cancer in 2011. His prognosis was two to three years.**

Twelve years later and Mr Duncan has undergone a number of lengthy surgery and many rounds of chemotherapy and radiotherapy. In 2013, he participated in the VENGEANCE trial at Grampians Health, a chemotherapy treatment targeting the metastatic tumours throughout his liver.

Mr Duncan was on the trial for three years and five months. When he first started the trial, the average lifespan was 18 to 24 months. Ten years later, Mr Duncan is still here and participating in experimental treatments for his cancer.

“That trial gave me another opportunity at life,” said Mr Duncan.

“The information that comes from my trial experience – all the positives and negatives of it – all go to the next tier of cancer patients, so it goes into their treatment, it’s not only helping me.

“It’s nothing like being a guinea pig or anything like that. Years of laboratory trials and testing have preceded patient delivery in clinical trials.

“Clinical trials are set on a base of precedences. It says this drug is working for Chris, this one is not working for Jack, this one’s not working for Jill; we’ll try this, we’ll try that. There are so many different avenues, it just keeps opening up.

“And anything at all to suppress a particular cancer in a trial that gives you quality of life is what it’s all about. I can’t say enough about the professional, compassionate and timely care I have received. I worked at the Base Hospital for 42 years but have learnt so much of the angst and apprehension on just being a patient living from one CT to the next,” Mr Duncan said.

Mr Duncan’s first treatment, much like any new treatment or clinical trial, was making sure he was able to safely tolerate the treatment, which saw him spend a little longer with the trials team at BRICC than the rest of his treatments would take.

“What you give back is just as important as what you receive,” Mr Duncan said on being involved in clinical trials. What information you can give back is vital for your care; you play a big role in your treatment. Talk to your doctors and tell them about your side effects. Write down points you want to discuss with your doctor.”

“**I’m still trying to live the best quality of life I possibly can. The information gleaned from my treatment together with past and future trials are also helping another group of patients coming after me.**”

# Learning Health System Academy to boost digital health skills



**Heath Miller, Grampians Health’s Manager of Allied Health Informatics, was selected in 2023 to participate in the Learning Health System Academy, a professional development program run by the Centre for Digital Transformation of Health at The University of Melbourne.**

The program equips healthcare professionals with the skills to identify best digital health practice and improve patient outcomes.

Mr Miller participated in the program to gain knowledge on data-driven and digital health-enabled clinical practice improvement, which he can now utilise on the projects he is working on at Grampians Health.

Mr Miller’s project analyses attendance to outpatient clinics at Grampians Health Ballarat campus, with the aim to help the health service understand the impact of location and travel distance on how people access care. This work will inform future improvements, such as expanding virtual care, to help patients access care quicker.

“Grampians Health is committed to providing its staff with opportunities to learn and develop new skills to deliver the best care possible to patients,” said Matthew Hadfield, Chief Medical Officer of Grampians Health.

“As an organisation with a large rural footprint, the use of digital health is integral in providing timely and effective care. We expect the training imparted by the Learning Health System Academy will help us to drive positive patient outcomes.”

The Learning Health System Academy program aims to build the healthcare workforce’s capacity for data-driven and digital health-enabled clinical practice improvement, transform healthcare through data-informed and technology-enhanced models of care, and enhance patient and end-user engagement in the digital transformation of health.

“Heath Miller is an inaugural rural/regional Victoria fellows,” said Prof Wendy Chapman, Director, Centre for Digital Transformation of Health.

“Our Centre’s vision is connected health, and their projects are critical for developing functioning learning health systems that support patients across their journey in the fragmented healthcare system. Participation in the Learning Health Systems Academy will equip them with the learnings to successfully integrate digital technologies and lead the transformation of healthcare.”

Through this program, healthcare professionals can learn from each other, improve their ability to lead change and practice improvement within their organisation, and gain skills in using routinely collected clinical data to generate new knowledge and design and implement digital solutions to real clinical problems.

# Phase I clinical trials: the forefront of cancer research



**Grampians Health is only one of a very small number of regional centres running phase 1 clinical trials. Medical Oncologist Dr Lizzie Lim and her team are excited to be bringing these trials to communities in the Grampians region.**

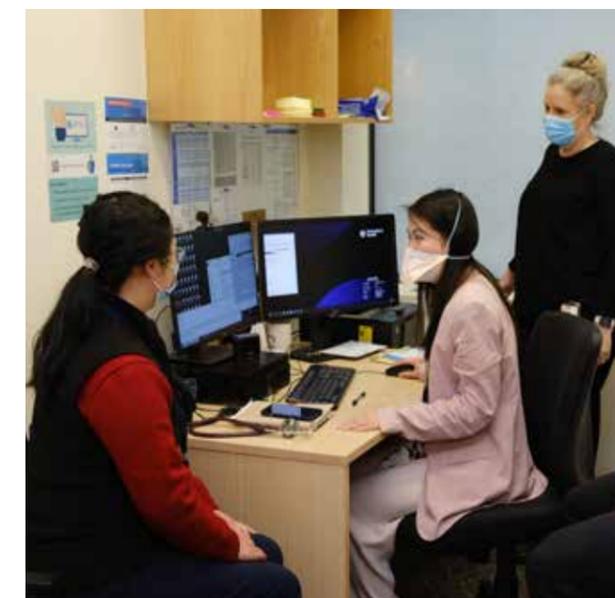
Dr Lim has been working at the forefront of cancer treatment and research for over seven years. Her speciality is oncology drug development and phase I clinical trials.

