RDNS Institute would like to thank the RDNS CEO and Board for their encouragement in driving a shared agenda towards better outcomes in community health and wellness.

We acknowledge the following people and organisations for their support and involvement:

- RDNS Research Advisory Committee
- RDNS Human Research Ethics Committee
- RDNS Donors
- RDNS Staff
- RDNS clients and participants in our projects
- Past staff: Hamzah Al Zubaidi; Heather Pearce; Kira Harvey; Jane Howard

We would like to make a special mention of thanks to:

Associate Professor Susan Koch, Director RDNS Research Institute 2012 – May 2015
Dr Chris Beanland, Senior Research Fellow retired March 2016

For more information about the Institute, our staff and our projects please go to: rdns.com.au/research.
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In 1969, RDNS set up the Department of Community Nursing, which included the education and training area of RDNS.

In 1995 the department was renamed Healthlinks. During this time, the Education Department delivered in-service programs linked to clinical issues and requirements identified by a variety of internal sources. It also provided education to the community as requested.

In 1997 the Education Department obtained the status of Registered Training Organisation.

The Research Department, located under the Information Services area, was undertaking research involving strategic development and service. Research at RDNS was not clinically focussed and did not have a research program. The clinical environment was represented by special interest groups which endeavoured to improve clinical practice without formal links to management, research or education.

In 2001, with funding from the Helen Macpherson Smith Trust, the Education and Research departments were amalgamated to form the RDNS Helen Macpherson Smith Institute of Community Health for the purpose of developing and implementing improved nursing and clinical practices within RDNS and the broader community nursing arena.
In November 2002 the Information Management Education and Training section of RDNS moved under the auspice of the Institute. This included staff training in computer software used for client records such as Camillus and Gemino. It also developed our first eLearning programs and other multimedia education supports.

2013 saw another major change in the structure of the Institute. Clinical Development was moved to HR consolidating all education into one department. The Institute is now under the management of a Director, with the work primarily focussing on clinical research and building networks both within and outside of RDNS.

In 2010 a review of the Institute was undertaken by external consultants with restructuring and recommended outcomes implemented in 2011. This saw the split of education with mandatory staff training and computer software training moving under the management of HR. Clinical Development training remained with the Institute. The eLearning area was closed and work outsourced.

The merger of RSL Care and RDNS opens additional opportunities for research across Australia’s largest not-for-profit provider of community health services, residential aged care and retirement villages.

2015 A new era commenced with the appointment of a new director and the implementation of a three year strategic plan. New research areas were identified to broaden reach and to meet the changing and expanding business needs of RDNS.
The RDNS Institute has grown a reputation for high impact community health and aged care service research. By translating our research into improved services for our clients and the community, our research assists our clients to gain more independence, comfort and choice in relation to their healthcare and helps them to remain at home, living fuller and more satisfying lives.

The RDNS Institute has seen significant change in the last 18 months. In May 2015 we farewelled Dr Susan Koch and welcomed a new Director to the Institute, Professor Colette Browning, who is one of Australia’s most respected leaders in ageing and health psychology. Under Professor Browning’s leadership, the Institute has completed 13 projects, increased publications by Institute staff by 206% and grown the team to 16 staff members.

The recent merger between RSL Care and RDNS will open yet more opportunities for the Institute. Alignment of health and aged care services is a key research area for RDNS Institute as ageing impacts both areas. In this exciting new environment, we are expanding into new research areas to meet the changing needs of our clients, such as mental health services for defence force personnel, exploring the ever growing innovations in telehealth and looking further into China with key collaborations to broaden our reach.

Research conducted by the Institute supports our clinical staff in the delivery of best practice, evidence based care. The recent launch of our Clinical Knowledge Centre, a collaboration between the Institute and RDNS Senior Clinicians, is designed to provide our clinicians with the resources needed to access all clinical information regarding client care.

This report highlights projects that have made an impact on our clients and the community. Our visiting pharmacist project used the expertise of a pharmacist to support older people, their carers and other health professionals in safe and effective medicines care in the community.

We developed a ‘talking book’ resource to support care for clients with dementia in the form of a bilingual screen-based multimedia tool. This teaching and learning resource supported community nursing staff to provide dementia management education to Vietnamese clients by covering aspects of dementia using simple information sheets and easy-to-understand, non-technical terminology.

The Institute collaborated with the RDNS Homeless Persons Program by evaluating the implementation of a Community Health Nurse role to ascertain its effectiveness in improving the health and wellbeing of people experiencing or at risk of homelessness, their increased use of services and any increase in self-determination. In progress are diversity education workshops that aim to increase the knowledge, skills and uptake of knowledge into practice of aged care workers regarding awareness and actions related to diversity. The workshops will be evaluated through surveys and interviews, using an evidence-based evaluation framework, to assess knowledge, skills and uptake into practice of diversity principles.

