People are always the focus of our extensive research programs - with the reward being improved quality of life for people in need.
HammondCare’s logo is the forget-me-not flower, which represents our commitment to the needy and vulnerable and our valuing of all people as made in the image of God.
“We are passionate about providing the very best service for the people we support, and this means training the workforce of the future and advancing best practice in clinical care through research.”

Dr Stephen Judd
Chief Executive, HammondCare
“A range of practices were put in place such as educating staff in using the MNA, introduction of nutrition and hydration care guidelines, training care staff in simple interventions when residents were reducing food and drink intake and making high-nutrition snack boxes available.”
Page 11

“I’m currently either leading or collaborating in a number of projects that will provide evidence to improve communication between patients, families and healthcare providers about sensitive and important issues like end of life care.”
Page 21

“There’s good reason, of course, to focus on the physical, but I believe we are too quick to assume the spiritual should be removed from medical practice. There is very good evidence that a strong spirituality has physical outcomes.”
Page 31

“This study and research is important in contributing to an evidence base for what we do. It’s about striving for excellence in the care that we provide, not just doing things a certain way because that’s how they’ve always been done.”
Page 38

“Older People’s Mental Health
Page 47

Workforce development
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Research publications
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Palliative Care
Page 18
“The Pain Clinic is developing a new approach to pain management, and as a result it has embedded in its processes research and evaluation. This involves measuring outcomes for patients as they arrive, first after six weeks and then after three months.”
Page 44

“I’m passionate about end of life care where cognition is impaired. There are a lot of different people involved in end of life care – the service manager, the care worker, specialists, the family, and the resident themselves.”
Page 28

“HammondCare became a founding partner of the National Health and Medical Research Council’s (NHMRC) $25 million Partnership Centre on Dealing with Cognitive and Related Functional Decline in Older People.”
Page 5
Relevant, real, rewarding research

Relevant projects that benefit real people are at the heart of HammondCare’s extensive research program with the reward being improved quality of life for people in need.

As a leading health and aged care provider, we are passionate about ensuring our care influences our research and our research improves our care. Many organisations do one or the other - deliver services or engage in research. We do both, and for strategic reasons.

A/Prof Andrew Cole

Head of Research and Academic Education
HammondCare
**Why is research intrinsically aligned to service?**

One reason is that the people we care for - whether in hospitals, residential aged care or in their own homes - deserve service provision that is not guess work, but is carefully designed around the best evidence available.

And even as we do that, we evaluate our innovation to ensure what we are doing is working.

Another reason is that Australia, like many nations of the world, faces a rapidly ageing population - both a triumph of public health and a challenge for future care provision.

This means service providers such as ourselves, will encounter more people seeking our assistance with increasingly complex care needs at a time when the workforce is reducing in size.

And so more research now and in the future will be directed towards how to better train and educate the health and aged care workforce to be as effective as possible.

**Strategic research highlights**

There have been many highlights in the past year across our key areas of research - aged care and dementia, older people’s mental health, pain management, palliative care, rehabilitation, residential and workforce development.

HammondCare became a founding partner of the National Health and Medical Research Council’s (NHMRC) $25 million Partnership Centre on Dealing with Cognitive and Related Functional Decline in Older People.

Along with the NHMRC and several other service providers, the partnership is a great opportunity to work together for better application of existing knowledge and development of new knowledge to improve support for older people living with cognitive decline, their carers and the various agencies delivering services for them.

Another highlight was seeing the growth of our second Learning and Research Centre at Pallister House at Greenwich Hospital with programs in research, training and treatment approaches in sub-acute health. Palliative Care Specialist, Professor Rod MacLeod and Pain Management Specialist, Professor Philip Siddall, are key recent appointments at this centre.

The Greenwich Learning and Research Centre complements our inaugural Centre at Hammondville which is the base for Hammond Chair of Positive Ageing and Care, Associate Professor Chris Poulos. Rehabilitation and restorative care research along with workforce development research are the key focus here.

As well as involvement in new dementia research, HammondCare’s Dementia Centre plays a significant role in translating dementia research into practice through a range of books, resources, study days, seminars, consultancies and conferences.

This is vital because we know that while key research-based dementia care and design principles have been widely available for some time, there is a frustrating delay in these being widely adopted.

Not only does HammondCare lead from the front by incorporating these evidenced-based principles in our services, we are assisting others to do the same through the tireless advocacy of The Dementia Centre.

**What you will find in this report**

Our 2013 Research Report is a companion document to our Annual Report and lists more than 50 projects that began or were underway during 2012, many of which continue into 2013 and beyond.

HammondCare’s involvement in the projects varies from lead investigation and grant holding through to co-investigator, partner researcher, post-graduate research and providing site and participant involvement.

And our commitment to research extends to publishing and presenting our findings, and contributions to further education and these are also featured in this report.
Research is embedded in HammondCare services across NSW where we care daily for people in need, specialising in dementia care, palliative care, rehabilitation, older persons’ mental health and other health and aged services.
Aged+Dementia Care
Translating research into care
Research projects
Betty’s story: care at home

Betty, in her late 80s, lived most of her life in the same house in a small country town. It was important to her to continue as an active community member, despite the impact of increasing frailty and illness.

She turned to HammondCare for support at home, first through a Community Aged Care Package and later an Extended Aged Care at Home package. Our specially trained carers began to get to know Betty, so they could provide the personalised care she desired.

How did this research translate into care for Betty?

In Betty’s case, the garden is one of the great joys of her life. Spending time with her, we discovered she had a huge goal to enter some of her dahlias in the local show – but with the decline in her health it was just beyond her.

We started by helping Betty to work in her garden safely and regularly. And we read up on ‘showing’ dahlias and helped Betty prepare them for display. This even involved measuring the length of the petals to make sure they were suitable.

As the event drew near, the care workers cut some of the best dahlias and delivered them to the show while a family member accompanied Betty.

Can you imagine Betty’s - and our - joy to discover her dahlias had won a prize! Not only was her love of the garden enhanced, so was her capacity to socialise with family and her local community - in keeping with research findings.

And our care workers comment? “It’s not just about giving clients a shower or cleaning their house, it’s about engaging them in what they find enjoyable and what’s important to them.”

What do people who receive care at home really want?

To learn more, HammondCare partnered in the research project, Desired characteristics and outcomes of community care services for persons with dementia: What is important according to clients, service providers and policy?

Evidence was gathered through interviews with 32 care recipients and their family members, as well as 32 service providers. The study showed that it was important to consumers and service providers that:

• the client could stay at home - safely;
• engage in personalised activities; and
• enjoy socialisation.

HammondCare is also collaborating and providing funds for the research project, Community care for the Elderly: Needs and Service Use Study (CENSUS).

This study follows 60 older people and their carers for 8 months from the time they receive a package of at home care and aims to discover what needs these people have and what their goals for the service are. The study also investigates if community services improve the quality of life of people receiving services and the experience of the carer.
George arrived at The Meadows Cottage, HammondCare, with a very low weight and was at risk of malnutrition.

Research shows that up to 50 per cent of older people with dementia may be malnourished – it’s a serious problem. Like many older people with dementia, George had difficulty communicating about when and what he liked to eat and often found meal times difficult. Staff at The Meadows were concerned for George and many other residents for whom weight loss was a real issue.

What do people in residential care need to prevent weight loss?

To learn more, we implemented an evidence-based research project to ensure we were providing best-practice care. The first phase of the project was to review nutrition interventions for all residents. We wanted to know if we are doing all we can.

We undertook a literature review in 2010 to determine best practice for assessing and managing malnutrition. An initial finding was that out of various assessment tools available, the Mini Nutritional Assessment (MNA) tool was strongly backed by research for its accuracy in identifying malnutrition and risk of malnutrition for people with dementia.

Staff then analysed how they currently assessed and managed malnutrition and also introduced the MNA along with other best-practice measures.

All residents were assessed using the MNA and it showed that the average weight of the residents in the service was 62kg with 30 per cent identified as being at risk of malnutrition and 7.5 per cent identified as malnourished.

What changes were made as a result of the research?

A range of practices were put in place such as educating staff in using the MNA, introduction of nutrition and hydration care guidelines, training care staff in simple interventions when residents were reducing food and drink intake and making high-nutrition snack boxes available. A follow-up audit in April 2012 showed the average weight of residents had risen 2.6kg - with no residents identified as malnourished and only four residents assessed as at risk.

Not only was the improvement impressive, the changes for residents and new practices of care workers were carefully documented and measured. This meant these improvements could be shared across HammondCare’s residential dementia services. At a corporate level, HammondCare has employed a nutritionist and executive chef who are ensuring best practice continues in our services with a focus on a “food first approach” in the management of weight loss.

How did this research translate into care for George?

The research lead to improved nutritional assessment processes – which revealed that George has coeliac disease – gluten intolerance, a diagnosis that had not been provided to staff when George was admitted. And of course, George was not able to tell them. We involved a nutritionist and also worked with George’s family in developing a gluten-free diet for George and he gradually put on weight - and kept it on - as did most other residents in The Meadows, thanks to the research-based improvements. It’s a great outcome for all.
Integrated care framework for advanced dementia (ICF-D) – A national web-based resource for best practice palliative and dementia care

Dementia is now the third leading cause of death in Australia. Palliative care for people with advanced dementia is a growing area of need, particularly in residential aged care facilities, where over half of all residents in 2008 had a dementia diagnosis.

This project refines and transforms an existing paper-based dementia-specific palliative care framework into a national web-based resource that can be accessed by consumers and staff when and where needed. It will be promoted to aged care providers around Australia through training and education programs and through integration into the national Care Search website.

The ICF-D website is under development (http://icfdementia.org) and the program has been trialled with a number of residential care providers. Training workshops are underway in several states and territories.

Project manager is Director of Palliative Care, Braeside Hospital A/Prof Meera Agar. Dementia expertise provided by HammondCare’s Dementia Centre through Director Colm Cunningham and Senior Consultant Research and Design, Meredith Gresham. Collaborating organisations are HammondCare, Alzheimer’s Australia, Alzheimer’s NSW, CareSearch (Flinders University), Palliative Care Australia, Palliative Care NSW, Aged Care Channel, and the UTS Centre for Health Communications.

Clinician and researcher Associate Professor Meera Agar, Braeside Hospital, HammondCare, with National President of Alzheimer’s Australia, Ita Buttrose.
Beyond respite: designing effective wellness programs for caregivers

Wellness involves not only physical and psychological wellbeing, but wellbeing in other areas such as intellectual fulfillment, social connectedness, the ability to participate and enjoy work, hobbies and other interests, and spiritual wellbeing.

Carers of people with dementia often experience poor overall wellbeing because of deficits in one or more of the wellness domains. However previous carer research and carer intervention programs have generally focussed on only improving one or two wellness domains.

This project will examine how the multiple domains of wellness are affected by the carer role with the aim being to develop multi-faceted wellness programs that meet the specific needs of carer of people with dementia. It includes a survey of the literature, examining the wellness needs of carers and related issues; direct evidence gathering through focus groups; synthesis of the evidence gained from phases 1 and 2 to summarise the determinants of carer wellbeing, the wellness needs of carers, the constraints carers face in participating in wellness programs, and the evidence for the effectiveness of carer intervention strategies; and the identification of areas for future research.

Lead investigator is Hammond Chair of Positive Ageing and Care A/Prof Chris Poulos with researchers Damian Harkin and Meredith Gresham.

HammondAtHome services - South West Sydney, Central Coast, Hunter, Greenwich, South East Sydney and Horsley are participating. Funding DCRC. In progress.

Review of seating practices in supporting people living with dementia in residential aged care - a pilot study

This HammondCare research project involved a systematic review of literature relating to seating for people living with advanced dementia; a review of available seating products; the development of a typology of seating and a review of current clinical practices in residential aged care facilities (RACFs).

Current practice has no empirically based guidelines but anecdotally, clinical experience suggests that seating is suboptimal and may lead to poor outcomes. This project lays a foundation for future practical intervention studies to improve care outcomes for residents and staff. An interim set of guidelines for seating in RACFs will be developed in order to support future research.

Lead investigator A/Prof Chris Poulos with co-investigators Rebecca Forbes, Meredith Gresham and Juliet Kelly.

Funding provide to HammondCare by DCRC.

Evaluating the acceptance and effectiveness of a bidet in a residential respite setting

Dementia is the leading cause of disease burden in Australia and functional deficits in daily living activities such as personal hygiene are predictable outcomes of the progression of the disease.

Dementia is commonly accompanied by behavioural changes, including agitation and aggression, frequently associated with the performance of daily activities, including toileting, and often directed towards the carer. Current intervention methodologies include collection devices and environmental changes however there is limited work exploring newer technologies. The wash and dry electronic toilet-top bidet presents possibilities to assist carers with the post-toilet hygiene.

This project will use a semi-structured, in-depth interview with care recipients, their family carers and aged care staff to determine the level of acceptance of the bidet by the user; the perceived efficacy of the bidet to cleanse and dry the user; the ways in which the bidet is used; and to develop an understanding of the issues and benefits of bidet use.

Results will inform assessments and methodologies to further investigate the efficacy of this technology.

Lead investigator is Professor Lindy Clemson, Ageing Work and Health Research Unit, USYD with co-investigator Meredith Gresham, Senior Consultant, The Dementia Centre, HammondCare. Research will involve HammondCare’s Central Coast HammondAtHome and Woy Woy dementia home. Research personnel are Trish Boal and Kim Clark. Funding: Dementia Collaborative Research Centre: Assessment and Better Care, UNSW. In progress.
Improving communication about end of life issues for people with dementia

This project aimed to significantly improve the quality of care provided to people with Alzheimer’s disease or other dementias.