“Phase one trials are early drug development trials. They are the first in human trials, and so not all of them will make it to the next trial stage. Some may do better than others, some we may find will not be as effective as we hoped, or some may have issues with side effects,” Dr Lim said.

Phase I clinical trials are the first steps to testing new treatments in humans. These trials test the safety, side effects, best dose, and timing of a new treatment. Phase I clinical trials use a very small group of people for this testing phase and are usually the last line of hope for many patients with cancer.

“Phase I clinical trials are evidence-based, gold-standard in progressing research to improve the outcome of patients. Without them, we can’t have any progress and I believe they should be the standard of care for patients,” Dr Lim said.

“  
What I enjoy is being at the forefront of oncology drug development and helping contribute to research that can help patients now and in the future.  
”



Maggie Zhang Clinical Trial Coordinator, Dr Lizzie Lim, and Rebecca Gurnett Senior Clinical Trial Coordinator

# New research shows no geographic disparity in outcomes following heart attack care

## Many worries from some regional and rural patients is what could happen to them when they go home following a heart attack.

Adam Livori, clinician researcher and current PhD candidate, wanted to make sure his patients had the best outlook after being discharged from hospital and dove into research to see what the numbers said about it.

“Cardiovascular disease is the number one cause of death world-wide. It’s a major source of health and economic burden. My colleagues did some forecasting studies and have predicted it could cost Australia over \$61.89 billion between 2020 and 2029,” Mr Livori said.

In the past, remoteness has been shown to predict poor clinical outcomes for patients the further away they are from a major metropolitan area.

“In 2009 to 2012, a study showed that remoteness was a driving force for all-cause cardiovascular death in Australians, which was done after adjusting for socioeconomic status, which is a really important consideration, because we know that socioeconomic status typically decreases as remoteness increases, in other words, we have more affluent areas in more metropolitan parts of the country,” Mr Livori said.

Mr Livori wanted to know whether a patient’s distance from a capital city would increase the risk of poor outcomes after a patient was discharged from hospital following a heart attack.

“

**The first question of my PhD was ‘Should the view from your window determine outcomes following an admission for myocardial infarction?’. ‘My aim was to quantify clinical outcomes following heart attack between regional and metropolitan areas in Victoria.’**

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Mr Livori’s study is a linked data project that looked at all Victorian myocardial infarction admissions between 2012 and 2017 which was then mapped to patients’ locations in Victoria. Mr Livori, as part of a Monash University team from the Centre for Medicine Use and Safety, applied different statistical techniques to help project and predict outcomes across the scale of remoteness using the accessibility/remoteness index of Australia, which considers the distances of different services available to communities.



“We know since 2012, when the dataset from our study began, access to catheter laboratory services for myocardial infarctions has increased. In fact, that’s the year the laboratory opened in Ballarat. And following that in 2014, we had the first quality registry for post coronary stenting – the Victorian Cardiac Outcomes Registry. So the question posed was ‘Does this disparity between remoteness and clinical outcomes following a heart attack still exist?’,” Mr Livori said.

Surprisingly, his research found that a patient’s distance from a major regional centre or capital city had no effect on clinical outcomes.

“What the data showed us is that regardless of where you might live in terms of remoteness, the predicted incidence rate following a heart attack of you having these major adverse cardiovascular events is actually the same, there is no difference with regards to remoteness.

“So whether you’ve had your heart attack in Ballarat, in Richmond, or whether you’ve had your heart attack out past Warrnambool, the likelihood of you having died altogether, having a cardiovascular death, admission for heart attack, admission for stroke or heart failure, is the same,” said Mr Livori.

His research highlights the importance of investment into regional cardiology care since 2012. This shows the importance of regionally-based cardiology care, use of registry data to support outcomes, and the use of high-level statistical analysis of real-world data to understand patterns and predictors of clinical outcomes following myocardial infarction.

“What’s the takeaway from this? What it tells us is that individuals who are working within our health services across Victoria, the initiatives being implemented at a system level are working, because disparities previously reported no longer exist.

“

**Does this mean we’ve fixed the problem? No, but it means we’ve addressed one of the many inequities that can exist within our health system.**

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Mr Livori’s research has been recently accepted for publication in the International Journal of Cardiology.

