Abstract Submission Template

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Projects can be: Quality Improvement, Audit, Service Evaluations or Research.
Projects can be at any stage: Planning, just started, mid-way through, just completed, writing up analysis and report, or completed.

Title of project: Telehealth for cardiac-diabetes patients
Presenter’s Name: Associate Professor Jo Wu
Position: Associate Professor
Organisation: University of the Sunshine Coast (USC)
Email: cwu@usc.edu.au
Mobile: Work: 07 5456 5689

Background and aim(s): Evidence supports the effectiveness of cardiac rehabilitation and/or diabetes self-management programs, as having positive impacts on patients’ health outcomes and less hospital readmissions. Current modes of such programs are not fully accessible to all clients; hence attendance remains low. With economic pressure on the current healthcare system, it is increasingly important for health providers to discover a low-priced and effective approach to assist patients in better managing their conditions. Incorporating an inexpensive technology such as telephone and text-messaging have showed improvements to assist these at-risk patients to better manage their day-to-day life and results in greater compliance and achieving better quality of life.

Methods: A randomised controlled trial was used to examine the feasibility of a theoretical based Cardiac-diabetes self-management program (CDSMP) incorporating telephone and text-message follow up. The main outcomes included self-efficacy, self-care behaviour, knowledge and quality of life.

Results: (If you have no results yet, discuss what you would like to do with the results)
Significant improvements in self-efficacy were found for the patients in the intervention group. The improved but no significant levels of self-care behaviour, knowledge and quality of life were revealed in both control and intervention groups.

Discussion/Conclusion(s):

References:

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Title of project: Improving interprofessional understanding and practice in emergency mental health triage: An action research project

Presenter’s Name: Dr Marc Broadbent
Position: Senior Lecturer
Organisation: University of the Sunshine Coast
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Background and aim(s): To engage emergency department (ED) nurses and mental health (MH) clinicians in a collegiate process that aimed to establish an interdisciplinary approach to improving the delivery of care at the point of ED triage.

Methods: Using an action research framework, qualitative data was elicited from interviews undertaken with twenty-nine ED and MH clinicians working at three different sites within the one Hospital and Health Service (HHS) about the process of ED triage, referral and MH response. This data was thematically analysed and presented in a workshop that challenged participants to consider how they perform their clinical practice and how they engage with each other. A final phase of data collection involving participants who had attended workshops was undertaken and thematically analysed.

Results: (if you have no results yet, discuss what you would like to do with the results)
The outcomes of the study include evidence that reflects 1) a momentum for a more robust inter-collegial partnership with ED triage nurses and MH clinicians, and 2) a more cohesive collaborative approach to the triage, referral and MH response that occurs at the initial point of presentation for the consumer.

Discussion/Conclusion(s):
The participants have been able to engage in a problem solving inter-collegial reflective workshop. This has provided transparency regarding what each team is experiencing at the time of triage and thus allowed for an exchange of knowledge and ideas. The processes for triage, referral and MH response have been scrutinised in a collegial environment. This has provided recommendations for improved service delivery to consumers who present for MH care in the ED. Engaging staff in a research process that requires them to describe and reflect on their practice can result in the consumer receiving care at times of crisis that is collaborative and delivered in a timely manner.

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**Title of project:** Geriatric Emergency Department Intervention: a quasi-experimental study

**Presenter’s Name:** Prof Marianne Wallis

**Position:** Professor of Nursing

**Email:** mwallis@usc.edu.au

**Organisation:** University of the Sunshine Coast

**Mobile:** 0427 633 708

**Background and aim(s):** As the population ages, innovative and cost-effective ways to manage the increasing needs of this growing cohort, while health budgets are shrinking, are required. The Geriatric Emergency Department Intervention (GEDI) project evaluated an innovative model of ED service delivery for frail older adults with acute illness/injury, at Nambour Hospital. GEDI is a nurse-led, physician-championed model of care that provides targeted assessment, shared decision-making and prompt disposition planning for frail older adults. It aims to reduce unnecessary hospitalisation while ensuring high quality, safe care for this cohort.