This would be achieved by developing and implementing systems, skills and resources which may facilitate timely communication about end of life issues between those diagnosed, their primary carers, families and the multi-disciplinary team.

This included: development of clinical practice guidelines, development of a volunteer carer support model, implementation of the clinical guidelines, revised policies and documentation and associated education program for care-workers and health professional.

Lead investigator was Prof Elizabeth Beattie of Dementia Collaborative Research Centre - Carers and Consumers (QUT). At HammondCare the project was conducted in three dementia specific sites by researchers Dr Catriona Lorang, Rebecca Forbes and Meredith Gresham. Other partner organisations include Spiritus, Salvation Army Aged Care Plus and Alzheimer’s Australia. Funding through QUT/DCRC. An outcome of this project was the publishing of the Volunteer Companion Program resource kit. Completed 2012.

National survey of research in aged care: activity, access and issues

Research within the aged care sector is vital for ongoing best-practice care.

This internet-hosted survey project will describe dementia-specific and general research activities, recent and current, undertaken in Australian residential aged care facilities (RACFs). For the purposes of the survey “research activity” will be defined as any project that utilises a systematic approach to data collection and for which ethical clearance from a committee has been obtained.

The survey will also provide information about RACF research policies, staff involvement in research, and management-perceived barriers and enablers to research activities in RACF. Data obtained will provide a baseline of research activity and issues, and allow identification of gaps in the current scope and focus of dementia-specific research supported in RACFs.

Survey results will also inform further activities designed to improve RACF provider knowledge of what is required to support research activities, especially those that are dementia-specific, and to enhance young investigator knowledge of how to do research within the complex RACF research environment.

Lead investigator Prof Elizabeth Beattie (QUT) with co-investigator Meredith Gresham (HC). Funding DCRC (NHMRC).
Community Care for the Elderly: Needs and Service Use Study (CENSUS)

At-home care is the preferred option for most older people. HammondCare (HC) has partnered with the University of NSW’s Dementia Collaborative Research Centre - Assessment and Better Care (DCRC UNSW), to investigate needs of older people before accessing community services, the extent to which services meet these needs at four and eight months after assessment and whether they are satisfied with the quality of care provided.

The study also investigates if community services improve the quality of life of people receiving services and the experience of the carer.

Lead investigator is Dr Lee-Fay Low (DCRC UNSW) with research partners Prof Henry Brodaty (UNSW) and Meredith Gresham (HC). Coordination provided by research nurse Anna Barnett (HC) and site involvement of HammondAtHome Illawarra. Funding: HammondCare. In progress.

A health economic model for the development and evaluation of innovations in aged care: an application to consumer directed care

Consumer Directed Care is the Federal Government’s preferred model for at-home care into the future.

This project will investigate the preferences, quality of life outcomes and cost-effectiveness of a new consumer directed care approach to community aged care service delivery for older people. This project seeks to demonstrate the applicability of a health economic model in the development of aged care service delivery.

Site investigator is Prof Ian Cameron (USYD) with co-investigator Meredith Gresham (HC). HammondAtHome Central Coast and Hunter are participating sites. Other partner organisations include Aged Care and Housing Group, Catholic Community Services and Helping Hand Aged Care Inc. Funding: ARC Linkage Grant with Flinders University. In progress.

Evaluation of HammondCare’s Consumer Directed Care program

HammondCare (HC) ran 10 pilot Australian Government Consumer Directed Care (CDC) low care places across the Central Coast and Hunter regions.

This pilot research evaluated HC’s CDC program in a 12 month time-frame in collaboration with the DCRC, UNSW.

In particular, the pilot project investigated the process and outcomes of HC’s CDC program for clients, family carers and staff. Key outcomes of interest were the consumers and carer’s feelings of control, satisfaction with services, function and carer burden. The research profiled Community Aged Care Package (CACP) clients who elected to change to CDC, formal and informal care received and staff attitudes towards and experiences of CDC.

Lead investigator Meredith Gresham with co-investigator Rebecca Forbes (HC). Completed 2012.
Going to Stay at Home

**Going to Stay at Home** replicates successful research conducted at Sydney’s Prince Henry Hospital in the 1980s.

In this research, 96 couples (person with dementia and their primary carer) attended training and positive effects were found over 8 years of follow up, including lowered psychological stress, better general health for carers and increased time until placement of the person with dementia in residential care (Brodaty H, Gresham M, Luscombe G, The Prince Henry Hospital Dementia Caregivers Training Programme, Int J Geriatric Psychiatry, 1997, 12, 183-192).

Prof Brodaty is involved in the evaluation of this new project and it is expected it will likewise achieve improved outcomes for carers and the person with dementia. Additionally, the project aims to determine the ongoing feasibility of residential-based carer education to assist people with dementia to remain in their own homes for longer.

**Project leader Meredith Gresham.**

**Funding from DoHA. Moves to evaluation stage after October 2013.**

Moving in: Adjustment of people living with dementia going into nursing homes

**Moving in:** Adjustment of people living with dementia going into nursing homes

Most people with dementia in Western societies will eventually be placed in a nursing home. This can be stressful to those with dementia and to their families. This project reviewed literature on adjustment to this new caring environment by both residents and their family caregivers and the factors that influence this. It found that adjustment to admission to residential care can be difficult for people with dementia and their family caregivers. Longitudinal research examining factors influencing the adjustment can provide a basis for intervention trials to improve this transition.

Successful transitions may be assisted by ensuring that the person with dementia has input into decision making, orientation procedures for the person with dementia and family member prior to and on admission, a “buddy” system for new arrivals, and a person-centred approach.

**Lead investigator Prof Henry Brodaty (UNSW) with HammondCare’s Hammondville site investigator Meredith Gresham. Completed 2012.**
The training not only transforms lives of carers, it improves the lives of those living with dementia. Being residential takes away the stress of just getting to carer support and education. Meals and day-to-day household chores are taken care of which allows the carers to focus on themselves for a week. It's like a holiday with the added benefit of support from people who have experience of caring for someone with dementia.”

HammondCare’s Meredith Gresham
Senior Dementia Consultant (Research and Design)
The Dementia Centre
HammondCare

(Page 16) Going to Stay at Home project.
Palliative+Supportive Care
Translating research into care
Research projects
Translating research into care.

Caring for Sarah, living with dementia, through her final times: the Integrated Care Framework – Dementia research project means better care through research.

Sarah had been in residential care for several years and sadly, in this time her dementia had advanced to the point where she could no longer speak, swallow or care for herself in any way.

When her managers and care workers began to feel that Sarah was approaching her last days, their main concern was to ensure she was comfortable and peaceful.

Her daughter Georgie and niece Amy were regular visitors and they also began to express that they thought Sarah only had a short time left. They were also concerned that she may be in pain, especially when she cried out from time to time.

Care workers and nurses were also challenged by the need to provide a palliative approach for Sarah’s care with little to guide them, even though their relationship and personal knowledge of Sarah was strong, as it had developed through their careful observation over the previous years of care.

Research helps guide end of life care

As our population ages and treatment of complex health needs improves, more and more older people are facing the prospect of dying from dementia, whereas in the past, they may have died earlier from other illnesses.

Providing end of life care for people with advanced dementia is a relatively new issue in aged care and so there are less evidenced-based resources for staff to turn to.

Building on previous research (Chang et al 2008), HammondCare researchers including A/Prof Meera Agar and Senior Dementia Consultant Meredith Gresham have been involved in a two stage research project to develop the Integrated Care Framework – Dementia (ICF-D).

The first stage involved developing and evaluating a framework with the assistance of St Hedwig Village nursing home and Palliative Care NSW with funding from DoHA.

Some details changed to protect privacy of the people involved.

The second phase of research is seeing the ICF-D adapted as a national web-based tool, with evaluation across a range of aged care providers and funding from Alzheimer’s Australia.

The ICF-D enables health and aged care providers to quickly access comprehensive guidelines for end of life care for a person with advanced dementia.

It provides an online assessment across eight domains that helps assess the stage of their resident’s dementia. This in turn generates an individualised care plan and provides conversation points to guide family and carer discussions.

There are information sheets that can be printed out and given to families and friends of the resident to reinforce verbal discussions and provide knowledge and support.

The website also contains education training modules to support staff along with video podcasts by expert clinicians providing further teaching material.

Sarah is well cared for

Thanks to the ICF-D, care staff were able to accurately assess the stage of Sarah’s dementia, which meant more appropriate care strategies. They utilised the conversation guide and information sheets to communicate with Georgie and Amy, which resulted in them feeling more secure and certain about the care being provided.

Using the ICF-D assessment tool, Sarah was assessed regularly for the presence of pain and other symptoms and appropriate analgesia was provided and adjusted as needed. This resulted in greater levels of comfort for Sarah, and priceless reassurance for her family.

Sarah passed away peacefully, with her family present, and although sad to lose their much loved relative, family members felt relieved she had been comfortable and pain free. Staff reported that the ICF-D website had resourced and supported them effectively to provide good quality end of life care for Sarah.
My passion is around communication with patients and their families in Palliative and Supportive Care settings. It’s about knowing the person, their values, their needs and coming to understand what’s important to them and helping them to navigate complex medical decisions associated with a serious illness. And not just when the person is in their final days. In fact early on, for patients with chronic illnesses as well as life limiting illnesses, communication is the key to providing excellent care and ensuring people’s values and wishes can be respected should they become more unwell in the future and be unable to speak for themselves.

The sooner we can start this process, the better care we can provide for the person as well as their family. However, not everyone is ready or wants to discuss end of life care, so we need to get the balance and timing right.

It becomes more challenging with someone who has suffered cognitive decline, or who has a longstanding Intellectual or mental health disability, to have good, continuing communication about these topics. They may be confused or scared, but they still often want to know what’s happening and to have a say about how they are looked after.

I am fortunate to be able to devote half my working time to clinical care and almost half to research. I’m currently either leading or collaborating in a number of projects that will provide evidence to improve communication between patients, families and healthcare providers about sensitive and important issues like end of life care.”

A/Prof Josephine Clayton
Staff Specialist
Greenwich Hospital, HammondCare
Development of a National Implementation Strategy for Cancer Pain Management

Cancer pain is under-treated despite readily available evidence-based effective management.

The National Pain Strategy identified the need for an implementation strategy for cancer pain management guidelines. This project has completed literature reviews, a national survey of current practice and process mapping of patients' journeys. Online consultation of the guidelines includes recommendations based on patient-centred care, for screening, assessment, education, and pharmacological and non-pharmacological pain management strategies and is available on the Cancer Council Australia wiki. The guidelines are being piloted at Greenwich Hospital and the Mater before being evaluated Australia-wide.

The project is led by HammondCare’s (HC) Dr Melanie Lovell, with the ImPaCCT Palliative Care Trials Group (including HC’s A/Prof M Agar and A/Prof J Clayton). In progress. Funding Pfizer Cancer Research Grant, Bill and Patricia Ritchie Foundation and the Northern Translational Cancer Research Unit.

Improving palliative care for advanced dementia in residential aged care

The aim of this project is to improve the delivery and quality of palliative care for residents with advanced dementia living in residential aged care by developing a facilitated case conferencing resource.

This resource will be used to facilitate case conferencing between aged care staff, health professionals (including GPs) and residents’ primary decision-makers to discuss the current stage of illness and agree on a management plan based on evidenced-based best practice. The impact of the intervention on residents’ symptoms and quality of life in the last days of life, as well as family satisfaction with care staff attitudes and care delivery, will also be evaluated.

This project is funded by the Commonwealth Department of Health and Ageing and is being undertaken in collaboration with investigators from the University of Technology Sydney (UTS), University of Queensland (UQ), QUT, University of Newcastle (UN) and the University of Notre Dame (UND). HammondCare investigator A/Prof Meera Agar. In progress.
Evaluation of a designated palliative care suite (Lavender Suite) within a residential aged care facility

The Productivity Commission has called for greater integration of aged and palliative care. HammondCare has pioneered a model of a designated palliative care suite in a residential aged care facility. Lavender suite is a purpose built, nine bed wing at Hammondville to meet the needs of palliative patients in residential aged care with more complex palliative care needs. An evaluation of the epidemiology of residents who have used Lavender suite, and their experiences and those of their loved ones is underway. 

Lead investigator is A/Prof Meera Agar.

Development of impact statements relating to patients and caregiver experience: Exploring data collection methods

Consumers (patients, families) rarely have the opportunity to contribute to decision making in health care. One method of providing a “voice” for consumers is the use of impact statements that describe the experiences of patients – and their caregivers – living with a specific symptom, condition or disease. There is no precedent for developing a statement that describes the impact of a symptom or condition on well-being. This project examined methods of collecting data that will be of use in preparing Consumer Impact Statements.

Lead investigator Prof Sam Aoun (Curtin University of Technology) with HammondCare site investigator A/Prof Meera Agar. Funding DoHA through Flinders University for PaCCSC. Completed 2012.

Middle-aged and older women’s experiences of widowhood in the first 12 months following bereavement

The death of a spouse propels an individual into a new life phase, often without preparation, guidelines, or accompaniment. Decreased wealth in older age, compounded by the experience of grief and bereavement, put women at increased risk of chronic conditions, both physical and psychological. This multi-site study explored the impact of widowhood on health and wellbeing and how best to foster this transition to promote coping and adjustment within the context of contemporary Australian society. Outcomes included the development of a conceptual model to promote adjustment of recently bereaved women and development of preparatory interventions to assist transition to widowhood.