I would like to thank the RSL Care and RDNS Board for its ongoing encouragement and support of research, Professor Colette Browning for her continued passion for quality translatable research and the Institute team for their dedication to improving the health and wellbeing of our clients. It continues to be a privilege to support the work of the Institute.

Adjunct Professor Stephen Muggleton
Chief Executive Officer
“Ageing is a complex phenomenon and one discipline or approach cannot supply all the answers.”

The past 18 months has seen momentous changes in the work and focus of the Institute. As a result of strategic planning and the merger with RSL Care we have crystallised our vision and goals to reinforce our statement of purpose; Enhance the wellbeing of the community by creating and translating evidence into improved health practices, policies and outcomes.

Our objective is to conduct high quality translational clinical, health services and aged care research in order to inform credible innovation and improve quality in service delivery in the business, influence practice and policy in the health and aged care sectors and identify future service opportunities for our business.

The merger between RDNS and RSL Care has expanded the Institute’s arena beyond community nursing and community care to include residential aged care and retirement living. There are now more opportunities to develop services and interventions to promote healthy ageing and incorporate consumer expectations and aspirations into service design, creating an even stronger need for translational research in healthy ageing and chronic disease management.

A new focus for us is the mental health of veterans, a large proportion of our clients. We have recently formed a strategic partnership with Phoenix Australia, the Centre for Posttraumatic Mental Health at the University of Melbourne, to achieve our objectives in this area.

From the beginning of 2015 we have achieved considerable success in improving our research output. Over the last 18 months we have seen a strong growth in research outputs in terms of quantity and quality. Our current staff have achieved 52 refereed journal article publications in 2015, representing a 206% increase in publications output.

During an 18 month period over 2014–2015 our grant income was in the order of $2.1 million including two NHMRC grants led by the University of Sydney and the University of Newcastle and an ARC grant led by the Australian National University. These achievements have been facilitated by our strategic research partnerships with leading national research organisations including Monash University, the Australian Research Council Centre of Population Ageing Research, the Australian National University, the University of Melbourne, the University of Newcastle, the University of Sydney, RMIT and top 50 global universities including Peking University and University College London to name a few.

In addition to our strong university ties we are a founding member of the International Longevity Centre Australia, part of the ILC Global Alliance (www.ilc-alliance.org/).

The Institute has a key role in supporting the next generation of researchers through our PhD supervision and support for RDNS staff engaged in postgraduate education. Currently we are co-supervising or supporting 17 Higher Degree by Research students enrolled at a range of universities.

There have been some departures over this period including the previous Director Dr Susan Koch, and leader of the medications management research area Dr Chris Beanland. I would like to thank both Susan and Chris for their leadership in establishing a strong research environment during their tenure.

This report will give you a glimpse into the projects and outcomes produced by the Institute and our staff over the last 18 months. I look forward to an exciting future for the Institute drawing on the strength of our team’s experience and the new opportunities a combined RDNS and RSL Care will bring.
Fast facts RSL Care & RDNS together

Home and community care (per annum)

- Client visits: 4,070,000
- Clients supported: 112,000
- Older Australians accessing home care: 52,049
- People accessing veterans support: 22,198
- Episodes of care through telehealth: 24,000

Residential aged care

- Residential aged care beds: 2,304

Retirement living

- Residents in retirement village units: 2,220

Staff

- Number of staff: 6,120

Volunteers

- Number of volunteers: 420

Source: Annual Reports RSL Care and RDNS 2014, RSL Care 2015
Fast facts  Institute snapshot

RDNS Institute Projects Income  
July 2014 to December 2015

RDNS Institute Facts & Figures

- 52 Publications by Institute staff in 2015
- 17 Current PhD students
- 13 Projects completed 2014–2015

- 30+ Professional memberships
- 40 Participation on journal editorial or review committees

Government
Donors
Industry
NHMRC
RDNS Trust
Philanthropic
Our team

We have a fantastic, highly skilled team at the Institute. Our expertise covers a broad range of disciplines relevant to the health and aged care arenas including clinical areas such as podiatry, pharmacy, physiotherapy, and dietetics as well as health services research, health psychology and sociology. Our methodological expertise includes both qualitative and quantitative approaches and biostatistics. As you will see reading the biographies, the team is highly dedicated to generating and applying research to improve the quality of life of our clients and influencing practice and policy at the national and international levels.
“The healthy ageing concept has been around for some time and I have argued that good health in old age should be seen as a basic human right beyond its potential to address fiscal issues associated with population ageing.”