# Keeping hearts steady in ICU



**Doctor Khaled El-Khawas is an intensive care doctor at Grampians Health in Ballarat. He is committed to finding the best ways to help his patients in the intensive care unit (ICU).**

His latest research is seeing him partner up with Austin Health in Melbourne to run a clinical trial using magnesium to find the best way to treat patients admitted to the ICU who need help keeping their blood pressure in the normal range and their heartbeat regular.

Dr El-Khawas says that many patients in ICU may experience a heart rhythm disturbance known as atrial fibrillation (AF). This means that the patient's heart is beating too fast and out of its usual pattern and the heart is unable to pump blood properly. This can increase the risk of blood clots forming and travelling around the body.

Prevention is better than cure, and reducing the likelihood of patients experiencing an irregular heartbeat while admitted to the ICU is something Dr El-Khawas wants to investigate.

“**Recognising non-invasive ways, such as replacing magnesium levels in our ICU patients, to prevent or shorten the duration of AF could improve patients' outcomes and reduce potential side effects.**”

From treating atrial fibrillation in the ICU, Dr El-Khawas knows that giving patients magnesium can bring their heart and blood pressure back under control.

Magnesium is important in heartbeat regulation as it moves electrolytes such as calcium and potassium into other cells. Electrolytes are important for nerve signals and the heart's muscle contractions to keep a normal heartbeat.

“This study will be using the latest technology of magnesium monitoring from Nova Biomedical, an industry leader in critical care analysers,” said Dr El-Khawas.

Atrial fibrillation is common for people admitted to the ICU who need a ventilator machine to help them with breathing and/or need medication to help support their blood pressure.

For patients admitted to the ICU, AF can mean a worse outcome for the patient and can hinder their recovery.

“This type of rhythm disturbance is a significant clinical problem that is associated with worse critical illness, low blood pressure and eventually undesirable poor outcomes,” Dr El-Khawas said.

Doctors have a range of treatments for AF, from giving potassium or magnesium replacement or medications that slow down the heart's rate, all the way up to giving an electric shock to reset the heart into a normal rhythm.

“Unfortunately, such invasive treatment methods are not without significant side effects either,” Dr El-Khawas said.

Dr El-Khawas says that having access to less invasive ways of treating AF could not only improve patient outcomes, but also make prevention the heart of the treatment.

“We hope to identify whether two different methods of supplementing magnesium in the ICU prevents or shortens the incidence of AF, and subsequently identify whether one approach achieves improved clinical outcomes.”

Dr El-Khawas knows that preventing AF in patients will not only improve their overall health, it will also help their recovery while in the ICU.

“There is considerable evidence that intensive care units participating in research have better patient outcomes than a unit of similar size without such activity. That may be due to the known 'Hawthorne effect' as standard best practice is being continuously measured and assessed.

“In addition, the potential benefit of a single safe intervention in a highly skilled and monitored critical care area would provide opportunities to improve the medical knowledge of previously unknown fields.”

In partnership with Austin Health, Dr El-Khawas is looking to help both current and future patients needing intensive care.

“We hope to identify better and safe interventions for ICU patients to prevent this heart rhythm irregularity. In addition, we could improve our future patient outcomes by investigating the correct method and targets for magnesium level supplementation.

“**Research partnership with Austin Health is essential as it allows collaboration with one of the most active ICU research centres in Australia and New Zealand. Furthermore, it will enable opportunities to exchange knowledge and expertise that will positively impact patient care in the Grampians region.**”



Di Hill ICU Clinical Trial Coordinator

# Grampians Health Research Symposium 2023



# Grampians Health signs MoU with Deakin Rural Health to collaborate on regional-focussed research

**Featuring presentations from researchers from across Grampians Health, this year’s symposium showcased the depth and breadth of research happening at regional and rural hospitals.**

“This is a great way to showcase what can be done in clinical research in regional and rural areas, not only to our Grampians Health staff, but to everyone in the region,” said Grampians Health Director Research Operations Ashleigh Clarke.

The Research and Innovation on the Run Symposium has been running for the last four years, pivoting in 2020 to an online format, ensuring the celebration of research has been able to continue.

Each year, the symposium shares the powerful effect Grampians Health’s research and innovation projects have on the organisation and community.

“Research drives clinical and health service transformation. We’re proud to have a large capacity for research in Ballarat at Grampians Health and with the amalgamation, we’re able to now support research further into regional and rural Victoria away from the major metropolitan areas,” Grampians Health Chief Medical Officer Professor Matthew Hadfield said.

This year’s research presented subjects such as: penicillin allergies – legit or legacy; does a patient’s remoteness have an effect on outcomes after a heart attack; will weighing liquid medications help with unaccounted losses; how libraries support Australian medical training; and how to promote consumer awareness of clinical trials.

“We’re very proud of what our staff are doing. You don’t have to be based at a major metro hospital to lead and participate in research that has a significant impact on the community,” Ms Clarke said.