Lead investigator Dr Michelle DiGiacomo (UTS) with HammondCare site investigators A/Prof Meera Agar at Braeside Hospital and Dr Andrew Broadbent and Dr Melanie Lovell at Greenwich and Neringah Hospitals. Completed 2012.
Exploring Australian palliative care nurses’ current practices in assessing, documenting and supporting spiritual and existential concerns of palliative care patients

Patients with life limiting illnesses have identified that their spiritual and existential needs are not adequately met by health professionals. The reason for this oversight is thought to be due to lack of skills, confidence and time and the potential to expose one’s self and the patients to uncomfortable discussions. This study will identify the current practices of palliative care nurses in assessing, documenting and supporting patients’ spiritual concerns and barriers and facilitators to nurses’ role in addressing this area.

Australian palliative care nurses will be interviewed regarding their usual practice in assessing, documenting and supporting patients’ spiritual concerns and barriers and facilitators to nurses’ role in addressing this area.

Improving quality of life at end of life: an RCT of a doctor/nurse/patient intervention

This project explores ways of optimising health professional/patient/caregiver communication regarding prognosis and end-of-life issues as well as ways to enhance the psychosocial and existential aspects of care.

It will evaluate the effect of a combined cancer patient- oncologist intervention for patients with advanced incurable cancer and a prognosis estimated by their doctor to be 2-12 months. The intervention aims to promote discussion and mutual understanding between people with advanced cancer, their caregivers and clinicians about prognosis, end of life issues and treatment goals in order to improve the quality of life remaining.

Lead investigator is Prof Phyllis Butow (USYD) with co-investigators Prof Martin Tattersall, A/Prof Josephine Clayton (Staff Specialist, HammondCare’s Greenwich Hospital), Jane Young, Patricia Davidson (UTS), Ronald Epstein.

In progress. Funding: NHMRC

Facilitating discussion on treatment preference and advance care planning in cancer patients using the vignette technique

Although advance care planning (ACP) is recognised as integral to quality cancer care, it remains poorly integrated in many settings.

Given cancer patients’ unpredictable disease trajectories and equivocal treatment options, a disease specific ACP model may be necessary. This study examines how Australian cancer patients consider ACP. Responses will inform development of an Advance Care Planning program for cancer patients.

The study involves semi-structured interviews with cancer patients and their caregivers using a vignette technique. Interviews have been completed and analysis is in progress.

Lead investigator is Dr Natasha Michael (Peter MacCallum Cancer Centre). Co-investigators include Dr Clare O’Callaghan, A/Prof Josephine Clayton (Staff Specialist, HammondCare’s Greenwich Hospital), Dr Odette Spruyt and Dr Annabel Pollard.

Funding: Department of Health, Victoria
Advance care planning: Attitudes, barriers and practice of respiratory physicians. A survey of advance trainees and respiratory physicians at four Sydney Hospitals

Advance Care Planning (ACP) is increasingly important in advanced chronic obstructive pulmonary disease (COPD). The aim of this study is to describe the practices, attitudes and educational needs of respiratory physicians in undertaking ACP in patients with severe COPD. A survey instrument has been developed and administered online. Recruitment is complete and analysis is in progress.

The lead investigator is Dr Tracy Smith (University of NSW and Cunningham Centre for Palliative Care). Co-investigators include Patricia Davidson, Josephine Clayton (Staff Specialist, HammondCare’s Greenwich Hospital), Christine Jenkins and Jane Ingham. In progress.

Can death from chronic life-limiting illnesses be predicted in Australian general practice?

It is postulated that systematically identifying and providing end-of-life care planning can improve the care of dying patients in general practice.

This study aims to: (1) compare the accuracy of GP acumen versus clinical predictor tools in prospectively identifying patients at risk of dying in the next six months; and (2) explore the feasibility and acceptability of this approach to end-of-life care planning.

The first aim will be addressed by recruiting 20 general practitioners each from NSW and Queensland, randomly allocating them to use their clinical acumen alone or clinical acumen plus a clinical prediction tool to predict patients at risk of dying over the next six months. Practice records will be analysed six months later to assess the accuracy of the different methods.

The second aim will be addressed by conducting interviews and focus groups with GPs, practice nurses, other practice staff, palliative care physicians and palliative care nurses. The study is in progress.

The lead investigator is Dr Joel Rhee (University of NSW). Co-investigators are Prof Geoffrey Mitchell (University of Queensland) and A/Prof Josephine Clayton (Staff Specialist, HammondCare’s Greenwich Hospital). Funding: Primary Care Collaborative Cancer Clinical Trials Group (PC4) and Royal Australasian College of General Practitioners
Psychiatry registrar’s views and educational needs regarding the care of patients with life-limiting illnesses: a qualitative study involving telephone interviews

The role of psychiatry in the care of patients at the end of life is well established. However, psychiatrists often feel inadequately prepared to assess and treat medically ill and dying patients. Our research aims to explore psychiatry trainees’ views and educational needs regarding the care of patients with life-limiting illnesses. In particular we will explore the extent to which psychiatry trainees are provided with formal teaching on psychiatric issues at the end of life, and to assess their level of comfort in the provision of psychiatric assessment and management of patients with life-limiting illnesses. It is anticipated insight will be gained into the educational requirements of psychiatry trainees in the Australian context, with the potential that this may inform future curriculum development and educational initiatives to improve the psychological care of people facing life-limiting illnesses. The study will involve conducting individual semi-structured interviews with psychiatry registrars from two registrar training networks. The study is in progress.

The study is being led by Dr Flora Cheang, Advanced Trainee in Geriatric Medicine and supervised by A/Prof Josephine Clayton (Staff Specialist, HammondCare’s Greenwich Hospital) and supported by Dr Terry Finnegan, Dr Paul Russell and Alison Hession (HammondCare’s Clinical Trials Co-coordinator at Greenwich Hospital). Funding: Friends of Greenwich.

A single-centre cross-sectional analysis of Advance Care Planning among elderly Inpatients

Advance care planning (ACP) is widely advocated for elderly people but may not be frequently implemented.

This process may involve a person completing an Advance Care Directive (ACD) and/or formally appointing a substitute decision maker (SDM). Even when completed, ACDs and details of patients’ nominated SDM may not be easily found in the patients medical records when they are admitted to acute hospitals and this could potentially lead to suboptimal patient care. We will review the medical records of 100 hospital inpatients aged 80 or above to assess for documentation of patients’ wishes for end of life care and their preferred substitute decision maker. We will also pilot an advance care planning screening interview. The study is in progress.

The study is being led by Dr Ben Forster and is being supervised by A/Prof Josephine Clayton (Staff Specialist, HammondCare’s Greenwich Hospital) and supported by Professor Brian Kelly, Dr Ralf Ilchef and Dr Helen Proskurin (Psychiatrist, HammondCare’s Greenwich Hospital Palliative Care Service). Funding: Friends of Greenwich.
Systematic review of advance care planning for patient with chronic kidney disease

Recent clinical practice guidelines have highlighted the importance of advance care planning (ACP) for improving end-of-life care for people with chronic kidney disease (CKD).

We will conduct a systematic integrative review of the literature to inform future ACP practice and research in CKD. The study is in progress.

The study is being led by A/Prof Josephine Clayton (Staff Specialist, HammondCare’s Greenwich Hospital). Co-investigators are Dr Tim Luckett, Marcus Sellars, Dr Jennifer Tieman, Prof Carol Pollock, A/Prof William Silvester, Prof Phyllis Butow, Dr Karen Detering and Dr Frank Brennan. Funding: In-kind support from Improving Palliative Care through Clinical Trials, Respecting Patient Choices and Caresearch.

Translating evidence into practice: implementing clinical pathways to relieve psychological distress and improve wellbeing for cancer patients

This project is part of a larger planned program of research aimed at developing clinical pathways to identify and manage distress in cancer patients that are acceptable and feasible within the Australian health system.

Development of these clinical pathways will involve key stakeholders and ultimately embed evidence-based psychosocial care into standard clinical practice. This research will assess what currently occurs in clinical practice, what stakeholders believe should ideally happen as part of Australian clinical pathways, and considers barriers and facilitators to the implementation of such pathways. This will be achieved by conducting semi-structured interviews with relevant health care professionals in order to formulate draft clinical pathways which will be reviewed by health care professionals in urban, rural and regional cancer centres throughout Australia as part of a consensus process using Delphi methods. The study is in progress.

The study is being led by Professor Phyllis Butow. Co-investigators are Dr Melanie Price, A/Prof Josephine Clayton (Staff Specialist, HammondCare’s Greenwich Hospital), Kerrie Clover, Dr Peter Grimison, A/Prof Tim Shaw. Funding: Sydney Catalyst.

Computerised symptom assessment and classification of pain, depression and physical function

This clinical trial examined how well computerised questionnaires work in assessing symptoms, pain, depression and physical function in palliative cancer care.

It looked at differences across groups related to acceptance of computers, general user-friendliness of the tool, performance of selected domains, items for classification and assessment of pain and cachexia and validity of domains and items for depression.

Lead investigator Prof Stein Kaasa (Norwegian University of Science and Technology) with HammondCare site investigator A/Prof Meera Agar at Braeside Hospital. Completed 2012
Improving quality of life at the end of life: A randomised controlled trial of a doctor/nurse/patient intervention.

This project explores ways of optimising health professional/patient/caregiver communication regarding prognosis and end-of-life issues as well as ways to enhance the psychosocial and existential aspects of care. It will evaluate the effect of a combined cancer patient-oncologist intervention for patients with advanced incurable cancer and a prognosis estimated by their doctor to be 2-12 months. The intervention aims to promote discussion and mutual understanding between people with advanced cancer, their caregivers and clinicians about prognosis, end of life issues and treatment goals in order to improve the quality of life remaining.

Lead investigator is Prof Phyllis Butow (USYD) with co-investigators Prof Martin Tattersall, A/Prof Josephine Clayton (staff specialist, HammondCare’s Greenwich Hospital), Jane Young, Patricia Davidson (UTS), Ronald Epstein. In progress. Funding: NHMRC.

I’m passionate about end of life care where cognition is impaired. There are a lot of different people involved in end of life care – the service manager, the care worker, specialists, the family, and the resident themselves. In cases of cognitive decline, collaboration and conversation between these different people is vital, but unfortunately it can deteriorate, or fall away entirely, at a number of stages. I want to see everybody within a service helping to plan for someone’s end of life care. At the end of the day, the project is about bringing all these people together in conversation. Conversations about treatment at end of life are always complex, but if we can make it easy for everyone to be involved in them, that would be brilliant. It would go a long way to alleviating the feeling of crisis so many people experience in these moments.

Exploring attitudes, behaviours, perceptions and personal challenges faced by allied health students in palliative care

Palliative Care is a challenging area for health students doing field placement. This research will increase the evidence base around student placements through interviews with allied health students at HammondCare’s Braeside and Greenwich Hospitals on placement in palliative care. Interviews will focus on the experience of undertaking a placement and suggestions for improvement. There is limited research to date regarding the experience of allied health students in palliative care.

Lead investigator is social worker Jenny Downes with research partners A/Prof Meera Agar, occupational therapist Abdul Shaik and physiotherapist Mark Buhagiar (all HammondCare). In progress.

Measurement of function limited by breathlessness in advanced cancer

Little is known about the best way to more objectively measure function in people with advanced cancer and how this is limited by fatigue, breathlessness or other factors at different points in the trajectory of the illness. This study will compare the six-minute walk test; two-minute walk test, isometric arm exercises and reading numbers to define at which levels of functional decline each of the assessments will be best employed.

Lead investigator is Kahren White (Occupational therapist, Prince of Wales Hospital) in collaboration with A/Prof Meera Agar (Braeside Hospital, HammondCare). In progress.
Patterns of care in patients with pancreatic cancer

Each year in NSW about 760 people are diagnosed with pancreatic cancer.

Survival from pancreatic cancer is poor, with less than 10 per cent of people alive five years after diagnosis. In this study, research staff will attend treating hospitals and cancer centres to collect information about various aspects of the patients’ care. The information being collected includes methods of diagnosis, rates of referrals to allied health practitioners and palliative care services, treatment received and patient outcomes. The study will document the management of patients with pancreatic cancer in Queensland and NSW and evaluate factors associated with the care they have received.

This project is led by investigators from the Cancer Council NSW and the Queensland Institute of Medical Research. HammondCare site investigators across Braeside, Greenwich and Neringah Hospitals are A/Prof Meera Agar and Dr Melanie Lovell. In progress.

I’m particularly interested in working to better engage the care workers in this conversation. In aged care, the care worker spends more time with the resident than anybody else. Unfortunately, however, a lot of the training and procedural materials we give to care workers is written in such a way that it is not at all obvious how much we value their collaboration. This can sometimes simply be a matter of semantics. If the language of the training materials is written in a technical vocabulary that not all care workers are competent in, they won’t feel that their assessment of the residents is important or valued. I’m hopeful my research will translate into improved care delivery by empowering these people who are there on the ground. I believe this is exceptionally important for proving excellent care.”

Associate Professor
Meera Agar
Braeside Hospital, HammondCare

Constipation and health-related quality of life

Constipation is a common and distressing problem for many people receiving specialist palliative care and may negatively impact quality of life.