**Professor Colette Browning**  
**Position:** Director RDNS Institute; Honorary Professor Peking University; Adjunct Professor Monash University  
**Qualifications:** BSc (Hons), MSc, PhD (La Trobe)

My whole career has been focussed on research as I joined the research workforce immediately after completing my first degree. My interest in ageing research was sparked by a conversation with an academic colleague, former Senator and Minister for Health and Ageing The Hon. Kay Patterson, who encouraged me to investigate the topic as it was going to be the “next big thing”. That was some time ago but I am pleased to see that population ageing is at the forefront of societal thinking in Australia and globally in terms of its opportunities and challenges. My passion for research in the area is spurred on by the often negative rhetoric around population ageing and older people. My research has focused on healthy ageing approaches and examining the strengths of older people and ways that we can work with and support them to achieve optimal well being. In promoting healthy ageing approaches I have drawn heavily on the outcomes from the Melbourne Longitudinal Studies on Healthy Ageing (MELSHA) program, an ongoing longitudinal study that commenced in 1994, which I co-direct. I have been a senior professor and remain as an honorary professor in universities in Australia and China. I joined RDNS as I saw excellent opportunities to translate my research into real world tangible outcomes for older people through the provision of evidence-based services and programs.
Anna Chapman
Position: Research Fellow
Qualifications: BNutrition & Dietetics/BAppSci (Health Science), PhD Candidate (Submitted) (Monash)
I am passionate about the implementation of high quality research that focuses on improving the prevention and management of chronic disease in both Australia and China. My interest in ageing research was sparked by my Organisational Psychology Masters degree thesis, which centred on the workability of older workers. My work on projects focussing on healthy ageing and workforce issues has led to the commencement of a PhD on age-friendly workplaces; Age friendly organisations: The role of organisational culture and the participation of older workers.
I hope to continue to produce translatable research that has a meaningful impact on policy in both workplace and healthcare settings.

Arti Appannah
Position: Research Officer
Qualifications: BSocSci (Hons), M Psychology (Organisational), Current PhD Candidate
I feel that research is vital and relevant due to current population ageing trends and the impact this will have on future working environments, healthcare and society in general. My interest in ageing research was sparked by my Organisational Psychology Masters degree thesis, which centred on the workability of older workers. My work on projects focussing on healthy ageing and workforce issues has led to the commencement of a PhD on age-friendly workplaces; Age friendly organisations: The role of organisational culture and the participation of older workers.
I hope to continue to produce translatable research that has a meaningful impact on policy in both workplace and healthcare settings.

Dr Marissa Dickins
Position: Research Fellow
Qualifications: BA (Hons), PhD (Monash)
I have a particular interest in social media and technology in the context of health, health care and wellness. I am passionate about examining stigma, within the context of health and wellness, to enable better outcomes for our clients. I have spent the last seven years undertaking research into some of the most stigmatised conditions present in today’s society, from dementia to gambling and weight. Currently I am working on a project exploring the issue of risk and risk negotiation in dementia care to ensure care is available to those who are most in need.

“I am passionate about helping our clients overcome any stigma that they experience – through their actions and our own – to assist them to live a full and rewarding life.”
Jane Edwards
Position: Library Manager
Qualifications: BBus (Information Management), Assoc Dip SocSci (Library Technician), Dip FLM, Cert IV AWT

For as long as I can remember constant change has been part of my professional life. Being able to embrace and develop these changes into a library service has been, although challenging at times, professionally rewarding for me. Having worked in libraries for over 40 years, 27 years in health libraries, I still get great joy from being able to help people with their information needs whether that be on a one to one basis or providing a library service for the organisation. Knowing that the information I provide is often the first step towards providing a quality evidence based clinical service to our clients is great motivation for what I do on a daily basis.

Maya Feldman
Position: Research Liaison
Qualifications: BA (Interior Design), Dip Bus (Management)

Successful research is more than the project itself; it is the culmination of planning, organisation, collaboration, translation and dissemination. Harnessing key messages from evidence based research is the basis to translating results into strategy and driving change. My interest lies in communicating our projects and their findings in order to influence change in the policy and regulatory environment. Being part of the framework in a team of professionals who show such obvious passion and enthusiasm for their areas of expertise is a privilege.

Dr Joanne Enticott
Position: Senior Research Fellow
Qualifications: BSc (Mathematics), MSc (Research), PhD (Melb)

Through research I am able to use data as evidence for change to improve health outcomes. Making sense of complex data and using this information as a point for understanding the population and to drive policy development. RDNS is in a unique situation that the size of our client base gives us the opportunity to research both small and large projects. By gaining an understanding of our clients’ needs we can discover the questions that need asking and use our data to find the answers. Research enables me to work and learn alongside passionate people.