“**Research and innovation are key enablers in achieving our vision of being an innovative leader in regional and rural healthcare. We’re dedicated to continue growing our culture of embedded research across our organisation.**”

**Grampians Health signed a Memorandum of Understanding (MoU) with Deakin Rural Health to collaborate on research to improve health care delivery and services in western Victoria.**

The pact will allow both organisations to advance their common goals of promoting excellence in health care delivery, improve health outcomes for patients in western Victoria and strengthen the contribution of allied health and nursing.

The MoU will enable Grampians Health and Deakin Rural Health to co-produce further research studies and support evidence-based practice to address shared priorities.

It will also allow the two organisations to attract competitive grant funding and expand networks and industry connections to enable access to more funding. The MoU includes the establishment of leadership roles in health geography and health services research that will concentrate on ways to improve service access for all residents of the Grampians region.

“Research plays an integral role in the development and progression of our health service and we are pleased to be continuing to grow our partnership with Deakin Rural Health,” said Dale Fraser, CEO of Grampians Health.

“This is a valuable opportunity to support research aimed at helping our local communities be connected, healthy and productive. We’ve already seen many benefits of this strong relationship and this MOU will provide greater opportunities in health service-led research.”



Anna Wong Shee Associate Professor Allied Health, Professor Vin Versace Director of Deakin Rural Health, Dale Fraser CEO Grampians Health

“The MoU is a natural progression of the relationship between the two organisations that began in 2016. A number of joint projects have been acknowledged through local research awards reflecting the value not only to the health service, but also the communities we work within,” said Professor Vin Versace, Director of Deakin Rural Health.

Deakin Rural Health – a University Department of Rural Health within the School of Medicine – aims to promote the health and wellbeing of people living in western Victoria, the Wimmera and the Grampians regions. This work is funded by the Rural Health Multidisciplinary Training program – an initiative through the Australian Government Department of Health and Aged Care.

# Ballarat's medical students take on trial into pain medicine



## Grampians Health took part in an international study into pain medicine prescription and use after surgery, with medical students and junior doctors taking the lead.

The Opioid PrEscriptions and usage After Surgery (OPERAS) study was an international, multi-site, observational study with junior doctors and medical students gathering data from the patients in the study across many hospitals around the world.

With 161 hospitals involved, including in Europe, the Middle East, Australia, and New Zealand, Grampians Health was one of 82 hospitals in Australia participating. This gave a unique and exciting opportunity for medical students and junior doctors in regional Victoria.

Medical students from Deakin University and the University of Melbourne completing their placement at Grampians Health were taking the time to be part of this unique research opportunity.

"We had a team of 24 medical students, two junior doctors as subspecialty leads, and a team of three supervising consultants across general surgery, orthopaedics, and urology," said final year University of Melbourne medical student Yusuf Hassan.

Mr Hassan completed his placement at Grampians Health and during this time stepped into the role of Site Investigator under the supervision of Grampians Health's Principal Investigator, Dr Naveen Nara.

After major surgery, most patients get sent home from hospital with medications to help with pain management and a suggestion to follow up with their surgeon or regular doctor if they need to. What made this study unique was the seven-day follow up phone call with patients after their operation.

"Often patients will have major surgery and get discharged with opioid pain medication to take as needed and you never know how much they're taking. They might have taken one tablet, they might have taken ten; the GP might have given them another script for it.

"So that's really the main thing we were looking for, and obviously risk factors for why some patients would be taking more and why others wouldn't, whether it's particular procedures or their pain tolerance," Mr Hassan said.

The OPERAS study will compare the type, amount and length of use of prescribed opioids for pain management after surgery to what is actually used by patients at seven days after being discharged from hospital.

For many doctors and surgeons around the world, it's unclear whether the opioid pain medication prescribed after surgery is the right amount for the patient or more than what they need.

"I know there's been a big push against overprescribing and there's really great work locally at Grampians Health to reduce opioid prescribing rates. I think data like this, especially talking to patients and knowing how much they're taking post-op will be really helpful in reducing unnecessary opioid use."

With opioid use around the world increasing in the past few years, and opioid-related deaths in adults in Australia increasing by 3.8 per cent per year since 2007, this study will be an important tool to see how doctors can avoid opioid overprescription, which can contribute to opioid misuse.

"It's interesting to look at doctors and their prescribing rates, but it could also be a symptom of a culture at a hospital, or a certain region, or different specialities using different kinds of opioids. And some surgeries are more major than others: a laparoscopic appendectomy [removal of the appendix] is very different to major orthopaedic or urological surgery, so that has to be factored in very closely," Mr Hassan said.

While the OPERAS study primarily looked at how much pain medicine is prescribed to patients after discharge from hospital and how much they actually took and need to manage their pain, the study also hopes to identify risk factors for overprescription and overconsumption and variations in prescription rates for different operations and surgical areas.

"This study will add to the toolkit to better understand the opioid epidemic that we're facing and ultimately have better outcomes for patients. We train to be doctors to do the best for our patients, and this research will try to understand if we're doing more harm than good with our prescribing rates," Mr Hassan said.

This study also highlighted research opportunities for students at hospitals outside of metropolitan Melbourne.