There is little data to objectively report this, in contrast to the problem of constipation as a general health issue where large cross-sectional studies report the negative impacts of this disorder on overall quality of life. The study examines: the impact of poorly palliated constipation on constipation-related quality of life; whether impaired quality of life due to constipation impacts on global quality of life and overall sense of well being; whether the symptoms of constipation persist when people have constipation that they perceive to be reasonably well palliated; whether there are variables that are associated with more significant constipation symptoms or worse quality of life scores.

Lead investigator of this multi-site study is A/Prof Katherine Clark (University of Notre Dame) with HammondCare’s Braeside Hospital site investigator A/Prof Meera Agar. In progress.
I want to see a much higher awareness of the effectiveness of early intervention in cases of limb swelling. I want to see early intervention become the norm, and remove the current practice of waiting until the problem is severe, and then looking to hospitalisation as the answer. Leg swelling is an enormous burden that is often underappreciated by health care staff. It causes extreme discomfort, reduces mobility, it makes it hard for patients to find clothes that fit – which, apart from anything else, can affect a patient’s sense of dignity – and when it’s severe, can lead to more complicated conditions. In my practice, I’ve found early intervention with leg swelling can prevent these problems. In consultation with lymphoedema specialists, we’ve been getting some excellent results, with very high acceptability from patients. In the best cases, it’s helped us keep patients at home and removed the need for hospitalisation. That’s what I want to see more of.

Efficacy of elastic compression stockings in treatment of chronic oedema in palliative care patients

The problems associated with chronic oedema - excessive build-up of fluid in the body’s tissues - can be devastating for patients in the palliative phase of their disease.

This pilot study will document HammondCare’s treatment of leg swelling in palliative care patients in preparation for an interventional study.

The study will also document the prevalence of leg swelling in the palliative care inpatient population. **Lead investigator is Dr Megan Best. In progress.**

Management of constipation in palliative care

This multi-site cluster randomised controlled trial compares the severity of constipation symptoms experienced by palliative care patients receiving usual care compared to those diagnosed and managed according to underlying pathophysiology.

This involves developing an approach to constipation that enables the underlying problems to be quantified using well-tolerated and validated diagnostic methods. Also, to compare the severity of constipation symptoms for patients allocated to a mechanistic approach with those palliated using standard current clinical care. **Lead investigators include A/Prof Katherine Clark (University of Notre Dame), A/Prof Meera Agar who is also site investigator for HammondCare’s Braeside Hospital and Melanie Lovell who is site investigator for Greenwich Hospital. Principal research partner is Palliative Care Clinical Studies Collaborative (PaCCSC), Flinders. Funding: NHMRC.**
In progress.

Using single patient trials to determine the effectiveness of psycho-stimulants in fatigue in advanced cancer patients

In advanced cancer, the prevalence of fatigue is high and can be related to treatment or the disease itself. The impact of fatigue on function (physical, mental, social and spiritual) and quality of life (QOL) is significant for many palliative patients as well as their families/carers. Any decrease in fatigue should provide a positive benefit for both patients and their families/carers’ QOL. The research involved single patient trials (SPTs) of methylphenidate vs placebo as a treatment for fatigue, with a population estimate of the benefit following the combination of multiple SPTs. Patients trialled methylphenidate as a treatment for fatigue.

Lead investigator is Prof Geoffrey Mitchell (University of Queensland) with HammondCare site co-investigator A/Prof Meera Agar and research personnel Jane Hunt. NHMRC funding was received by HammondCare on recruitment of participants. Completed 2012.

Clinical trial

To assess the efficacy and toxicity of subcutaneous ketamine in the management of cancer pain.

The anaesthetic ketamine is widely used for pain related to cancer, but the evidence to support its use in this setting is weak. This study aimed to determine whether ketamine is more effective than placebo when used in conjunction with opioids and standard adjuvant therapy in the management of chronic uncontrolled cancer pain. Ketamine would be considered of net benefit if it provided clinically relevant improvement in pain with limited breakthrough analgesia and acceptable toxicity. In this multisite, dose-escalation, double-blind, randomised, placebo-controlled phase III trial, ketamine or placebo was delivered subcutaneously over 3 to 5 days. The study concluded that ketamine does not have net clinical benefit when used as an adjunct to opioids and standard co-analgesics in cancer pain.

Investigators include Prof Janet Hardy and HammondCare investigator A/Prof Meera Agar through the Palliative Care Clinical Studies Collaborative (PaCCSC). Funding DoHA. Completed 2012.

Clinical trial

Role of acetaminophen/paracetamol in cancer patients on strong opioids

This randomised, placebo-controlled, crossover trial is exploring the role of adding paracetamol to opioids in the management of cancer pain. The study is still recruiting participants at time of publishing.

The study is led by The University of Sydney with funding from the Cancer Institute NSW. HammondCare investigators across Braeside and Greenwich Hospitals are A/Prof Meera Agar and Dr Melanie Lovell.

I’m also working on a PhD around a different cluster of interests. I’m passionate about exploring what role doctors can have in helping meet a patient’s spiritual needs at the end of life. From my work in palliative care, I’m aware of the existential challenges that confront people at the end of their lives. There is a lot of fear and anxiety about dying that can be removed by the availability of certain spiritual resources. In medicine, we focus on the physical, or the bio-psycho-social, and the spiritual is often thought of as irrelevant for the practice of medicine. There’s good reason, of course, to focus on the physical, but I believe we are too quick to assume the spiritual should be removed from medical practice. There is very good evidence that a strong spirituality has physical outcomes. In my PhD research, I establish that spirituality is an area of interest for Australian patients, and I’m currently investigating the ways in which patients would like doctors to support them in meeting their spiritual needs at end of life.”

Dr Megan Best
CMO
Community Palliative Care
HammondCare
Clinical trial
The effect of corticosteroids on sleep quality

Fatigue can cause patients with advanced cancer distress. Dexamethasone is a commonly used medication (corticosteroid) in palliative care.

One of the main side effects is insomnia and it is commonly practiced to give doses in the morning to try and reduce this. This double-blind, placebo-controlled cross-over trial is exploring if timing of dosing can reduce impact on insomnia in patients with advanced cancer. Participants will be asked to complete a sleep questionnaire each morning in order to assess the effect of the timing of dexamethasone on sleep quality.

Lead investigator is Prof Janet Hardy (Mater Health Services Qld/ImPACCT) with HammondCare site investigators at Braeside and Greenwich Hospitals A/Prof Meera Agar and Dr Melanie Lovell. Funding: Mater Research Funds. In progress.

Clinical trial
Management of delirium in palliative care patients

Delirium is an acute state of confusion that may occur when someone is very unwell and occurs often in palliative care patients.

This is highly distressing to both the patient and family and this study explores the best medicine to improve the condition. The study being conducted is a randomised control trial, which is comparing three different treatments of delirium, namely risperidone, haloperidol, and non-pharmacological strategies with rescue subcutaneous midazolam used in specific situations in palliative care patients experiencing delirium.

Lead Investigator is Director of Palliative Care at HammondCare’s (HC) Braeside Hospital, A/Prof Meera Agar, with clinical trials nurses Jane Hunt, Nichole Petrie, Julie Wilcock and Aileen Collier (all HC), in partnership with the Palliative Care Clinical Studies Collaborative (PaCCSC). The participants in the trial are in 11 sites nationally, with HammondCare recruiting at Braeside Hospital. Funding: DoHA. In progress.

Clinical trial
Management of anorexia in people with cancer

Lack of appetite occurs in people with advanced cancer for a variety of reasons and has a significant impact on quality of life.

The aim of this study is to compare megestrol acetate (480 mg/day) to placebo and dexamethasone 4 mg/day to placebo for their ability to produce short-term appetite stimulation and quality of life enhancement in people with advanced cancer receiving palliative care.

Lead investigator is A/Prof Paul Glare (USYD) in collaboration with site investigators A/Prof Meera Agar and Dr Melanie Lovell (HC) and PaCCSC. Trial participants are Braeside/Greenwich Hospitals palliative care patients. Funding: DoHA. In progress.
Clinical trial
Relief from breathlessness in palliative care patients

Dyspnoea (breathlessness) is common in patients with advanced life-limiting illnesses and can be frightening for the patient and family.

It significantly impacts on functional independence. This project explores treatments to improve the condition. It is a randomised, double-blind, multi-site, fixed dose, controlled, cross-over trial comparing morphine, oxycodone and placebo for the relief of refractory breathlessness.

Specifically, the study will determine whether opioids (sustained release morphine 20mg mane, or controlled release oxycodone 5mg three times daily) are more effective than a placebo in the management of dyspnoea in people with a life-limiting illness.

Lead investigator is Professor David Currow (Flinders University, PaCCSC) with researcher A/Prof Meera Agar (HC). Braeside Hospital patients are participating in this multi-site trial. Funding: DoHA. In progress.

Clinical trial
Relief from breathlessness in palliative care patients

Dyspnoea (breathlessness) is common in patients with advanced life-limiting illnesses and can be frightening for the patient and family.

The primary aim of this project is to test the efficacy of sertraline compared with placebo in relieving the sensation of intractable breathlessness. Secondary aims focus on the impact of the sertraline on improving quality of life (QOL), dyspnoea-related anxiety and depression, adverse effects, function and clinical predictors of benefit.

It is a randomised, double-blind, multi-site parallel arm, controlled trial to placebo.

Lead investigator is Professor David Currow (Flinders University, PaCCSC) with co-investigator A/Prof Meera Agar and study personnel Jane Hunt (HC) in partnership with PaCCSC. Braeside Hospital patients are participating in this trial. Funding: NHMRC. In progress.

Clinical trial
Treatments for vomiting and nausea

Vomiting (emesis) and nausea are distressing symptoms for patients with cancer which may be the result of their illness or anticancer treatments.

This is a two-stage trial of antiemetic therapy in patients with cancer and nausea not related to anticancer therapy with the goal of determining whether guideline driven aetiology-based antiemetic therapy (targeted therapy) is more effective than single agent therapy with haloperidol.

Lead investigator is Professor Patsy Yates (QUT) with co-investigator A/Prof Meera Agar and study personnel Jane Hunt (HC) in partnership with PaCCSC. Braeside Hospital patients are participating in this trial. Funding: NHMRC. In progress.
Clinical trial
Treatments for vomiting and nausea 2

Vomiting and nausea are distressing symptoms and this is a two-stage trial of antiemetic therapy in patients with cancer and nausea not related to anticancer therapy.

The aim is to assess the efficacy of parenteral levomepromazine and parenteral ondansetron versus placebo with BSC rescue in patients with cancer and nausea refractory to guideline driven targeted antiemetic therapy or single agent therapy with haloperidol.

**Lead investigator** is Professor Patsy Yates (QUT with co-investigator A/Prof Meera Agar and study personnel Jane Hunt (HC) in partnership with PaCCSC. Braeside Hospital patients are participating in this trial. Funding NHMRC. In progress.

Clinical trial
Management of malignant bowel obstruction

Malignant bowel obstruction is common in people with some forms of cancer and can lead to pain, vomiting, nausea, or complete constipation.

This is a randomised double blind placebo controlled trial of infusional subcutaneous octreotide in the management of malignant bowel obstruction. It compares the efficacy of treatments of malignant bowel obstruction in people with advanced cancer in reducing frequency of vomiting, changes in quality of life, performance status, pain, use of other medications and health service utilisation.

**Lead investigator** is Professor David Currow (Flinders University, PaCCSC) with co-investigator A/Prof Meera Agar and study personnel Jane Hunt (HC). Funding: DoHA. In progress.

Clinical trial
Self-reported evaluation of the adverse effects of dexamethasone (SEED)

Dexamethasone is a corticosteroid used in palliative care, such as to reduce brain swelling.

This multi-site clinical trial investigates side effects of dexamethasone in patients with advanced cancer or brain tumours. The study includes patient, caregiver and clinician measures and aims to test the feasibility of using questionnaires designed to assess patient, clinician and caregiver rated side effects. It is a research project of the NHMRC Clinical Trials Centre Cooperative Trials Group for Neuro-Oncology (COGNO). HammondCare’s Braeside and Greenwich Hospital are participating in the SEED evaluative trial.

**Lead investigator** is A/Prof Meera Agar with site investigators staff specialists, palliative care Dr Melanie Lovell and A/Prof Josephine Clayton, study personnel Jane Hunt (HC).

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Dr Melanie Lovell
Palliative Care Staff Specialist
HammondCare Greenwich
Clinical trial
Anamorelin HCl in the treatment of Non-Small Cell Lung Cancer – cachexia (NSCLC-C)

Cachexia (wasting) is a common yet life-threatening consequence of advanced cancer.
The condition causes a decline in lean muscle mass, reduced strength and a decrease in physical function that can begin early in the course of a patient’s cancer.

Helsinn Therapeutics is sponsoring a randomised, double-blind, placebo-controlled, multi-site, phase III study to evaluate the safety and efficacy of Anamorelin HCl in patients with NSCLC-C. About 470 patients with NSCLC-C will be enrolled to this study globally including at HammondCare’s (HC) Braeside Hospital.

This international collaborative study is being coordinated by Australian, European and US researchers at about 50 study centres.

Lead investigator in Australia is Dr Brian Le (Royal Melbourne Hospital) and Braeside Hospital (HC) site investigator is A/Prof Meera Agar with site co-investigator Dr Fiona Stafford-Bell and researcher Jane Hunt. Funding on recruitment from Helsinn Therapeutics. In progress.