Dr Dianne Goeman
Position: Senior Research Fellow; Cojoint Senior Lecturer, School of Medicine and Public Health, The University of Newcastle; Research Associate, Central Clinical School of Medicine, Monash University
Qualifications: BA (Humanities & Social Sciences), Post Grad Dip Soc (Social Sciences), MA (Sociology), PhD (Monash)

As a researcher I am always discovering something new, finding something that I did not expect. My thirst for knowledge means I am always learning. I never know what I will uncover and I am always surprised by the outcomes of projects. It is pertinent that we find the gaps in healthcare and improve on deficits. RDNS working in the community means we can translate and apply the results directly to our clients. Research allows me to work with fabulous people – nurses, academics and leaders in their fields. Our nurses are our clients’ greatest advocates and I am humbled by our staff and clients who are willing to participate in research.
Dr Amee Morgans  
**Position:** Principal Research Fellow  
**Qualifications:** BA/BAppSci (Hons), Grad Cert (HigherEd), Dip Mgmt, PhD (Monash)  
My research focuses on generating high quality evidence that can be used to advocate for system level change. Australia spends $147 billion on health annually, yet there are still system inefficiencies and inequities in access to care. My passion is health services research that builds pathways to care that support equitable health and aged care service access and drive optimal health system resource use. I have worked across public health, primary health, emergency health, aged care and community health settings to manage research programs that deliver strategic organisational and industry impact. Project outcomes impact health resource allocation, use of health service data for operational efficiency, health workforce management, patient perspectives of health care access and management of health service demand.

Dr Cik Yin (Cikie) Lee  
**Position:** Research Fellow  
**Qualifications:** BPharm (Hons), PhD (Monash)  
My current clinical experience ensures I have an understanding of the role of both clinician and researcher in healthcare. This dual knowledge gives me the ability to find gaps in practice and set a research agenda to find solutions to these problems and translate findings to influence change in practice. I find research a rewarding experience that allows me to enhance my skills in a structured approach away from a task based clinical environment. Working closely with a multi-disciplinary team of researchers and stakeholders including our nurses, clients and carers, I focus on developing innovative collaborative programs that aim to promote safe and effective person-centred medicines management for older people living in the community.

“I’m passionate about translating our research findings into practice to improve client outcomes and medicines care for the community.”

Dr Claudia Meyer  
**Position:** Research Fellow  
**Qualifications:** BAppSci (Physiotherapy), Cert Hydrotherapy, Masters of Public Health, PhD (La Trobe)  
I am motivated by the need and belief in moving research into practice and policy. I have a strong background in clinical practice and research for older people living in the community. My core focus is on inclusion, participation and knowledge translation for consumers, healthcare professionals and policy makers. My research is driven by the consideration of an individual’s needs and preferences are central to an older person’s independence. I have recently completed a PhD, utilising a knowledge translation model and mixed methodology, through La Trobe University, Centre for Health Communication and Participation.

“I believe that research should be driven by the consideration of an individual’s needs and preferences are central to an older person’s independence.”

Jessica Occleston  
**Position:** Research Officer  
**Qualifications:** BSocSci (Psychology) (Hons), Current PhD candidate  
I have always been interested in the complex nature of individuals and feel that we need to continually improve our policies and practice to best support each person within our community. Being a researcher puts me in a very fortunate position to work with incredibly innovative people whose daily work has a direct impact on the health and well being of our community. With a background in psychology, my research interests include mental health and understanding people’s behaviour and interaction with our health care system and their own wellbeing. Likewise, I am passionate about research methodology and believe that high quality, evidence based research is the best way to positively influence and progress health policy and practice on a large scale.
Dr Rajna Ogrin  
**Position:** Senior Research Fellow; Adjunct Research Fellow, Austin Health Department of Medicine, The University of Melbourne  
**Qualifications:** BSc, BPod(Hons), PhD (Melb)  
Research is finding out what actually works and does the job it is supposed to do. I look for outcomes that make a difference, proof that methods are successful and won’t cost the earth.  
Using clear guidelines and clinical evidence to show what can avoid complications and facilitate health providers and patients to navigate the fragmentation of provision. Community input is important and the best care is provided by teams. Through research we can provide true evidence based practice to support our clients’ wellbeing and ensure patients live the best lives possible in the way that they choose to.

Emma Renehan  
**Position:** Research Officer  
**Qualifications:** BAppSci (Ex&SpSc) (Hons)  
Research allows me to continually learn and increase my knowledge base. I am passionate about conducting high quality research that has the ability to inform and be translated into policy and practice. As a result of a personal family experience I am particularly invested in research that is focused on the care, prevention and potential treatments for dementia. My favourite part of my job is working directly with people in the community, consulting with them about their needs and using their lived experience to drive research agendas. My ultimate goal is to translate evidence-based research findings to the global community in order to optimise people’s opportunities to take an active part in society, enjoy independence and maintain a high quality of life.

Toni Rice  
**Position:** Research Officer  
**Qualifications:** BBiomedSci (Hons), Grad Cert Hum Nutr  
I am passionate about the translation of research into best clinical practice and particularly in empowering people to contribute to their own health and wellbeing. I feel that we need to consider the whole person to better understand chronic conditions and find ways to improve the health of people living with them. I enjoy linking directly with healthcare providers and people in the community. It is crucial that the discoveries being made at the lab bench and in the clinical wards are shared with the broader community in ways that are meaningful and useful to them.