Determined to show what's on offer at regional hospitals, Mr Hassan is the Vice Chair of the Rural Surgical Student Society, and is hoping they can bring more collaborative research opportunities like OPERAS to regional Victoria.

"We established a rural surgical collaborative last year aimed to host projects just like this one. We wanted to change the perception that there weren't as many opportunities outside of metro hospitals so having access to initiatives like OPERAS that's collaborative across many sites and easy for us to get involved in was great.

"I think the next steps for our collaborative would be locally run research where we are involved in the study design and protocol development," Mr Hassan said.

All data collected by junior doctors and medical students was added anonymously to the research database run by OPERAS' managing research organisation Trials and Audits in Surgery by Medical Students in Australia and New Zealand (TASMAN).

TASMAN's data analysis committee will review the data from all sites around the world.

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**It's been a very beneficial and insightful experience and will be good for future research opportunities for myself and other medical students.**

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# Research Governance

## Human Research Ethics Committee (HREC)

HRECs review research proposals involving human participants to ensure they are ethically acceptable and meet relevant standards and guidelines.

The Grampians Health St John of God Ballarat HREC is an National Health and Medical Research Council (NHMRC) registered HREC and reviews submissions from internal and external researchers and organisations within our grampians region.

## Research Innovation and Advisory Council members

- Professor Matthew Hadfield (Chair)
- Professor Robert Grenfell
- Dr Geoffrey Chong
- Ms Ashleigh Clarke
- Dr Robert Commons
- Dr Rosemarie Eyre
- Ms Kate Pryde
- Mrs Carmel Goss
- Ms Gemma Siemensma
- Ms Sharon Sykes
- Professor Anna Wong Shee
- Georgie Kemp

## HREC Committee Members

- Professor Julian Webb (Chair)
- Ms Maureen Waddington (Deputy Chair)
- Mrs Mary-Frances Beaumont
- Dr Elyssia Bourke
- Dr Steve Costa
- Mr Max Crawford
- Ms Laura Hartmann
- Mr Brian Kennedy
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- Mr Paul Lewandowski
- Mr Adam Livori
- Mrs Rebecca Mahoney
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- Associate Professor Blake Peck
- Ms Mia Pithie
- Professor Arthur Shulkes
- Ms Gemma Siemensma
- Ms Katalina Toth
- Mr Alan Walker
- Mr Owen Walker
- Ms Jessica Williams
- Associate Professor Mark Yates

# Grampians Health Library

## Library services

The library provides a comprehensive and valued library and information service for staff with patient care, research, education and clinical governance as key priority areas.

This year has been one of the busiest for the Library, with increased usage, increased engagement with key stakeholders and increased attendance of staff at library training sessions.

The Library has supported both established and emerging researchers by undertaking literature searches, partaking or mentoring staff in systematic reviews, training staff in database use, obtaining articles for staff, and buying additional resources to support clinical practice, research and education.

The Library works closely with the Research Department and manages Grampians Health Archive and Research Repository which captures the research outputs of Grampians Health.

## Archive and Research Repository

The Grampians Health Archive and Research Repository is an online collection of historical material, and published research articles and conference presentations by Grampians Health staff. The Historical Archive preserves the organisational memory and includes annual reports and photographs illustrating the history of public health services within the Grampians region.

At the end of 2023 the research output collection contained over 1000 published research articles and over 500 conference presentations and posters. Library staff are now working on creating research profiles within the Repository, pulling together a researcher's publications into a centralised place.

The Repository is available to staff and members of the community to browse at: <https://bhsdigitalrepository.bhs.org.au/bhsjspui> Items added are also added to the National Library of Australia's TROVE database <https://trove.nla.gov.au>, making them discoverable to a global audience.

The Repository facilitates the visibility and access to the work undertaken by Grampians Health researchers. It actively highlights and demonstrates the important impact that research has across regional and rural health settings.

# Projects approved by GH SJOG HREC



## 2022

Lifestyle behaviour change following completion of a cardiac rehabilitation program: a 1-month and 6-month follow-up.

Junior nurses' experiences caring for individuals with mental ill health within a regional emergency department: A qualitative-descriptive study

An evaluation of the Hospital Elder Life Program at Ballarat Health Services

Improving care beyond the Emergency Department - a codesigned health navigation program

Intensive Care Unit clinicians' experiences of transitions to end-of-life care in a regional centre. A qualitative study

Initial Experience Following Transanal Total Mesorectal Excision at a Regional Victorian Hospital

HELP - IM

Weekend physiotherapy process evaluation

Pilot study to evaluate a focused educational module for obtaining critical view of safety during laparoscopic cholecystectomy

Acute Surgical Inter-Hospital Transfers

Does the choice of induction agent in rapid sequence intubation influence the incidence of post-induction hypotension?