Audit
Rapid pharmacovigilance (PhV) study

Greenwich and Braeside Hospitals are participating in a rapid PhV audit involving 26 sites from six countries.
It examines how common medicines are used in palliative care and the benefits and toxicities associated with those medicines.
Each site will audit the first three people commenced on the medication of interest during the audit period. A new audit will be conducted every three months. Findings from each audit will be published in Palliative Medicine on a regular basis.

Lead investigator is Prof David Currow (Flinders, Palliative Care Clinical Studies Collaborative).
Site research is led by Dr Melanie Lovell and A/Prof Josephine Clayton (Greenwich) and A/Prof Meera Agar (Braeside). Asia Pacific Hospice Network is also a research partner. In progress.

PhD
The spiritual needs of patients and the role of doctors in identifying them

Spirituality is increasingly recognised as a dimension of human experience that impacts on health.
Research in other countries has found that a significant number of patients would like their doctor to ask about their spiritual needs during medical consultations, but this research has not previously been done in Australia.
The current study aims to identify the nature of spirituality and spiritual need for Australian patients and to ascertain their preferences with regard to medical enquiry regarding spiritual needs. It seeks to explore the fears of patients facing life-threatening disease and find ways of supporting patients in their usual spiritual practices within a healthcare setting.

Lead investigator is Dr Megan Best, Greenwich Palliative Care Service, HammondCare. Supervisors are Prof Phyllis Butow, POCoG, University of Sydney, and Prof Ian Olver, Cancer Council.
Rehabilitation
Translating research into care
Research projects

Pain Management
Translating research into care
Research projects

Mental Health for Older People
Workforce Development
Physiotherapist Mark Buhagiar is passionate about service delivery, and is also actively involved in research and education.

Research and education embedded in service delivery is a key distinctive of HammondCare. It ensures that not only are our health and aged care services continually improving - thanks to evidenced-based benchmarks – but the clinicians and care workers of the future are receiving vital community, aged care and sub-acute experience.

But what does this careful balance of delivering services and cutting edge research and education look like for our staff?

Providing care is satisfying
Physiotherapist Mark Buhagiar is not unusual among HammondCare’s clinical staff – he is not only passionate about service delivery, but is actively involved in research and education.

As well as providing physiotherapy services to Braeside Hospital patients across rehabilitation, palliative care and older people’s mental health, Mark is Manager of Allied Health for HammondCare Health and Hospitals southern region.

“It’s very satisfying to help someone to learn to walk again, to help them get back to playing ‘tip’ with their 3-year-old, or enable them to return to work, or assist a person with a terminal illness to remain at home as long as possible,” Mark said.

“And in my management role, I value being able to find out what motivates the allied health team and to make sure they do not lose sight of what is important, such as keeping a healthy family-work balance.”

Modelling research and study
At the same time, Mark is in the second year of a part time research doctorate at UNSW, investigating the rehabilitation of patients following a total knee replacement.

This involves “juggling” recruitment for a clinical trial and the research follow-up of patients up to one year after their surgery.

“This study and research is important in contributing to an evidence base for what we do,” Mark said.

“It’s about striving for excellence in the care that we provide, not just doing things a certain way because that’s how they’ve always been done.

“I hope that my commitment to study and research shows my staff that, if I can do it, so can they. An indicator of this is the healthy uptake of participation in research among the allied health staff that I manage.”

Training with finesse and professionalism
The final strand of Mark’s work life is his role as an educational supervisor.

This includes supervising university students studying physiotherapy and sport and exercise physiology, as well as overseeing trained physiotherapists undergoing review for recognition of their degree within Australia.

“This fits well with my other roles because it ensures that the new breed of healthcare professionals are trained with finesse, professionalism, care and attention, and are exposed to the values that we as an organisation live and breathe.”

Mark said that HammondCare’s commitment to research and education was displayed in the flexibility he was given in fitting together the various aspects of his role.

“IT’s about striving for excellence in the care that we provide, not just doing things a certain way because that’s how they’ve always been done.”

Physiotherapist Mark Buhagiar is passionate about service delivery, and is also actively involved in research and education.
The Out and About Trial

Best practice guidelines for stroke rehabilitation recommend access to walking training with a physiotherapist and travel training with an occupational therapist – yet fewer than 20 per cent of stroke patients receive the recommended number of sessions in their local community.

The Out-and-About Trial compares different types of education and coaching delivered to rehabilitation teams in the community. The project also uses personal global positioning systems to assess how far and how often people go out.

Previous tools like pedometers did not allow researchers to measure journeys and distance when riding in cars or on buses. Being able to map the sort of journeys taken by people with stroke during a day, including visits to venues like libraries or local shops can tell a lot about quality of life and independence.

Lead investigator is Dr Annie McCluskey (USYD) and site investigators for HammondCare’s Braeside Hospital are Shalesni Chand, Cherie Fong, Kim Stendara, and Katrina Cordina. In progress.

Road Accident and Rehabilitation Initiative

This study tested the effectiveness of an early assessment intervention by a rehabilitation physician for those at risk of long-term complications from motor vehicle accidents.

The study measured the return to work rates and usual activities at three months for mild-moderate cases and six months for severe injury, post road accident. An early assessment and treatment by a rehabilitation physician involving a one-hour consultation to manage rehabilitation issues such as identification of injuries and pain management was compared to standard treatment from a GP.

Lead investigator A/Prof Steven Faux (St Vincent’s Hospital) with HammondCare site investigators A/Prof Friedbert Kohler and Dr Victoria Peeva at Braeside Hospital. This study was funded by the Motor Accidents Association with HammondCare receiving funding on recruitment of participants. Completed 2012.
Minimising disability and falls in older people through a post-hospital individualised exercise program

This study aims to implement and evaluate the “Functional Activities for Better Balance (FABB) program”, a tailored exercise program which is designed to minimise disability and falls among older adults who have recently had a hospital stay.

A randomised controlled trial will be undertaken to determine the success of the program in minimising disability and falls and improving balance, muscle strength, and reaction time, quality of life and fear of falling.

In addition, predictors of adoption of and adherence to the exercise program and the cost effectiveness of the program will be established.

Lead investigator A/Prof Cathie Sherrington (The George Institute) with Dr Constance Vogler (RNSH) site investigator at Greenwich Hospital. In progress.

Exercise self-management to improve long-term functioning and prevent falls after lower limb fractures

Hip, pelvis and lower limb fractures are all too common results of falls in older people and the best pathway to recovery is a significant issue.

This project evaluates the effectiveness of a group-based exercise self-management program for people who have had a hip or pelvic fracture by comparing the exercise self-management program to a usual care control program for 400 older people who have suffered a hip fracture.

The program consists of six group sessions led by an occupational therapist and physiotherapist and four home visits from a physiotherapist. Falls are measured for 12 months with monthly calendars and disability is measured with monthly questionnaires and a physical assessment at three and 12 months.

Lead investigator A/Prof Cathie Sherrington (The George Institute) with Greenwich Hospital site co-investigator Dr Constance Vogler (RNSH). In progress.

Is inpatient rehabilitation necessary after knee replacement? (HIHO study)

Total knee replacement (TKR) surgery is a common and highly effective treatment option for alleviating the pain and disability caused by chronic arthritis.

The associated rehabilitation costs, however, impose a significant burden on the health system. In particular, inpatient rehabilitation - utilised by about 43 per cent of private TKR recipients in NSW and 29 per cent Australia-wide - is of greatest concern, costing, on average, $7000 per inpatient episode.

The aim of this study is to establish whether inpatient rehabilitation is necessary after TKR for patients with osteoarthritis (OA) who could otherwise be discharged directly home. TKR recipients who receive inpatient rehabilitation in addition to participating in a home program will be compared to patients who participate in a home program only.

If inpatients achieve a superior level of mobility, a cost-effectiveness analysis will be undertaken. The study will also look at patient-reported knee pain and function, health-related quality of life, functional ambulation, and knee joint mobility.

Lead investigator Dr Justine Naylor, Liverpool Hospital with Braeside Hospital site investigators A/Prof Friedbert Kohler and Mark Buhagiar. In progress.
Analysis of a converted ICF based ADL outcome measure and its comparison to FIM

The International Classification of Functioning, Disability and Health (ICF) is an internationally accepted, comprehensive description of human functioning. Potentially the ICF categories could be used as components of outcome measures.

Published literature demonstrating the psychometric properties of ICF categories is limited. This study explores the agreement and reliability of some ICF activities of daily living (ADL) categories in comparison to an established outcome measure: the Functional Independence Measure (FIM).

Two investigators independently reviewed the clinical notes and scored the ADL ICF categories of 100 patient using ICF qualifiers with some additional scoring guidelines. The percentage agreement, inter and intra-rater reliability were compared with the matched FIM items scored by a separate set of two investigators who used the same methodology. Based on the results of this study, the ICF categories could be used as components of rehabilitation outcome measures.

Lead investigator A/Prof Friedbert Kohler with co-investigators Dr Carol Connolly, Mark Buhagiar, Mohammed Mojaddidi, Aroha Sakaria, and Kim Stendara (all Braeside Hospital).

Validation and confirmation of reliability and sensitivity of the ICF brief core set in stroke patients as an outcome tool in sub acute settings

The International Classification of Functioning, Disability and Health (ICF) has been developed as a standard system for describing human functioning and rating disability.

Efforts have been made to develop it as an assessment tool in a patients’ journey from acute hospital to the community. The main challenge is the length of the classification. Therefore internationally agreed and developed ICF core sets and brief core sets have been developed for various health conditions to address this challenge in a scientific evidence-based process.

This study assessed the sensitivity and inter-rater reliability of the brief ICF stroke core set for measuring functional change in 100 stroke patients admitted to an acute hospital. The ICF stroke brief core set demonstrated acceptable inter rater reliability in this study. Sensitivity in the acute setting is limited, as in most cases there is little or no change in the ICF qualifiers between admission and discharge.

Lead investigator A/Prof Friedbert Kohler. Analysis and presentations in progress.
The feasibility of using an ICF based MAT to measure change in mobility of patients on a rehab ward

This study looks at the feasibility of using an ICF based Mobility Assessment Tool to record the change in mobility of patients on a rehabilitation ward. The tool has previously been used to assess mobility in lower limb amputee patients.

This study would include all rehabilitation patients. It is a prospective study in which the investigators will review the clinical notes of the patients at the time of admission and score them on the ICF based tool. They will repeat this review of notes shortly after discharge and once again score using the ICF based Mobility Tool. The 2 scores will be compared and analysed.

The result will be compared to the FIM (Functional Independence Measure) scores that are routinely collected on the ward (current “gold standard”).

Lead investigator A/Prof Friedbert Kohler with co-investigators Dr Carol Connolly, Dr Preshanthy Rajeepan, Dr Dhayaparan Ganashan, Aroha Sakaria, and Kim Stendara (all from Braeside Hospital). In progress.

The activity has some particular benefits for older people: the two walking support poles offer an added base of support in the walking motion, and for older people with arthritic hips or knees, Nordic walking allows them to transfer some of the weight from their lower limbs through their hands onto the poles. This relieves joint pain and allows them greater ease of movement. These kinds of activities help to get residents active and enjoying the outdoors. Our agenda is positive aging, so we’re always looking for ideas and activities that promote that.”

Exercise Physiologist Natalie Robson, in the first weeks of a new research project focused on Nordic Walking.
Translating research into care.

Fran’s story: part of the research is trying to work out why some people do better than others and then using this to improve the outcomes of the program more broadly.

Fran, 39, struggled with chronic pain in her neck and shoulders for four years before coming to HammondCare’s new Pain Clinic at Greenwich Hospital. The constant strong pain meant Fran had become fearful of too much movement - despite previous treatment with medications and injections around the nerves and joints in her neck.

Her life had become increasingly restricted and inactive and she often felt depressed, anxious and dissatisfied with her life. She had even stopped playing her much-loved golf and was desperate for an answer.

How can research help people with chronic pain?
The Pain Clinic is developing a new approach to pain management, and as a result it has embedded in its processes research and evaluation. This involves measuring outcomes for patients as they arrive, first after six weeks and then after three months.

A pilot study was run with outcomes evaluated in terms of physical function, pain, mood and a measure of spiritual wellbeing. Patients were taught skills contained in standard cognitive behavioural pain management programs such as relaxation, exercise and meditation. In addition, a session on meaning and purpose was introduced.

Preliminary results show moderate to large improvements for patients in a number of variables such as mobility, depression, anxiety, fear avoidance.

Another result suggests that people with chronic pain report higher levels of spiritual distress (loss of meaning and purpose) than similar groups with cancer and HIV/AIDS.

Professor Philip Siddall is Director of the Pain Clinic. He has been working in the field of pain medicine for more than 25 years, has a PhD in pain physiology, is an active researcher and teacher at the University of Sydney.

Prof Siddall said the major reason for integrating research was that the Pain Clinic was “offering a new type of pain program and we want to know and be able to show others that what we are doing works.

Many focus on the body and the mind but we are trying to deal with the spirit as well. By that I mean a focus on meaning and purpose, something which is at the centre of who we are and is significantly impacted by chronic pain.”

The Pain Clinic utilises a multi-disciplinary team to reduce pain, improve physical function and activity levels, improve mood and develop more resilient ways of thinking about pain and life. It also helps patients re-engage in activities that promote satisfaction and enjoyment of life as well as fostering independence and confidence in managing pain.