**Methods:** A pragmatic trial of the GEDI model using a pre-post design. Outcomes measured included disposition (admitted/discharged); ED and hospital (if admitted) length of stay; 28 day re-presentation; mortality; and cost.

**Results:** In the three study periods (pre-implementation, interim implementation and post-implementation), over a 4.5 year timeframe 45,000 older adults presented to the study ED. Older persons who presented to the ED when the GEDI team were working had increased likelihoods of discharge (Hazard ratio (HR)=1.19; 95% CI: 1.13-1.24) and reduced ED length of stay (HR=1.42; 95% CI: 1.33-1.52) compared with those who presented when GEDI were not working. There was no increase in the risk of mortality (HR=1.01; 95% CI=0.23-4.43) or risk of same cause re-presentation to 28 days (HR=1.21; 95% CI: 0.99-1.49). The GEDI service resulted in average cost savings per ED presentation of $35 [95% CI: $21, $49] and savings of $1,469 [95% CI: $1,105, $1,834] per hospital admission.

**Discussion/Conclusion(s):** The study provides beginning evidence that the GEDI model improves health service outcomes for frail older people who present to a regional ED. The model is being rolled out in four other QHealth regional EDs and further funding has been secured to evaluate the effect of this model of service delivery and the utility of the implementation strategy.

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<tr>
<th>Title of project:</th>
<th>Medication Error in the Community</th>
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<tr>
<td>Presenter’s Name:</td>
<td>Prof Marianne Wallis</td>
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<td>Position:</td>
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<td>Organisation:</td>
<td>University of the Sunshine Coast</td>
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<td>Email:</td>
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<td>Mobile:</td>
<td>0427 633 708</td>
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Background and aim(s): Adults aged 65+ often take one or more medications to treat chronic conditions. In Australia, adverse drug events are five times higher in older adults than younger adults and are the leading cause of emergency department visits, hospital admissions and readmissions. The Sunshine Coast has a higher proportion of older adults than the national average but no data exists that identifies the contributing factors to medication-related adverse events leading to hospitalisation in this region. The study aimed to measure the extent of medication-related events leading to hospitalisation in community-dwelling older adults (aged 65 years and over), and provides a snapshot of the frequency and characteristics of hospitalisations in an elderly population, living in regional Australia, at a specific point in time. The results will describe characteristics and outcomes of hospitalisations and may be used to guide innovation in discharge planning involving members of the multidisciplinary team of doctors, nurses and pharmacists.

Methods: A retrospective audit of 300 medical records, of Medical Assessment Unit patients aged 65+, was undertaken and patients were sorted into four groups: (i) self- or carer-administered medication error (ii) incorrectly prescribed medication error, (iii) physiologic reactions to medication error, (iv) control group.

Results: Data were available for 295 patients admitted in Spring and Summer 2017 -2018. Of these 55% were female and the mean (SD) age was 80 (8.2). Most patients were admitted Sunday to Wednesday. On average the patients were taking 11 medications (SD=5.9) and 17% (n=51) had some medication error-related reason for their presentation. In total 19% (n=57) were readmitted within 28 days but there was no association with the medication error ($\chi^2=1.2; p=0.26$).

Discussion/Conclusion(s): The findings are similar to a study in New Zealand in 2013 that reported patients who suffered an adverse drug event in the community setting resulting in hospitalisation were more likely to be female, older with more complex medical illnesses, suffer temporary harm, and have a longer length of stay.

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Title of project: The Pepi-Pod Program: a culturally acceptable strategy to promote safe sleeping in Aboriginal and Torres Strait Islander communities.

Presenter's Name: Professor Jeanine Young
Position: Professor of Nursing
Organisation: University of the Sunshine Coast
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Mobile: 0438 903511

Background and aim(s): Sudden unexpected death in infancy (SUDI) is experienced by Indigenous babies two to three times more than non-Indigenous babies. Considerable proportions of deaths are associated with unsafe sleeping practices, particularly cosleeping with a parent who smokes. This study aimed to determine the acceptability, feasibility and safety of a portable infant sleep space embedded within safe sleep health promotion, within Queensland Aboriginal and Torres Strait Islander families.