Catherine Standing  
**Position:** Institute Executive Officer  
**Qualifications:** Cert III BusAdmin  
The excitement and challenge of research is pushing the boundaries, discovering new things, improving practices and expanding knowledge. I am passionate about supporting that to happen in a meaningful, controlled and ethical way. I love that I am involved in supporting researchers through governance and ethics processes and considerations, not as a means to bind or interfere, but to strengthen the validity and robustness of the outcomes. Although not a researcher myself, I enjoy being a part of the discussion and findings by supporting in a multitude of ways behind the scenes.
Mitigating medications risk in community nursing

The following projects collectively have contributed significantly to the quality of medications management for RDNS clients.

ViP Visiting pharmacist
Funded by Ian Rollo Currie Estate Foundation and Lynne Quayle Charitable Trust Fund, managed by Equity Trustees.
This project used the expertise of a pharmacist to support older people, their carers and other healthcare professionals in the safe and effective medicines care in the community. The pharmacist worked with the RDNS community home nursing service and visited people in their homes. They took a comprehensive medicines history, reconciled all medicines and generated an accurate and current record of the person’s medicines regimen. The pharmacist provided specialist support and advice to the person, their carer(s) and the health team to promote person-centred care, maximise medicines management independence and reduce the risk of preventable errors and adverse medicines events.
This highly successful project developed a workforce and service model that improves medicines support for people at risk of an adverse medicines event or error. The model is transferable to other community settings.

The WISE medicines care project
Funded by Health Workforce Australia
The WISE (Workforce Innovation for Safe and Effective) Medicines Care study examined how members of the health workforce can work together effectively as a team to deliver high quality care as a solution to projected workforce shortages. It also included initiatives from the RDNS Active Service Model project to design, develop and evaluate a new model of service and workforce design to support nurses to better assess and plan medicines support for older people living at home.
The study introduced a person-centred strengths-based approach to the assessment of the older person’s ability to self-administer their medicines. Use of the Medicines Care Pathway supported nurses to employ evidence-based enablement focussed strategies to promote and maintain client independence. Nurses were able to identify when care could safely and effectively be delegated to Community Care Aides to support low risk clients self-administer medicines.
The study linked with RDNS telehealth initiatives, creating opportunities to understand how we may best work with older people through new technologies.
The study resulted in a major increase in visits undertaken by Community Care Aides, allowing Nurses to focus on clients with more complex care needs. The WISE model of care was successfully implemented ensuring safe and effective care for RDNS clients.


“I think it was a beneficial program for that patient, definitely better outcomes. I think the verbal communication to me was a good one. I would say it was a positive outcome in all directions.”

Participating GP

MaRVAL: Medicines risk assessment tool validation

Funded by RDNS Charitable Trust

The Medicines Risk Assessment Tool (MRAT) is an innovative tool to improve risk management of medicines for clients. Previous tools used to assess medicines risk factors have depended on assessing the physical and cognitive status of the person and the number of medicines prescribed.

The MRAT goes much further by including the risk status of the medicines prescribed, the changeability of drug dosages over time, the type and stability of the person’s medical condition(s) and the provision of education and support for both the client and carers. Including all of these factors provides greater insight into the care needs of the client. It also allows planning for the right level of care and monitoring to be provided by appropriately trained staff to minimise the risk of adverse events and the consequences of drug errors, missed doses or overdosing.

The MRAT is designed to be a five minute assessment that can be repeated as needed to inform care planning and service provision as the person’s situation or condition changes. Rigorous validation is underway to refine the tool for widespread dissemination in community settings.
Ensuring equitable access for all

The following projects addressed important issues in the management of clients from diverse backgrounds in order to improve outcomes for clients, support family members and upskill health and aged care workers.

**Dementia care in the community: Access for CALD communities**

Funded by Lord Mayor’s Charitable Foundation

People from Culturally and Linguistically Diverse (CALD) backgrounds face numerous barriers accessing healthcare services, including difficulties with language and a lack of knowledge of service systems. The deficiency of culturally and linguistically appropriate services and assessment is a major impediment to the accurate diagnosis and treatment for dementia. There is a lack of understanding of dementia by many people in many CALD communities. Risk factors that affect the uptake of dementia support services are: poor knowledge of English, social isolation, insensitivity to peoples’ cultural needs, lack of access to culturally specific care and insufficient transport.

This pilot study pioneered the utilisation of a Specialist Dementia Nurse with expertise in dementia care to specifically support CALD and non-English speaking clients with cognitive impairment in their own homes. This improved the quality of life of clients and was well accepted by health workers and families.

**Dementia in everyone’s language: A dementia ‘talking book’ in Vietnamese**

Funded by Samuel Nissen Charitable Foundation, managed by Perpetual

Older people from non-English speaking backgrounds in Australia experience higher rates of advanced dementia than the Australian-born population. Unfortunately the diagnosis of dementia in Culturally and Linguistically Diverse (CALD) communities occurs mostly in the later stages of the disease and first contact with health professionals usually happens at a crisis-point. Language is the primary barrier to participation in healthy-living pathways. Issues impacting earlier assistance-seeking include; having little knowledge about the symptoms and care of people with dementia, where to seek help, and stigma. Brain changes associated with dementia present unique challenges to people from non-English speaking backgrounds, often causing them to revert to their primary language and past experiences.