How was the research able to help Fran?
The measuring of outcomes that is part of our research was invaluable – Fran’s pain reduced by about 40 per cent, her anxiety reduced by 75 per cent and depression by 20 per cent.

Fran completed the six week pain program where she learnt stretching exercises and muscle relaxation techniques, was given ways to increase activity, was helped to consider moving past her fear of movement and to come to terms with the possibility of ongoing pain.

And during the course of the program, Fran began to play golf again - something she hadn’t done for some time. And while not everyone’s improvement is the same, or in the same areas, Prof Siddall is again turning to research to find the answer.

“Part of the research is trying to work out why some people do better than others and then using this to improve the outcomes of the program more broadly.”
HammondCare’s Pain Clinic
Greenwich Hospital.
A pilot study of an outpatient pain management program that includes a meaning-based component

A pilot group pain management program for people with chronic pain was run at Greenwich Hospital for five weeks with outcomes evaluated in terms of physical function, pain, mood and a measure of spiritual wellbeing.

Patients were taught skills contained in standard cognitive behavioural pain management programs such as relaxation, exercise and meditation.

In addition, a session on meaning and purpose was introduced – how it is affected in people with chronic pain and how exploring different ways to regain a sense of meaning and purpose can be a helpful component of dealing with pain.

Preliminary results indicate that people with chronic pain on average report higher levels of spiritual distress than other groups such as people with terminal cancer or HIV/AIDS and significant improvements in physical function, mood and thinking were observed during the program.

**Lead investigator** Prof Philip Siddall, HammondCare (HC).

Funding: HC.

Neurophysiological assessment of residual thermonociceptive sensation following spinal cord injury - a pilot study

Pain is a major problem for people with spinal cord injuries with around two thirds of people experiencing pain.

The challenge for research has been to understand how people who have lost complete sensation below the level of their injury can still experience pain.

One possibility is that even though the spinal cord is damaged, there are still a small number of intact pathways that pass through the area of damage and transmit pain signals. This project uses an electrophysiological technique that delivers a carefully controlled heat stimulus to the skin below the spinal cord injury and then records activity in the brain.

This will allow us to determine whether signals are getting through to the brain even though a person is not aware. This is important for understanding how pain is generated and developing treatments that target the correct location for reducing the pain.

**Lead investigators:** Dr Paul Wrigley, Royal North Shore Hospital and Prof Philip Siddall, HammondCare. Funding: Australian & New Zealand College of Anaesthetists.
Hospital Dementia Services Project

The Hospital Dementia Services Project (HDS Project) looks at outcomes for people with dementia admitted to hospital. Hospital stays for people with a principle diagnosis of dementia is a mean 30.1 days compared to a mean of 8.6 days overall.

There is evidence that well targeted and designed services improve the quality of care for people with dementia in hospitals and the overarching objective of the project is to inform health practitioners, health and aged care policy makers and planners, and consumers about the influence of system-level factors on care outcomes for hospital patients with dementia.

Lead investigator is Dr Diane Gibson (AIHW) and Dr Doug Subau is site investigator for Greenwich and Braeside Hospitals. Funding NHMRC.

Recreational Officer Sarah Dean
Riverglen Older Persons’ Mental Health Unit
Greenwich Hospital
HammondCare
Focus on Function:
Early identification of Functional Decline in community dwelling clients

The Focus on Function project is a combined HammondCare/UNSW project.
Its aim is to build the capacity of the community care workforce to identify and manage early functional decline in community dwelling older clients. By increasing the skills of the care workforce, empowering them to identify functional decline and providing support to initiate a management process, they can increase their capacity for caring for clients living in the community.

The project also features the deployment of new technology (iPads) to improve communication and a computerised assessment application to identify functional decline. This is called the Late Life Function and Disability Instrument.

The project has been funded by Health Workforce Australia. UNSW School of Public Health and Community Medicine is providing research support by assisting in the development of the project methodology and evaluating the outcomes of the project.

**Lead investigator** is A/Prof Chris Poulos. The Project Manager is Miriam Kolker. Participating sites are HammondAtHome South West Sydney and South East Sydney.

Funding: Health Workforce Australia.

Real Cases, Real Time

This HammondCare/UNSW project provides training aimed to support the educational needs for staff members working in aged care, in both residential and community settings.

With A/Prof Andrew Cole as one lead investigator and lead teacher, two strands provide learning both for professionally registered workers (registered nurses, therapists, pastoral care workers) and for care assistants and community support workers, with an interactive case-method learning approach focused on a series of topics relevant to aged care, provided to multiple locations connected by video-teleconferencing facilities.

Driven by A/Prof Chris Poulos as the other lead investigator, the research component aims to assess the extent that the training builds the knowledge of those attending, enhances their skills, develops new attitudes, and shapes their beliefs, so as to provide a better care experience for individuals receiving care, and the families that support them.

Feedback is obtained from participating staff at each session, and an arms-length evaluation of the demonstrated educational value of the project is being conducted by experts in healthcare education from UNSW.

**Teaching Coordinator** is A/Prof Andrew Cole. The Project Manager is Anne Loupis, with sites involved including HammondCare residential care North Turramurra, Hammondville, Horsley, and Woy Woy and HammondAtHome Bathurst, Horsley, Nowra, Central Coast, Hornsby and South west Sydney. Also Catholic Health Care Bathurst, Brisbane and Ipswich.

Funding DoHA. In progress.
This project’s goal is to reduce functional decline of older people in the community through improved skills, expertise and knowledge for care support workers. The largest part of the aged care workforce are care support workers and they are also the people who provide care on a daily basis and are most familiar with their clients daily needs. This project aims to help the care support workforce to identify functional decline earlier in the older people they care for and give them tools to initiate the best management pathway. Not only will increased skills and knowledge enable care workers to identify functional decline, but technology will be utilised to assist care workers in their day-to-day work and to share these insights along the correct management pathway. And importantly, the care workers will gain the knowledge and confidence to help educate the client in steps they could take to prevent functional decline.”

A/Prof Chris Poulos
HammondCare and UNSW
Hammond Chair of Positive Ageing and Care

(Page 48) Focus on Function: early identification of functional decline in community dwelling clients. UNSW will play a key role through its School of Public Health and Community Medicine in providing rigorous evaluation of these redesigned workforce models.
Examining organisational complexity to improve hospital patient’s safety-healing environments

Doctoral research by Aileen Collier explored how healthcare spaces can enhance safety and healing for dying patients, their families and healthcare staff.

The study was part of a larger Australian Research Council (ARC) Discovery funded project - Examining organisational complexity and clinical risk to improve patient safety. Chief investigator was Professor Rick Iedema, Director Centre for Health Communication, (UTS).

The study showed the potential of collaborative video methodologies to explore the complexities of end of life care sensitively and ethically. Patient participants were initially recruited through palliative day care at HammondCare’s Braeside Hospital and then Liverpool Hospital.

The project elicited what safety means for dying patients, their families and healthcare staff from their own perspectives. Whether or not safety is produced is determined by the spatial; the physical and social space inextricably linked.

Braeside Hospital site investigator for the ARC funded project was A/Prof Meera Agra. Completed 2012.

Rehabilitation team characteristics, performance and HRM

Teamwork is a vital component of health care and multidisciplinary teams are especially important in rehabilitation.

Effective teams improve patient care as well as job satisfaction for staff. Little research has been done on the impact of human resource management on the effectiveness of health care teams. This research will evaluate the performance of a team with both a primary and secondary data approach including rehabilitation clinical indicators.

Lead investigator Dr David Greenfield (UNSW) supervising PhD student David Pereira (UNSW) with HammondCare site investigator Dr Solomon Ni (Greenwich Hospital).

Reforming and Enabling Aged Care Teams (REACT)

This HammondCare/UNSW project focuses on workforce redesign in residential care to increase capacity and effectiveness.

REACT aims to empower care support workers through increased skill levels to enable them to take a more active role in care planning and delivery of care.

The project will also examine how teams work together within residential aged care and will develop models to enhance their effectiveness.

The UNSW School of Public Health and Community Medicine will provide an internal evaluation of the project as it develops an innovative, evidence-based, sustainable workforce model.

Lead investigator is A/Prof Chris Poulos with HammondCare’s General Manager of Residential Aged Care Angela Raguz and staff playing a large role in the project. Project Manager is Dr Alison Short and project assistant Anne Sinclair. Funding: Health Workforce Australia. In progress.
Building workforce capacity for complex care coordination in the community

The project undertaken by HammondAtHome, community aged care service, is designed to build workforce capacity in community aged care in South West Sydney.

The project is designed to produce an innovative, evidence-based and sustainable workforce model of care suitable for adoption across community aged care generally. This project was developed in response to the growing demand for improved complex care for an increasing number of older and frailer clients living at home, often alone.

Project partners include HammondCare Allied Health Service and South West Sydney Medicare Local as well as the School of Health and Community Medicine, University of New South Wales, who will conduct the Local Evaluation of the project. Lead investigator is General Manager of HammondAtHome Sally Yule with research staff Julie Flood and Sally Day. Funding: Health Workforce Australia.

This workforce redesign project arose because we know that the current aged care model of care will be unable to meet the impending challenges of the aged population that is increasing in number and complexity. Our focus has been in three main areas, empowerment of clients and carers, an extended scope of practice for staff and reinvigorated stakeholder relationships.

We are hopeful that the final project outcomes will show that by smarter use of existing resources, greater efficiencies, reduced staff burden and a smoother journey for client and carer can occur. We can also see the potential for the application of successful aspects of the new model across HammondAtHome in a sustainable way. The learnings from the CHIPPER project have been captured and embedded in HammondAtHome’s revised model. It has been a privilege to work with the HammondAtHome team, clients and carers as well as stakeholders in South West Sydney over the life of the project.”

PhD
Team Interprofessional Learning Study

This research is focused on interprofessional learning (IPL), specifically the learning that occurs between health professionals at the regular, patient-care, multidisciplinary team meeting.

The aim of the study is to develop and validate a questionnaire (Team Interprofessional Learning Profiling Tool) for use by teams to profile their team meeting’s interprofessional learning strengths and weaknesses. Also, to investigate relationships between questionnaire findings and perceived team functioning and staff satisfaction as well as patient and professional outcomes. The research involves team members completing an online questionnaire. Participants in the study will be provided with feedback on the questionnaire findings.

Lead investigator is Gillian Nisbet (Royal North Shore Hospital) with Greenwich Hospital site researchers Julie Miles and Sarah Ramsey.

General Manager of HammondAtHome Sally Yule with researcher Julie Flood
Research Awards

Research Presentations

• Conference and industry seminars
• Educational and advisory activities
European Association of Palliative Care Early Researcher Award

Associate Professor Meera Agar, Director of Palliative Care Braeside Hospital. The award is for the ‘best emerging program of palliative care research being led by an early career researcher in the world in the past year’ and recognises A/Prof Agar’s program of research into delirium in palliative care.

St Jude Medical Australia New Zealand College of Anaesthetists Research Award

Professor Philip Siddall, Pain Medicine Specialist Greenwich Hospital with Dr Melanie Lovell, Palliative Care Specialist Greenwich Hospital. Awarded to undertake a new research project, Levels and associations of existential distress in people with persistent pain.

2012 Australian Award for University Teaching - Award for Programs that Enhance Learning (Postgraduate Education)

Associate Professor Meera Agar, as part of the Flinders University team recognised for its Asia Pacific Palliative Care Program. Presented by Commonwealth Office for Learning and Teaching.
Faculty Research Award from the Faculty of Health and Behavioural Sciences, and Outstanding Higher Degree (Research), University of Wollongong

Dr Geoffrey Lyons, Clinical Psychologist Greenwich Hospital. Dr Lyons received the awards for his PhD research on spirituality, forgiveness and purpose in life in faith-based substance abuse treatment programs.

The University of Wollongong also nominated Dr Lyons for the 2012 Australian Psychological Society College of Clinical Psychologists Student Prize for his PhD research.

2012 Salvation Army Australian Eastern Territory Commendation Medallion, and 2012 Excellence in Research, National Drug and Alcohol Award

Dr Geoffrey Lyons, Clinical Psychologist Greenwich Hospital for his PhD research. Dr Lyons was part of the research team that was awarded the Excellence in Research, National Drug and Alcohol Award from the Salvation Army Recovery Services and Illawarra Institute of Mental Health.
Conference and industry seminars 2012


Agar M, Draper N, Plummer J, Philips P, Currow D. Anticholinergic levels and risk of delirium in advanced cancer. Multinational Association of Supportive Care in Cancer International Symposium on Supportive Care in Cancer; 28-30 June, 2012; New York, USA.


Allen B. After hours - risk and rescue: an after hours approach to care. Risky Business - International Dementia Conference; 28-29 June, 2012; Sydney, Australia.


Best M. Butow P, Olver I. Identification of the spiritual needs of patients and the role of doctors in meeting them. Postgraduate Cancer Research Symposium; 27 November, 2012; Sydney, Australia.

Bray Y, Goodyear-Smith F, Gott M, MacLeod R. The experience of dying away from birth country for transnationals. 20th Hospice New Zealand conference; 13-16 November, 2012; Auckland, New Zealand.

Bray Y, MacLeod R. Transnationals facing end of life: a literature review. 5th International Asian and Ethnic Minority Health and Wellbeing Conference; 27-29 June, 2012; Auckland, New Zealand.

Broadbent J. Working with spirituality in palliative care: lessons from young people with cancer. 19th Congress on Palliative Care; 9-12 October, 2012; Montreal, Canada.