Audit of Glucose management following implementation of National Plan

Clinicians' Perspectives on Barriers and Enablers to Activity in Clinical Trials

Review of renal biopsy practices and outcomes in a regional centre

The impact of COVID-19 on people with a new diagnosis of cancer in a rural setting

Weight management program on lifestyle behaviour change in individuals with obesity

Why Wait for Wellness

Outcomes of the Rapid Access Lung Lesion Clinic

Medical Student Perceptions of Urology as a Specialty

An audit of surgical outcomes following Emergency Laparotomy at Ballarat Health Services

Machine learning in the categorization of intracerebral haemorrhage (ICH)

Modified sport program for rural community dwelling older adults: A pilot study

Retrospective audit of Remifentanyl for labour at a large regional hospital

Maintaining a First Trimester Abortion Service during the COVID19 Pandemic

## 2023

Codesigning Treatment Information Provision to Support the Information Needs of Older Cancer Patients in the Grampians Region of Victoria, Australia: A Multicenter Study.

Repurposing the Mindfulness and Compassion program (MAC-P) program using co-design to create a transdiagnostic online intervention for youth attending rural/regional mental health services

Assessing immunity to COVID-19 in aged individuals.

Phase II Investigation of the feasibility, acceptability, and preliminary efficacy of a Hub-and-Spoke, Peer-Led Community Aphasia Group program

Understanding Collaboration between Practitioners

Systemic Therapy for Metastatic Melanoma in A Regional Health Service: A Retrospective Analysis

Surgical MET call study

Assessing the impact of discharge prescription workflow on timely discharge in a regional health setting.

Staff Wellbeing in aged care

Practice trends in the use of non-vitamin K oral anticoagulants (NOAC) for treating non-valvular atrial fibrillation (NVAF) and as an off-label treatment

Tyranny of Distance. Does travel distance and time to Grampians Health Ballarat impact attendance to Specialists in ambulatory care settings?

The enablers and barriers to delivering evidence based assessment, diagnosis and management of people with acute

Charcot Neuroarthropathy (CN) attending Grampians health Ballarat

Transdisciplinary swallow screening in COPD

Grampians Health Allied Health Continuing Professional Development Needs Identification

What factors are associated with best practice enoxaparin prescribing for prevention of thromboembolism in a large regional Australian maternity population?

The impact of COVID-19 on people with a new diagnosis of cancer in a rural setting

Tyranny of Distance. Does travel distance and time to Grampians Health Ballarat impact attendance to Specialists in ambulatory care settings?

Stroke Circuit class

Validation of risk prediction models for predicting pneumothorax and intercostal catheter insertion post CT-guided lung biopsy

Skeletal radiograph interpretation discrepancies in a regional Australian Emergency Department

Emergency Doctors Perceptions of Dual Antiplatelet Therapy (EDDAPT)

The long and the short of it: A retrospective audit exploring factors contributing to extended length of stay for regional stroke/TIA patients

# Multi-site projects authorised at Grampians Health

## 2022

SmartHeart: A smarthome ecosystem for people with heart failure

ARROW – Assessing the Reduction of Recurrent admissions with OM-85 for preschool Wheeze

Early Sedation with Dexmedetomidine vs. Placebo in Older Ventilated Critically Ill Patients

INHALE: Investigation of Health outcomes in Australian Lung cancer

Antiplatelet Secondary Prevention International Randomised trial after INtracerebral haemorrhage (ASPIRING)

MonitOring The Influence Of care for patients with kNee osteoarthritis (MOTION)

Opioid PrEscRiption and Usage After Surgery (OPERAS)

A Phase 1, Open-Label Study to Evaluate the Safety, Tolerability, Pharmacokinetics, and Preliminary Efficacy of HMPL-689 in Patients with Relapsed or Refractory Lymphoma

An open label, single arm trial evaluating the efficacy and safety of EVX- 01 in combination with pembrolizumab in checkpoint inhibitor treatment naive adults with unresectable or metastatic melanoma

Attraction and Retention in the public mental health workforce

Development and pilot evaluation of an evidence-nformed, online education resource (the iCan resource) for non-specialist cancer nurses caring for people affected by cancer.

A Phase 2 Trial of MRTX849 Monotherapy and in Combination with Pembrolizumab in Patients with Advanced Non-Small Cell Lung Cancer with KRAS G12C Mutation

EMBER-4

Phase 3 Randomized Double-blinded Study of Adjuvant Immunotherapy with Relatlimab-Nivolumab FD Combination v Nivolumab after Complete Resection Stage III-IV Melanoma

PRT-E Stakeholder working group exploration

2021.221 – J2G-MC-JZJX (LIBRETTO-432: A Placebo-controlled Double-Blinded Randomized Phase 3 Study of Adjuvant Selpercatinib in RET fusion-Positive NSCLC)

Cancer consumer advocates in healthcare system improvement: perspectives of consumer-advocates and health professionals

Myeloma 1000 Project

CogCare Registry: Pilot Clinical Quality Registry for Dementia and Mild Cognitive Impairment

MAGNESIUM

A Phase 1/2 Study of BMS-986253 in Combination with Nivolumab or Nivolumab plus Ipilimumab in Advanced Cancers