In this project we developed a ‘talking book’ resource to support care for clients with dementia in the form of a bilingual screen-based multimedia tool. This teaching and learning resource supported community nursing staff to provide dementia management education to Vietnamese clients by covering aspects of dementia using simple information sheets and easy-to-understand, non-technical terminology. People have the choice of reading or listening to the information. Listening to the information especially benefits older people with reading and literacy difficulties. The tool is now used to support better quality outcomes for RDNS clients.


Promoting inclusive healthcare: Implementing a framework to support diversity in aged care

Funded by Australian Government Department of Social Services

Understanding and supporting the diverse needs of older Australians, and thus tailoring service provision to meet these needs, is an important component of enhancing the care experience for older Australians. This project aims to increase the knowledge, skills and uptake of knowledge into practice of aged care workers regarding awareness and actions related to diversity.

Twenty-four one-day workshops will be delivered nationally to approximately 600 aged care workers. The workshops will be evaluated through surveys and interviews, using an evidence-based evaluation framework to assess knowledge, skills and uptake into practice of diversity principles. This will be done from the perspective of aged care workers (including registered and enrolled nurses, home care workers, allied health professionals and service and policy managers) and older Australians receiving care.

Diversity conceptual model evaluation: Qualitative evaluation of staff experiences following diversity training

Funded by Diversicare

This is the first work to evaluate education that was based on the diversity conceptual model, specifically developed to facilitate health and aged care workers to understand the diverse nature of their clients and thereby lead to improved access to needed services of these clients.

Participants who attended the diversity education gained recognition that diversity is a broader concept than culture, country of origin and language spoken at home. Participants stated that they felt the diversity education changed their attitudes about diversity, and some examples where diversity education changed work practice were identified. This data will be used to build on this education, where the aim is to improve equity of access to care of diverse older people. Future work is required to assess whether there was a quantitative impact on the knowledge, skills and practice of participants who attended the diversity education session and whether equity of access to care for older consumers improved when they were seen by aged care workers who undertook diversity education.
Using research to evaluate and drive change

All of our projects are designed to result in measurable improvements to the experiences and outcomes of RDNS clients. The following projects are specifically focussed on research translation activities where research knowledge is translated into improved processes and outcomes.

**NHMRC review of literature and evaluation**
Funded by National Health and Medical Research Council
The NHMRC Partnership Centre – Dealing with Cognitive and Related Functional Decline in Older People (known as the Cognitive Decline Partnership Centre – CDPC) will deliver nine major impacts that will contribute to improved quality of care for older people with dementia and their carers, and better evidence and information for service providers and decision makers.

RDNS Institute is directly involved in two NHMRC Partnership Centre projects.

**Cognitive Decline Partnership Centre: The key worker role for people with dementia and their carers.**
Delay in diagnosis and difficulties in accessing health care services impact on people in the community living with memory loss and their carers and families. This increases the risk for misdiagnosis, inappropriate management, poor psychological adjustment and reduced coping capacity and ability to make plans for the future.

Several ‘key worker’ support models have recently been implemented in Australia and overseas. These are designed to assist people with cognitive impairment (and their carers) to adjust to living with memory loss, navigate the health and aged care system, and access services, information and support.

This project evaluated the existing models of ‘key worker’ or ‘support worker’ roles and developed recommendations to inform policy change and provide a basis for further implementation of the key worker models within different organisations.

The study performed a systematic review of current dementia key worker models in Australia and internationally. Results from this review informed the development of a framework to be used to evaluate current Australian key worker/support worker roles.

Subsequently, the evaluation of current roles will be used as a basis on which to shape future key worker/support worker models.

**Cognitive Decline Partnership Centre: Prototyping an alternative respite model for older people with cognitive decline and their carers**
The Weavers model responds to reported evidence that respite programs for the carers of people with dementia are designed around institutional paradigms that often fail to meet the needs of carers and, in some cases, cause further disruption and burden. Helping Hand and the Australian Centre for Social Innovation (TACSI) have been developing new approaches using the ‘radical redesign’ methodology, which involves consumers and service users in the development of solutions and outcomes which reflect their own wishes and desires.

This two-year project included an initial, real-time testing of the Weavers prototype based on a comprehensive literature review and service co-creation process. The prototyping project identified change strategies that are successful at transforming client-developed solutions into practice.

The evaluation of the prototype respite models will be presented to the Australian Government as a series of recommendations on how to develop respite guidelines and programs. We believe the model will be able to be duplicated across all aged care respite programs.