Brown V, Vella-Brincat J. Palliative Care Medications Working Group (including MacLeod R.D.), Breakthrough and incident pain analgesics for patients. What should we use? 37th Annual Scientific Meeting of the NZ Pain Society; 12-15 April, 2012; Wellington, New Zealand.

Clayton J. Transitioning to Palliative Care - Communication Strategies. 13th Annual HammondCare Palliative Care Seminar 9 November, 2012; Sydney, Australia.

Clayton JM. Australian guidelines for end of life discussion. 14th World Congress of Psycho-Oncology and Psychosocial Academy; 11-15 November, 2012; Brisbane, Australia.

Clayton JM, Butow PN, Waters A, Laidsaar-Powell RC, O’Brien A, Boyle F, Back AL, Arnold RM, Tulskey JA, Tattersall MHN. Development and preliminary evaluation of a novel individualized communication-skills training intervention to improve doctors’ confidence and skills in end-of-life-communication. 14th World Congress of Psycho-Oncology and Psychosocial Academy; 11-15 November, 2012; Brisbane, Australia.


Cole AMD. Rehabilitation and restoration in neurological tumour survivors. 7th World Congress for NeuroRehabilitation; 16-19 May, 2012; Melbourne, Australia.


Cunningham C. Supporting people with dementia at home: the emerging challenges. ACSA National Community Care Conference; 21-22 May, 2012; Adelaide, Australia.

Cunningham C. Home for good? Supporting people with an intellectual disability in residential care. Australian
Australian Capital Region Nursing and Midwifery Research
Duggan N.
Practice 2012; 13 September, 2012; Perth, Australia.
Duggan N.
August, 2012; Adelaide, Australia.
Duggan N.
caring for carers. NSW State Palliative Care Conference; 2013 -
Roach A. The importance of partnership in
Downes J,
Conference; 20 March, 2012; Liverpool, Australia.
Downes J. Addressing the needs of carers of patients with a
life limiting illness. World Social Work and Social Development
Conference; 8-12 July, 2012; Stockholm, Sweden.
Downes J. Challenges faced in supporting carers
of patients with a life limiting illness. Social Work
Conference; 20 March, 2012; Liverpool, Australia.
Downes J, Roach A. The importance of partnership in
caring for carers. NSW State Palliative Care Conference;
Duggan N. Night time care. Better Practice 2012; 2-3
August, 2012; Adelaide, Australia.
Duggan N. Behaviours - opportunity and change. Better
Practice 2012; 13 September, 2012; Perth, Australia.
Duggan N. Person centred-care workshop. 2nd
Australian Capital Region Nursing and Midwifery Research
Conference; 10-12 October, 2012; Canberra, Australia.
Egan R, MacLeod RD, Jaye C, McGee R, Baxter
J, Herbison P. “Mysterious business”: is paranormal
normal? 2nd Death Down Under conference; 28-29
June, 2012; Dunedin, New Zealand.
Fielding E, Neville C, Beattie E, Gresham M, Readford
M. Respite correlates of burden and depression in
carers or people with dementia in the community.
International Psychogeriatric Association Conference;
7-11 September, 2012; Cairns, Australia.
Fielding E, Neville C, Beattie E, Gresham M, Readford
M. Carers’ perspective on improving respite care.
National Dementia Forum; 21-22 September, 2012;
Cairns, Australia.
Gaab E, Owens G, MacLeod R. Communicating
about prognosis with young people. 19th International
Congress on Palliative Care; 9-12 October, 2012;
Montreal, Canada.
Gaab E, Owens G, MacLeod R. “Hey son, let’s talk
about your prognosis”: Communication about death
with youth involved in paediatric palliative care. 2nd Death
Down Under conference; 28-29 June, 2012; Dunedin,
New Zealand.
Gresham M. Behaviour management - outmoded and
out-dated! Focusing on how evidence can make life better
for everyone. Risky Business - International Dementia
Conference; 28-29 June, 2012; Sydney, Australia.
Gustin SM, Henderson LA, Hilton Euasobhon P, Siddall
PJ, Wrigley PJ. GABA/creatine ratio is reduced in the
thalamus in people with neuropathic pain following spinal
cord injury. World Congress of Pain 2012; 27-30 August;
Milan, Italy.
Hatherell C, Sanderson S, MacLeod R. A qualitative
research study to explore the impact of a palliative care
education programme in residential aged care facilities
- what the participants had to say. 20th Hospice New
Zealand conference; 13-16 November, 2012; Auckland,
New Zealand.
Hosie A, Davidson P, Agar M, Sanderson C, Phillips J.
A systematic review of the prevalence and incidence
of delirium in specialist palliative care units. European
Delirium Association. 7th Scientific Congress on Delirium;
18-19 October, 2012; Bielefeld, Germany.
Hunt J, Gresham M, Collier A, Agar M. An integrated
care framework for people with end stage dementia.
Developing a national web based resource for best
practice palliative dementia care. Reaching Out:
Community, Communicating, Connecting; 31 October -
2 November, 2012; Dubbo, Australia.
Ingham JM, Piza M, Kim MG, Clayton JM, Davidson
PM, Jenkins C, Smith TA. Advance care planning in
advanced chronic obstructive pulmonary disease by
respiratory physicians: practices and barriers. NSW
Palliative Care Conference; 31 October - 2 November,
2012; Dubbo, Australia.
Jacobi S, MacLeod R, Gott M. Bereavement grief in family members of people with dementia. 2nd Death Down Under conference; 28-29 June, 2012; Dunedin.

Judd S. Driven by purpose. Calvary Care conference; 13 September, 2012; Sydney, Australia.

Judd S. Driven by purpose. MGSM - Leadership Development program; November 20 2012.

Judd S. Navigating the dementia jungle! Risky Business - International Dementia Conference; 28-29 June, 2012; Sydney, Australia.


Judd S. Social Enterprises and Not for Profits. Masters of Business guest lecture; November 20 2012; University of O’d.

Judd S. The changing face of aged care. Diocese of Newcastle Clergy Conference; 1 May, 2012; Newcastle, Australia.

Judd S. Building for Intergenerational Outcomes. Intergenerational Forum: September 24 2012; Melbourne, Australia.

Keall R. Enhancing existential and spiritual care through life stories. 13th Annual HammondCare Palliative Care Seminar 9 November, 2012; Sydney, Australia.

Kelly J. Are you sitting comfortably? Risky Business; 28-29 June, 2012; Sydney, Australia.


Kinnear B. Lannin N, Cusick A. The promise and the potential of botulinum toxic-A: an Australian survey of therapy practices for the management of upper limb spasticity. 7th World Congress for NeuroRehabilitation; 16-19 May, 2012; Melbourne, Australia.

Kohler F. Measuring function using the ICF. 7th World Conference for NeuroRehabilitation; 16-19 May, 2012; Melbourne, Australia.


Luckett T, Davidson PM, Green A, Lovell MR. Assessment and management of adult cancer pain: a systematic review and synthesis of recent qualitative studies. Australian Pain Society 32nd Annual Scientific Meeting; 1-4 April, 2012; Melbourne, Australia.

MacDonald C, McCallin A, MacLeod R. Collaboration and communication - what is one without the other? 20th Hospice New Zealand conference; 13-16 November, 2012; Auckland, New Zealand.

MacLeod R. Compassionate care - can it be taught? NSW Palliative Care Conference; 31 October - 2 November, 2012; Dubbo, Australia.

MacLeod R. Dealing with requests for hastened death: historical, ethical and practical dilemmas. Facing the challenges, living and dying well; 17 August, 2012; Wellington, New Zealand.

MacLeod R. What’s the point of hospice? 2nd Death Down Under Conference; 28-29 June, 2012; Dunedin, New Zealand.


McIntosh D. How a choir created a community. Campbelltown Dementia Symposium; 27 February, 2012; Campbelltown, Australia.

McIntosh D. Developing a service for younger people. Future Face of Dementia – Alzheimer’s New Zealand conference; 24-27 May, 2012; Wellington, New Zealand.

McIntosh D. Younger onset dementia: the challenges, the lessons and meeting their needs. Risky Business 2012; Sydney, Australia.

McIntosh D. YOD: psychosocial interventions. International Psychogeriatric Association International Meeting; 7-11 September, 2012; Cairns, Australia.

McIntosh D. Dementia design and the role of the OT. HMMS 2012 Inaugural National Conference; 10-11 September, 2012; Sydney, Australia.

McIntosh D. The missing domains of activity. Better Practice 2012; 13 September, 2012; Perth, Australia.
McVey P. The diversity of health needs of high-level care residents in hostel settings. Kaleidoscope; 30-31 May, 2012; Dublin, Ireland.


Morgan-Jones P. “Engaging with the experience”: an interactive session on cooking and the person with dementia. Risky Business - International Dementia Conference; 28-29 June, 2012; Sydney, Australia.


Raguz A. Opening the door - the risk of compliance. Risky Business - International Dementia Conference; 28-29 June, 2012; Sydney, Australia.

Rudder J. LeGrange R. “I am determined to stay in my own home”. Risky Business - International Dementia Conference; 28-29 June, 2012; Sydney, Australia.

Siddall PJ. Neuroplastic contributors to back pain - implications for conceptualisation and management. Australian Pain Society 32nd Annual Scientific Meeting; 1-4 April, 2012; Melbourne, Australia.

Siddall PJ. Where are we going with pain treatments? Connections 2012 Spinal Cord Injury Conference; 13 August, 2012; Sydney, Australia.


Siddall PJ. Pain education initiatives working group: what have we accomplished? International Association for the Study of Pain - Pain Education Special Interest Group Symposium; 26 August, 2012; Milan, Italy.


Smith TA, Kim MG, Davidson PM, Jenkins CR, Ingham JM, Clayton J. Advance care planning by respiratory physicians with patients with COPD: a pilot survey. 3rd International Society of Advance Care Planning and End of Life Care Conference; 31 May - 2 June, 2012; Chicago, USA.

Thorne S. An integrated risk management database in aged care, an organisation’s experience. Risky Business - International Dementia Conference; 28-29 June, 2012; Sydney, Australia.

To T, Agar M, Rowett D, Currow D. Prescribing preferences for nausea in palliative medicine. The Australian and New Zealand Society of Palliative Medicine Biennial Conference; 4-7 September, 2012; Queenstown, New Zealand.

To T, Agar M, Shelby-James T, Abernethy A, Doogue M, Rowett D, Currow D. Off label prescribing in palliative care - a cross sectional national survey of Australian Palliative Medicine doctors. Multinational Association of Supportive Care in Cancer International Symposium on Supportive Care in Cancer; 28-30 June, 2012; New York, USA.

To T, Agar M, Shelby-James T, Abernethy A, Doogue M, Rowett D, Currow D. Prescribing in palliative care - off licence, off-label or just confused. The Australian and New Zealand Society of Palliative Medicine Biennial Conference; 4-7 September, 2012; Queenstown, New Zealand.


Walczak A, Henselmann I, Clayton JM, Tattersall MHN, Davidson P, Young J, Epstein RM, Butow P. A qualitative analysis of advanced cancer patient and carer responses to a communication support intervention. 14th World Congress of Psycho-Oncology and Psychosocial Academy; 11-15 November, 2012; Brisbane, Australia.

Yule S. “You’ve neglected us” - Respecting the choices of our clients and the wellbeing of our care workers. Risky Business - International Dementia Conference; 28-29 June, 2012; Sydney, Australia.
Educational and advisory activities 2012

Best M. Ethics in palliative care. HammondCare nursing forum; 25 October, 2012; Sydney, Australia.

Broadbent J. Inpatient palliative care nurses debrief. Palliative care - Greenwich Hospital; 21 February, 2012; Sydney, Australia.

Broadbent J. Multidisciplinary team debrief: death of young patient with multiple issues. Extraordinary debrief meeting - Greenwich Hospital; 27 March, 2012; Sydney, Australia.

Broadbent J, Elliott A. Self-care - managing the stress of professional caregiving. Registrar’s Teaching Program - Greenwich Hospital; 9 April, 2012; Sydney, Australia.

Buhagiar M. Investigating elements of post operative rehabilitation for total knee replacement (TKR): effectiveness, considerations and controversies. Monthly Dean's Seminar - UNSW; 15 April, 2012; Sydney, Australia.

Cao Z. Gerontology Level 2 course. Greenwich physiotherapy in-service; 4 October, 2012; Sydney, Australia.

Cao Z. Gerontology Level 2 course. Greenwich physiotherapy in-service; 11 October, 2012; Sydney, Australia.

Cao Z. Gerontology Level 2 course. Greenwich physiotherapy in-service; 18 October, 2012; Sydney, Australia.

Cao Z. Gerontology Level 2 course. Greenwich physiotherapy in-service; 25 October, 2012; Sydney, Australia.

Cao Z. Updates from stroke conference. Greenwich Physiotherapy in-service; 4 September, 2012; Sydney, Australia.

Clayton JM. Case discussions. HammondCare Palliative & Supportive Care Service Registrar Teaching Seminar; 27 March, 2012; Sydney, Australia.

Clayton JM. Case discussions. HammondCare Palliative & Supportive Care Service Registrar Teaching Seminar; 31 July, 2012; Sydney, Australia.

Clayton JM. Communication. HammondCare Palliative & Supportive Care Service Registrar Teaching Seminar; 7 February, 2012; Sydney, Australia.

Clayton JM. Communication - breaking bad news. Palliative Care Essentials - Advance Level Course, HammondCare; 26 October, 2012; Sydney, Australia.