PM1183-C-008-21 Lurbinectedin alone or with Irinotecan versus Topotecan or Irinotecan in Patients with Relapsed Small Cell Lung Cancer (LAGOON)

Open-label Phase 3 Study of MK-7684A (Coformulation of Vibostolimab with Pembrolizumab) in Combination with Concurrent Chemoradiotherapy followed by MK-7684A Versus Concurrent Chemoradiotherapy followed by Durvalumab in Participants with Unresectable, Locally Advanced, Stage III NSCLC

Phase 2 Study to Evaluate the Efficacy and Safety of an Adjuvant Therapeutic Cancer Vaccine (AST-301, pNGVL3-hICD) in Patients with HER2 Low Breast Cancer

Staphylococcus aureus Network Adaptive Platform trial (SNAP)

The mega randomised registry trial comparing conservative vs liberal oxygenation targets

TAK-573-1001 advanced or metastatic solid tumors

DECRESCENDO

A Phase 1b/3 Study of Bemarituzumab Plus Chemotherapy and Nivolumab Versus Chemotherapy and Nivolumab Alone in Subjects With Previously Untreated Advanced Gastric and Gastroesophageal Junction CancerWith FGFR2b Overexpression (FORTITUDE-102)

What are the critical factors to sustain multidisciplinary mortality and morbidity review with participants from rural and regional maternity services in Victoria?

Sustaining improvements in the management of infants with bronchiolitis – a PREDICT study

## 2023

AIROPLANE: Air or Oxygen for Preterm infants; AN Embedded trial

HLX10-020-SCLC302

PEACHY-M: Pharmacological Emergency management of Agitation in Children and Young people – a randomised controlled trial of intraMuscular medication

A Randomized, Multicenter, Dose-Blinded, Phase 2 Extension Study of ABP-450 (prabotulinumtoxinA) Purified Neurotoxin Complex for the Prevention of Migraine Headache

HM-EZHI-101 – A Phase I, Open-Label, Multicenter, Dose Escalation and Expansion Study of HM97662 as a Single Agent in Patients With Advanced or Metastatic Solid Tumors

Phase 3 study to investigate the efficacy and safety of the oral FXIa inhibitor asundexian compared with placebo in participants after an acute non-cardioembolic ischemic stroke or high-risk TIA

A multicentre, international, randomized, active comparator-controlled, double-blind, double-dummy, parallel-group, 2-arm, Phase 3 study to compare the efficacy and safety of the oral FXIa inhibitor asundexian (BAY 2433334) with apixaban for the prevention of stroke or systemic embolism in male and female participants aged 18 years and older with atrial fibrillation at risk for stroke

Codesigning Treatment Information Provision to Support the Information Needs of Older Cancer Patients in the Grampians Region of Victoria, Australia: A Multicenter Study.

Sprint National Anaesthesia Project 3: An Observational Study and Audit of Frailty, Multimorbidity and Delirium in Older People in the Perioperative Period (SNAP 3)

Long-term Outcomes of Lidocaine Infusions for Post-Operative Pain “The LOLIPOP Trial”

VADER (ONJ2022-002)

Childhood outcomes of fetal genomic variants: the PrenatAL Microarray (PALM) cohort

ASR Pilot

CA116-003 – A Phase 2, Open-label, Randomized Study of MORAb-202 (Farletuzumab Ecteribulin), a Folate Receptor Alpha-targeting Antibody-Drug Conjugate, in Participants with Metastatic Non-Small Cell Lung Cancer

EXTEND-1A DNase: Improving early reperfusion with adjuvant dornase alfa in large vessel ischemic stroke

The Sleep, Cancer and Rest (SleepCare) Trial: A Randomised, Controlled Trial of Four Treatments for Sleep during Chemotherapy

The Australian and New Zealand Thoracic Clinical Quality Registry (ANZTHOR)

The C\*STEROID Trial: Corticosteroids before planned caesarean section from 35+0 to 39+6 weeks of pregnancy

Evaluation of an implementation intervention to enhance national translaton of nurse-initated protocols for fever, hyperglycaemia and swallowing management following stroke: a cluster randomised controlled trial

Australasian Resuscitation In Sepsis Evaluation: FLUId or vasopressors In emergency Department Sepsis

Assessing immunity to COVID-19 in aged individuals

CRew-Ace (COVID-19 & Regional Health Staff Wellbeing – Accessibility of Supports)

Using co-design to improve accessibility and acceptability of cardiac services: The Equal Hearts Study

Exploring the adherence to speech pathology dysphagia recommendations and the barriers and facilitators for implementing prescribed texture modifications in a Residential Aged-Care Facility

LIAISON® NES Flu A/B & COVID-19 Clinical Agreement in Australia

Randomized, multicenter, open-label, phase 3 study of mirvetuximab soravtansine in combination with bevacizumab versus bevacizumab alone as maintenance therapy for patients with FRA-positive recurrent platinum-sensitive epithelial ovarian, fallopian tube, or primary peritoneal cancers who have not progressed after second line platinum-based chemotherapy plus bevacizumab (GLORIOSA)™