RDNS Homeless Persons Program expansion to Frankston: Evaluation

Funded by Gandel Philanthropy

The RDNS Homeless Persons Program (HPP) provides holistic healthcare to people experiencing homelessness and to improve their access to general community services. HPP work with other services to arrange healthcare that is accessible and relevant to the needs of the homeless, and at an equal level to that received by the general community.

In this project, we evaluated the implementation of a Community Health Nurse role to ascertain its effectiveness in improving the health and wellbeing of people experiencing or at risk of homelessness, their increased use of services and any increase in self-determination. This Community Health Nurse program linked 39 clients to healthcare services, improved access to health and community services and led to an increase in social engagement. Overall, clients were connected with services and demonstrated an increase in self-determination, including independent decisions about their health.

Supported Residential Service north west evaluation

This project involved the evaluation of the impact of a nurse-led community model of health care delivery on residents of Supported Residential Services wellness and re-enablement. Residents of Supported Residential Services are highly vulnerable, socially isolated and have complex needs. Across a number of government programs, the concept of wellness and re-ablement using short-term, intensive interventions is being used with the aim to improve consumers’ ability to self-manage daily living.

For 35 residents, the Community Health Nurse was able to provide assessment and healthcare at point of contact, help residents attend health appointments and advocated for residents regarding their care needs both at appointments and their place of residence. The small number of residents who were able to articulate goals had either achieved them or were in the process of achieving them. The project has increased knowledge of how to improve services and outcomes for vulnerable clients.
Empowering the community

A key focus in the Institute’s research and translational activities is the empowerment of clients and family members. The following projects addressed this focus.

**Peer education for skin health**

Funded by Trajan Scientific and Medical Pty Ltd

A one hour, peer education session was co-created and delivered to a diverse group of community-dwelling older people. Evaluation was through a multi-methods design comprising objective measures of skin hydration, resilience and barrier functions at commencement and six weeks post education, and focus groups and interviews six weeks post peer education. Chronic wounds, debilitating and costly to manage, are more common in older people. We sought to develop, implement and evaluate a health promotion initiative to improve the general skin health of older adults. This initiative was successful resulting in improved client outcomes.

**Better wound practice for older people living with or at risk of wounds in the community project**

Funded by Australian Government Department of Social Services

This project facilitated the translation of clinical practice guidelines via eLearning community member education packages to state wide regional nursing services in Victoria and Western Australia. Two hundred and ninety five nurses and health workers were trained to provide eLearning to assist 329 older community members as part of this project. Multi-model implementation methods were successful in implementing the evidence-based initiatives as planned. Drawing information from clients, carers, nurses, health workers and the clinical leaders, the evidence-based eLearning education has been shown to increase knowledge and increase self-care behaviours in the target audiences.
Development and validation of risk assessment tools to guide management and prevention of venous leg ulcers

Funded by Wound Management Innovation Cooperative Research Centre

This project developed and validated risk assessment tools for non-healing venous leg ulcers and recurrence of venous leg ulcers in order to guide timely and appropriate wound management and prevention decisions.

Key achievements included two world-first, validated, powerful predictive risk assessment tools for management of venous leg ulcers and conversion of the validated tools into applications for hand-held and desk-top devices.

“It was very good. We can pay more attention as a result of this and use creams properly. Before we didn’t know these things and now we do, so that was a big help…”

[Italian speaking participant]

“There were pictures, they were scary… we should check it out, sometimes the cut doesn’t heal quickly… these small cut, we need to take it seriously because it might get a big infection.”

[Arabic speaking participant]
Focus on health and wellbeing

Melbourne longitudinal studies on healthy ageing

Funded by Victorian Health Promotion Foundation and Australian National Health and Medical Research Council

The Melbourne Longitudinal Studies on Healthy Ageing (MELSHA) program is a major ongoing population-based longitudinal study of 1000 people aged 65 year and over living in non-institutional settings in Melbourne, Australia led by Professor Colette Browning (RDNS Institute; Monash University) and Professor Hal Kendig (Australian National University). Established in 1994, the study examines predictors and consequences of healthy ageing across time in older people. MELSHA was conceived in the 1990s and aimed to create an evidence base to inform health promotion programs for older people. This was a novel approach at the time when the rhetoric of the ‘burden of ageing’ and the ‘problems’ of old age created a research environment focussed on the diseases of old age with little regard for the potential for the changeability of age related decline nor the contributions that older people make to Australian society.

MELSHA has strongly influenced healthy ageing and re-ablement policy in Australia at Federal and State levels and its findings have informed the debate about the importance of including older people in health promotion programs. We have published the results widely in the areas of management of medical conditions, physical activity, falls and functional health, life transitions, and modelling healthy ageing trajectories and outcomes. MELSHA is one of the contributing studies to the nationally funded Dynamic Analyses to Optimize Ageing (DYNOPTA) project and through this collaboration has contributed to national analyses of topics including depression, ageing policy, medical conditions, and driving.