Methods: The Pēpi-pod Program, comprising a safe sleep enabler, safe sleeping parent education and safety briefing; and family commitment to share safe sleeping messages in social networks, was delivered to Indigenous families with identified SUDI risks, recruited through maternal and child health services (n=10 services, 25 communities) across metropolitan, regional and rural/remote areas during the period 2014-2017. Parent questionnaires administered face-to-face or by telephone within 2 weeks of receiving the Pēpi-pod; then monthly thereafter until pod use ceased, across metropolitan, regional and rural/remote areas.

Results: (if you have no results yet, discuss what you would like to do with the results)
Families recruited through participating services and meeting eligibility criteria who completed data collection by July 2017 (n=405) are included in this analysis. All families recruited had identified SUDI risk factors; 75% had ≥2 known risk factors. Pēpi-pod acceptability was supported by parent responses that related to three key themes: safety, convenience and portability. Safe sleeping awareness has been raised within families and community networks. Health worker feedback relating to program implementation indicated that the program was feasible, accessible, flexible, sustainable, and built local workforce capacity with integration into current service models.

Discussion/Conclusion(s):
All services participating in this initiative have expressed a wish to continue the program within their maternal and child health service. Innovative strategies established in partnership with families and local health services which allow for co-sleeping benefits, respect cultural norms and infant care practices, whilst enabling safe sleep environments are necessary to further reduce SUDI. The Pepi-Pod Program has been incorporated in the Queensland government ‘Our Way’ strategy to support the First 1000 Days and optimal infant outcomes.

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Title of project: The experience of working in the Emergency Department a multinational program of research

Presenter’s Name: Prof Marianne Wallis
Position: Professor of Nursing
Organisation: University of the Sunshine Coast
Email: mwallis@usc.edu.au
Mobile: 0427 633 708

Background and aim(s): Sometimes it is the simplest research idea that excites the most interest and can lead to an extensive and international program of research. In this presentation I will use a case study of a project that sought to explore the working environment of the ED. Preliminary studies in two hospitals in regional Queensland have resulted in a program of research that has had research outputs including three journal articles, redesign and psychometric testing of a survey instrument, one FACEM fellowship research component, one PhD enrolment, one Master’s enrolment and extension to four other countries.

Methods: Survey of doctors and nurses working in the EDs of two regional Queensland Hospitals. Survey included scales related to work environment, stressors experienced and coping strategies.

Results: (if you have no results yet, discuss what you would like to do with the results)
ED staff in two different-sized departments within the same healthcare system have similar perceptions of the stressors relating to their work environment. Stressors tend to revolve around system and resource concerns. Staff within the two departments utilise a wide range of coping mechanisms, which mostly have a positive effect on the perception and management of stress in the workplace.

Discussion/Conclusion(s):
This project has now led to future surveying in Europe, Asia and hopefully soon North America. The findings apart from allowing international comparisons will help design staff support and development strategies.

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Title of project: Enabling Safe and Close Care in Postnatal Environments: The ESCCaPE Trial.

Presenter's Name: Professor Jeanine Young

Position: Professor of Nursing

Organisation: University of the Sunshine Coast

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Mobile: 0438 903 511

Background and aim(s): Sharing a sleep surface with a baby is a common occurrence worldwide, especially for breastfeeding mothers. Challenges exist for staff in the postnatal setting during the immediate hours and days following birth to promote maternal-infant closeness and skin to skin contact to support attachment and breastfeeding, whilst also providing an environment that protects the newborn infant’s airway, reduces infant falls risk, and promotes uptake of safe infant sleeping messages post discharge. In this first Australian trial, two neonatal infant sleep spaces designed to promote closeness and safe sleeping environments in the postnatal setting were piloted.

Methods: A randomised controlled trial design was piloted to assess acceptability and maternal satisfaction with an alternative postnatal infant sleep space, as measured by: maternal satisfaction; breastfeeding initiation and duration; maternal-infant attachment; maternal awareness of safe sleep recommendations and incidence of shared sleep. Eligible maternal-infant dyads were randomly allocated to one of three conditions: Mabim Side-Car Cot; First Days Pepi-Pod or standard hospital cot (standard care). Mothers completed an in-hospital questionnaire (at discharge) relating to their experience of allocated sleep condition and were followed up at 6-8 weeks and 4 months post birth.