Clayton JM. Development and presentation of a new half day workshop for pre-interns on end of life communication and care. Northern Clinical School - University of Sydney; 27 November, 2012; Sydney, Australia.

Clayton J. Discussing prognosis and end-of-life issues with patients and their families: evidence based recommendations for clinical practice. Seminar for Department of Psychosocial Oncology and Palliative Care, Dana-Farber Cancer Institute, Harvard Medical School; 29 May, 2012; Boston, USA.

Clayton JM. End of life care. Aged care seminar - Royal North Shore Hospital; 27 April, 2012; Sydney, Australia.

Clayton JM. End of Life Communication Skills Workshop. International Psycho-Oncology Society Psychosocial Academic Workshop - 14th World Congress of Psycho-Oncology and Psychosocial Academy - Workshop facilitator; 12 November, 2012; Brisbane, Australia.

Cunningham C. Using evidence to improve dementia care: implications for hospital staff (panel discussion). Dementia Training and Study Centre Acute Care Symposium 10 May, 2012; Brisbane, Australia.

Elliott A. Overview of bereavement services. Presentation to Pastoral Care - Mater Hospital; 11 April, 2012; Sydney, Australia.

Elliott A. Education debrief. Grief and loss education - Lansdowne Gardens Aged Care Facility; 19 April, 2012; Sydney, Australia.

Elliott A. Grief and loss. HammondCare Palliative Care Essentials 14 May, 2012; Sydney, Australia.

Elliott A. Let’s talk about dying. Nurse education - Palliative Care Week; 24 May, 2012; Sydney, Australia.

Elliott A. Communication session to new social workers. Communication training - Greenwich Hospital; 30 May, 2012; Sydney, Australia.

Elliott A. Overview of bereavement services. Professional development training - RNSH; 21 August, 2012; Sydney, Australia.

Elliott A. Grief education debrief for nurses. HammondCare Palliative care - Greenwich Hospital; October - December, 2012; Sydney, Australia.

Elliott A. Stress relief techniques. Carer’s cafe - HammondCare; October - December, 2012; 12 December.

Fallon N. Mental health and guardianship issues. Nurse, allied health and registrars in-service - Greenwich Hospital; 8 April, 2012; Sydney, Australia.

Geelan K. Aquatic physiotherapy. Greenwich Physiotherapy in-service; 1 October, 2012; Sydney, Australia.

Gill S. Shoulder immobiliser and collar and cuff application. Greenwich nursing in-service; 6 November, 2012; Sydney, Australia.

Gill S. Shoulder pain in wheel chair users. Greenwich Physiotherapy in-service; 6 November, 2012; Sydney, Australia.
Gregory J, Gibbs R. Massage and aromatherapy. Greenwich Physiotherapy in-service; 6 August, 2012; Sydney, Australia.

Herring S. Falls prevention. Greenwich Physiotherapy in-service; 3 July, 2012; Sydney, Australia.

Judd S. Driven by purpose. Masters in Social Work - University of Melbourne; 9 October, 2012; Melbourne, Australia.

Judd S. Driven by purpose - Leadership for the Not for Profit sector. University of Queensland - Executive education course in business; 6 September, 2012; Brisbane, Australia.

Judd S. Making change happen. HammondCare Design School; 17 February, 2012; Sydney, Australia.


Little R, Wurth M. Support and services in the community. Rehabilitation staff in-service - Greenwich Hospital; 11 September, 2012; Sydney, Australia.

Lyons G. Depression and ECT. Grand Rounds In-service; 1 August, 2012; Sydney, Australia.

Lyons G. Developing and maintaining mental health. Psychology Week In-service; October, 2012; Sydney, Australia.

Lyons G. Positive communication with patients. Riverglen Unit In-service; 26 February, 2012; Sydney, Australia.

MacLeod R. Assisted dying, the health practitioner’s dilemma. Grand rounds - Royal North Shore Hospital; October, 2012; Sydney, Australia.

MacLeod R. Palliative care. All Party Parliamentary Group on Palliative Care (NZ House of Representatives); 16 August, 2012; Wellington, New Zealand.

MacLeod R. Cancer statistics; Diagnosis and staging of cancer; Medical Management of Cancer; Radiotherapy and hormone therapy; Palliative care in cancer. Pink and Steel Pilates Certification Course; 1-3 November, 2012; Adelaide, Australia.

McDonald A. Hydrocollator. Neringah nursing in-service; 2 May, 2012; Sydney, Australia.

McDonald A. Non pharmacological management of dyspnoea. HammondCare Palliative Care Essentials Intermediate Course; 4 May, 2012; Sydney, Australia.

McVey P. End of life care. Hammondville RACF in-service - HammondCare; 16 May, 2012; Sydney, Australia.

McVey P. Fatigue: Practical tips. Palliative Care Essentials (Beginner Level) - HammondCare; 3 May, 2012; Sydney, Australia.

McVey P. Medications used in palliative care: a community perspective. Bachelor of Pharmacology - University of Sydney; 2 May, 2012; Sydney, Australia.

McVey P. Pain assessment and management. Hammondville RACF in-service - HammondCare; 17 April, 2012; Sydney, Australia.

Mitchell R. Basic kinesiotaping. Greenwich Physiotherapy in-service; 2 April, 2012; Sydney, Australia.

Orchiston E. Rigid removal dressing. Greenwich Physiotherapy in-service; 4 June, 2012; Sydney, Australia.

Quinn T. Person - Environment - Occupation and Palliative care and the Role of Occupational Therapy. University of Sydney - Bachelor of Applied Science (Occupational Therapy); May, 2012; Sydney, Australia.

Ramsey S. Culture and aged care. Masters of Counselling - Wesley Institute; 18 October, 2012; Sydney, Australia.

Rhook H. Practical bobath. Greenwich Physiotherapy in-service; 8 May, 2012; Sydney, Australia.

Sim J. A palliative approach - what is it and how can you apply it in a residential aged care setting? RACF palliative education session - North Haven Retirement Village; 7 November, 2012; Sydney, Australia.

Sim J. General symptom management at end-of-life - you can assess and manage pain and other problems. RACF palliative education session - Bowden Brae Retirement Village; 13 November, 2012; Sydney, Australia.

Sim J. General symptom management at end-of-life - you can assess and manage pain and other problems. RACF palliative education session - BCP Health (Chatswood Head Office); 4 December, 2012; Sydney, Australia.

Sim J. General symptom management at end-of-life - you can assess and manage pain and other problems. RACF palliative education session - BCP Health (Chatswood Head Office); 11 December, 2012; Sydney, Australia.

Sim J. Nutrition and hydration - helping you manage the common issues that arise for residents receiving a palliative approach. RACF palliative education session - Bowden Brae Retirement Village; 13 November, 2012; Sydney, Australia.
Sim J. Pain management - building on your skills and knowledge in assessing and managing pain in residents who are palliative. RACF palliative education session - BCP Health (Chatswood Head Office); 4 December, 2012; Sydney, Australia.

Sim J. Pain management - building on your skills and knowledge in assessing and managing pain in residents who are palliative. RACF palliative education session - BCP Health (Chatswood Head Office); 11 December, 2012; Sydney, Australia.

Sim J. Palliative care considerations for residents with dementia. RACF palliative education session - North Haven Retirement Village; 14 November, 2012; Sydney, Australia.


Wagner D. Glut med tedinopathy. Greenwich Physiotherapy in-service; 6 March, 2012; Sydney, Australia.

Woodbridge A. Reverse total shoulder replacement. Greenwich Physiotherapy in-service; 6 February, 2012; Sydney, Australia.
Research publications
• Books and book chapters
• Technical reports
• Journal articles

Education
• Higher research degrees and education
• Academic supervision
• Higher research degrees
Books and book chapters


Technical reports


Journal articles


Gresham M, Bundy A. Driving and the older person with impaired insight. IPA Bulletin 2012;29(2).


Keall RM, Butow PN, Steinhauer KE, Clayton JM. Nurse-facilitated preparation and life completion interventions are acceptable and feasible in the Australian palliative care setting: results from a phase 2 trial. Cancer Nursing. 2012; Epub.


Lovell MR. Preparation is the key to death being our friend. BMJ. 2012;17(344):e436.


Magazine articles

Duggan N. Training care staff and overcoming obstacles with managers to implementing new ideas and knowledge. Aged Care Insite. October, 2012.


White E, Forbes R. Sexuality and the older person. Aged Care Insite. April, 2012
Higher research degree candidatures in 2012

Associate Professor Meera Agar
PhD candidature (Flinders University)

Dr Megan Best
PhD candidature (University of Sydney)

Mark Buhagiar
PhD candidature (University of New South Wales)

Meredith Gresham
MHlthSc candidature (University of Sydney)

Damian Harkin
PhD Candidate (University of New South Wales)

Robyn Keall
PhD candidature (University of Sydney)

Bianca Kinnear
PhD candidature (University of Wollongong)

Higher research degrees awarded in 2012

Associate Professor Christopher Poulos
PhD (University of Wollongong)
Thesis title: Exploring the rehabilitation patient journey

Dr Jan Gralton
PhD (University of New South Wales)
Thesis title: Infection control implications of respiratory virus exposure and transmission

Dr Geoffrey Lyons
PhD (University of Wollongong)
Thesis title: Spirituality, forgiveness and purpose in life in faith-based substance abuse treatment programs

Sally Day
MPubHlth (University of New South Wales)
Academic supervision

Professor Rod MacLeod
(Degree supervisor)

Student: Phillip Chao
BMedSc (University of Auckland)
Thesis title: Ethnic differences in end of life care

Student: Claire Hatherell
MHlthSc (University of Auckland)
Thesis title: Exploring the impact of a palliative care education programme “What the participants had to say”

Student: Christine McDonald
PhD (Auckland University of Technology)
Thesis title: Collaborative practice in the New Zealand palliative care environment
Co-supervisor: Associate Professor Antoinette McCallin

Student: Bridget Fa'amatuainu
PhD (University of Auckland)
Thesis: Cross-cultural ethical decision making in end of life care

Student: Yvonne Bray
PhD (University of Auckland)
Thesis: Transnationals’ experience of end of life care in New Zealand
Co-supervisor: Professor Merryn Gott

Student: Sue Jacobi
PhD (University of Auckland)
Thesis title: The nature of grief in family and professional carers of people with dementia
Co-supervisor: Professor Merryn Gott

Student: Andu Iordache
PhD (University of Auckland)
Thesis title: To investigate the dreams of people who are dying
Co-supervisor: Professor Glynn Owens

Student: Erin Gabb
PhD (University of Auckland)
Thesis title: Children and whanau’s perceptions of impending death within the paediatric palliative care context

Co-supervisor: Professor Glynn Owens
Student: Elaine Rogers
PhD (University of Auckland)
Thesis title: Does a multi-targeted approach of supportive care improve the cancer cachexia status in lung patients?
Co-supervisor: Associate Professor Justin Keogh and others

Student: Kate Richardson
PhD (Deakin University)
Thesis title: A phenomenological study using ethnophotography on aspects of hope at the end of life - comparing patient’s and doctor’s hope
Co-supervisor: Professor Bridie Kent

Associate Professor Meera Agar
(Degree supervisor)

Student: Annmarie Hosie
PhD (University of Notre Dame)
Thesis title: Delirium prevalence, systems and practice in palliative care settings
Co-supervisors: Professor Jane Phillips with Professor Patricia Davidson and Professor Elizabeth Lobb

Associate Professor Josephine Clayton
(Degree supervisor)

Student: Adam Walzczak
PhD (University of Sydney)
Thesis title: Improving quality of life at the end-of-life
Co-supervisor: Professor Phyllis Butow

Student: Robyn Keall
PhD (University of Sydney)
Thesis title: Enhancing spiritual and existential well-being of palliative care patients
Co-supervisor: Professor Phyllis Butow

Associate Professor Friedbert Kohler
(Degree supervisor)

Student: Jim Xu
Masters (University of New South Wales)
Co-supervisor: Professor Hugh Dickson
Dr Melanie Lovell
(Degree supervisor)

Student: Skye Dong
MSc (University of Sydney)
Thesis title: Symptom clusters in advanced cancer: patients’ experiences of multiple symptoms
Co-supervisors: Professor Phyllis Butow with Associate Professor Meera Agar

Dr Geoffrey Lyons
(Degree supervisor)

Student: Esther Davis
PhD (University of Wollongong)
Thesis title: Existential distress in dying patients: an acceptance and commitment therapy based investigation
Co-supervisor: Professor Frank Deane

Dr Alison Short
(Degree Supervisor)

Student: Lakna Waniganayake
MBBS - Independent learning research project (UNSW)
Thesis title: Exploring health promotion related to lifestyle health initiative: increasing engagement with a CALD community

Student: Gene-Robert Kenji
BEng (UNSW)
Thesis title: Monitoring and assessing noise levels in the complex environment of a hospital emergency department - Project 2
Co-supervisor: Dr Kana Kanapathipillai

Student: Chris Ryan
BEng
Thesis title: Noise in the exercise gym: monitoring and assessing noise levels in a complex environment
Co-supervisor: Dr Kana Kanapathipillai

Student: Sandra Garrido
PhD (UNSW)
Thesis title: Negative emotions in music: what is the attraction?
Co-supervisor: Emery Schubert
New project  Research into Nordic Walking at Hammondville seeks to help older people maintain crucial fitness and mobility with minimal impact on joints and limbs. (Page 43)