CIBI334A101 A Phase 1 study of IBI334 in Subjects with Unresectable, Locally Advanced or Metastatic Solid Tumors

DZ2022B0002

National Surgical Quality Improvement Program (NSQIP)

A Phase 3, Randomized, Double-blind, Placebo-controlled, Event-driven Study to Demonstrate the Efficacy and Safety of Milvexian, an Oral Factor XIa Inhibitor, After a Recent Acute Coronary Syndrome

eFT508-0011, A Randomized, Double-Blind, Placebo-Controlled Trial of Tomivosertb in Combinaton With Ant-PD-(L)1 Therapy in Subjects With Non-Small Cell Lung Cancer

The National Gynae-Oncology registry

Pregnancy Research Translation Ecosystem (PRT-E) perinatal audit

Treatment Of newly-diagnosed Follicular Lymphoma with CELMoD BMS- 986369, Rituximab +/- Nivolumab: An umbrella Bayesian Optimal Phase II study (TOP-FLOR)

iTestis: Bioinformatics for Testis Cancer

OPTIMA – Optimal Personalised Treatment of early breast cancer using Multiparameter Analysis: a randomised study (A multi-site partially blinded randomised international clinical trial with a non-inferiority endpoint and adaptive design)

A Phase I Study to Evaluate the Safety, Tolerability, Pharmacology, and Preliminary Efficacy of AT-0174 in Subjects with Advanced Solid Malignancies

A phase 3 randomized, open-label study of OP-1250 monotherapy vs standard of care for the treatment of ER+, HER2- advanced or metastatic breast cancer following endocrine and CDK4/6 inhibitor therapy

iPREDICT

9785-CL-0123: A Phase 2 Open-label Extension Study for Subjects with Prostate Cancer Who Previously Participated in an Enzalutamide Clinical Study

Healthcare Workers’ Attitudes to Climate Change and Health

TRodelvy use in AdvanCed Triple Negative BrEast Cancer in Australia (TRACIE)

Treatment of Australian Colorectal Cancer – Selecting biomarkers of interest

R3767-ONC-2236 – A Phase 2/3 Study of Fianlimab, Cemiplimab, and Chemotherapy versus Cemiplimab and Chemotherapy in NSCLC

MarkV-01: A Phase 1a/1b, First-in-Human, Open Label Study to Assess the Safety, Tolerability, and Pharmacokinetics of PMC-309 (Anti-VISTA), as Monotherapy and Combined with Pembrolizumab, in Patients

Evaluation of General Medicine Perioperative Services in Victoria

R3767-ONC-2235 – A Study of Fianlimab + Cemiplimab versus Cemiplimab in Patients with Advanced Non-Small Cell Lung Cancer

PREVENTION with SGLT-2 inhibition of Acute Kidney Injury in intensive care (PREVENTS-AKI)

OTSUKA (393-419-00041) A Study Comparing Treatment Preference Between Oral Decitabine/Cedazuridine and Azacitidine in Myelodysplastic Syndrome, Low-Blast Acute Myeloid Leukemia

# Quality assurance approvals



## 2022

Remifentanyl Patient Controlled Analgesia in labour at Grampians Health. An audit of 2022 activity, safety and outcomes

Extended Hours Survey Youth Pilot

Consumer Engagement with new Freedom of Information (FOI) Process

Evaluation of allied health assistant service provision in a community regional health setting.

Fasting Duration in Paediatric Patients

Evaluation of Dysphagia Education for Nursing, Environmental Services & Residential Aged Care Staff

Guideline directed medical therapy for heart failure patients in a regional hospital

Retrospective Review of National Insulin Adult Subcutaneous Chart Implementation

Ballarat Integrated cancer Centre Chemotherapy Day Unit Patient Experience Improvement Project

Pain audit for PACU at Grampians Health Horsham

## 2023

POPPIES study

Malnutrition determination at point prevalence in acute and subacute settings.

Operation Clean Up Ballarat: Reducing disposable resource use in theatres

The use of Peripheral Nerve Blocks in the pre-operative management of neck of femur fractures at Ballarat Health Services.

Slow release opioid and antipsychotic prescribing in the Ballarat Base Hospital ICU

COVID-19 Interdisciplinary Training for Allied Health in – Grampians Health Post Program Qualitative Analysis

Spinal Anaesthesia For Caesarean Section: Failure Rates and Correlating Factors

An audit of patients with hip fracture: physician perspective

Gastroenterology Audit of the Diagnosis of Decompensated Liver Cirrhosis at Grampians Health Ballarat

# Grampians Health publications

## 2022

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Grampians Health Research  
PO Box 577, Ballarat VIC 3353  
ResearchEthics@gh.org.au

For more information visit:  
[grampianshealth.org.au](http://grampianshealth.org.au)