Results: Preliminary results are reported here; longitudinal data collection will continue until December 2018. During the recruitment period 95 maternal-infant dyads were randomised to receive one of the three sleep conditions. Participants were predominantly of non-Indigenous Australian backgrounds (83; 87.4%) with a mean maternal age of 30 years and with an equal proportion of first-time and multiparous mothers in the group. As intention to breastfeed was a criteria for participation, 100% of infants were being breastfed on recruitment, with 88% having received only breastmilk at the time of the in-hospital questionnaire (at discharge), reducing to 69% exclusively breastfed at the 6-8 week time point. Most participants (95.2%) positioned infants supine for sleep while in the postnatal unit; while non-supine positioning was usually in the context of being held by a parent. Nil accidents, injuries, falls or adverse events were reported by participants or staff during the trial period.

Discussion/Conclusion(s):
Data collection and analyses are ongoing, however some conclusions from preliminary data are possible. Provision of alternative safe sleep options within the postnatal unit was appreciated by mothers and has the potential to facilitate greater maternal-infant sleep proximity to support breastfeeding, whilst reducing direct bedsharing in the presence of some risk factors. There were no adverse events associated with use of novel infant sleep spaces. Study has potential to raise awareness of maternal and staff awareness of safe sleep recommendations. Further data analysis will examine the potential for novel sleep spaces to enhance breastfeeding outcomes and maternal-infant attachment.

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Queensland Infant Care Practice Study: are safe sleeping messages being translated into practice

Presenter's Name: Professor Jeanine Young (on behalf of Rhonda Cole, PhD Student)
Position: Professor of Nursing
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Background and aim(s): Since Australia's first national safe sleeping campaign in 1991, Queensland's rate of sudden unexpected death in infancy (SUDI) has remained higher than the national average. While safe sleeping recommendations continue to be revised and disseminated, consistency between public health messages and uptake into contemporary parent practice remains unknown. The aim of the study was to measure the prevalence of contemporary infant care practices employed by Queensland caregivers to assess the translation of current public health messages into practice.

Methods: A cross-sectional survey of Queensland caregivers with infants approximately 3-months old was conducted (n=10,200 for April-May birth cohorts). The sample population was identified using the Queensland Registry of Births, Deaths and Marriages Birth Notifications Register. Caregivers were mailed a questionnaire, together with online access, to explore infant care practices adopted and the awareness of safe sleep recommendations.

Results: (if you have no results yet, discuss what you would like to do with the results)
The response rate was 30%; findings of 1833 participant families with a baby birthed in April (electronic 26%, paper-version 74%) are described here. Most caregivers reported receiving safe sleeping advice; nurses or midwives were primary sources. Nearly a third (547, 31%) of caregivers indicated difficulty employing one or more recommendations. Placing baby on back to sleep and not sharing a sleep surface were most commonly reported practices by caregivers as difficult to employ. When asked to select the Safe Sleep messages, 76% could identify the six recommendations. Routinely, 17% of infants were placed in non-supine sleep positions. If sleeping in a cot, 68% were placed feet-to-foot; while some babies routinely slept with a pillow (11%) and soft toys (12%). Smoke-free households were self-reported in 82% of families. While 70% babies room-shared with another person, 8% of these were with siblings. Shared sleep was common with 75% of parents having slept with their baby on the same sleep surface since birth, with 49% sharing a surface during the last 2 weeks. While 77% of babies were exclusively fed breastmilk at hospital discharge, this was reported to be 62% at 3 months. Parent knowledge deficits were identified relating to sleep position for babies with reflux (58% would tilt sleep surface), and safety precautions in use of slings and teething necklaces.

Discussion/Conclusion(s): Despite receiving safe sleep advice some caregivers still adopt suboptimal infant care practices which create hazardous sleep environments and may increase the risk of sudden infant death. Culturally appropriate and practical strategies are needed to assist parents in translating safe sleep messages into safe infant care.

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