The Victorian Health Promotion Foundation and the Australian National Health and Medical Research Council funded the research and the following investigators have contributed to MELSHA: Hal Kendig, Colette Browning, Maria Fiatarone Singh, Leon Flicker, Robert Helme, Birgitta Lundgren Lindquist, Meg Morris, Daniel O’Connor, Susan Quine, Jane Sims, Shane Thomas, Carolyn Unsworth, Karen Teshuva and Yvonne Wells.

We continue to publish from the now extensive longitudinal data base. The knowledge generated by this project contributes directly to a strategic knowledge base that informs improved services to our clients and better outcomes for older people in the Australian and global communities.

Improving the transition of care for people with Diabetes

Funded by Lord Mayor’s Charitable Foundation and the Estate of the Late Glen W A Griffiths

Diabetes is on the rise, increasing the burden on our health system. Many people are admitted into hospital with poorly managed diabetes and require insulin initiation to improve their health outcomes.

This project aimed to improve the transition of care from hospital to the home, using a Transition Diabetes Team including an RDNS credentialed diabetes educator working with an Austin Health endocrinologist to provide insulin initiation education after the person is discharged from hospital – in their own homes. The project studied the improvements to the existing care provision to this vulnerable population group, reducing costs and improving health outcomes. This model could be replicated at other Australian hospitals, improving health outcomes and reducing costs nation-wide.

Dual Sensory Loss in Older People

Dual Sensory Loss (DSL) is an acquired loss of hearing and vision in older adults which increases with age. Almost one fifth of older adults aged 80 years and over will experience DSL. DSL impacts on mental health, quality of life, communication, social engagement and independence yet it is relatively under-researched compared to other less prevalent age related conditions. There is emerging evidence that hearing loss is linked to dementia.

With Dr Chyrisse Heine from La Trobe University we are conducting studies on assessment and service design issues in DSL, its impact on quality of life, and systematic reviews of its prevalence and impact. We have identified the need for interdisciplinary approaches to the management of DSL and rehabilitation programs that focus on communication strategies for the person and their carer, coping and adaptation strategies, and prevention and management of depression and anxiety.

We are currently developing a toolkit to be used by informal carers and aged care and healthcare professionals to improve communication and social engagement. The knowledge generated by this project will contribute directly to improve services to our clients and better outcomes for people with DSL in the community.
Happy Life Club in China™

China has the largest global population of diabetes cases, and effective and efficient management and prevention strategies are key goals for China. The Happy Life Club is a program that uses health coaches trained in motivational interviewing techniques to assist in the management of individuals with type 2 diabetes mellitus. The study adopts a pragmatic cluster randomised controlled trial design and has been implemented in primary care settings in Beijing, China.

An extension of this project is planned to be implemented in Shenzhen, China in 2017. The Happy Life Club is a joint initiative of researchers at RDNS Institute, Monash University, Peking University, and the Shenzhen International Institute of Primary Care Research.

Wellness and Re-ablement

Funded by Mental Illness Fellowship

In order to make mental health and physical care services more effective and accessible for those who live with mental illness, RDNS and Mental Illness Fellowship are trialling an integrated holistic wellness and re-enablement model of care.

The ‘wellness’ approach relates to the state of optimal health, especially when proper diet, exercise and meaningful social engagement are incorporated and there is a relationship between the quality of physical needs and social environment. ‘Re-enablement’ on the other hand refers to the assistance provided to an individual to accommodate their health issue by learning, re-learning or engaging with skills to effectively manage their condition in order to participate in everyday life.

Pathways to Care

This project takes a grounded theory approach to the systematic exploration and evaluation of pathways to care in the community nursing setting. In Australia, care for the ageing, including community based aged care and health care, is a specialist area sitting between health and social services. Community based health services play an increasingly important role in the lives of older people, supporting them to maintain independence, promote healthy ageing and support health care service provision. The number of people requiring aged care services has been rising exponentially over the last 10 years with higher proportion of older people (and particularly the ‘older old’ aged 85+) about to enter the aged care market. Increased demand will require innovative strategies to adapt health and aged care services to respond to these pressures. The relationship between health and aging is essential to an enjoyable and productive experience of aging and impacts the ability to age in environments of choice.

For older people living in the community, timely access to appropriate health services is required to meet their complex health care needs. Previous research has recommended better integrated community based models of care to meet the specific needs of older people more efficiently. Examination of large scale service provider data can be an effective way to predict demand and understand and map client pathways to care. This research uses epidemiological statistical analysis approaches to a 10 year retrospective de-identified dataset to explore these issues.


Expanding horizons

The Institute’s research program continues to develop and expand to address identified gaps in community health and aged care. The following projects briefly describe some of our current work.

Mental health service needs and access to care for defence force personnel, veterans and their families

This new area of focus will initially encompass two projects that aim to support our defence force personnel and veterans by better educating health care providers, and assisting them and their families to access effective treatment.

Through a comprehensive service needs analysis we want to help defence force personnel, veterans, and their families to better navigate the current system and to ensure that the system offers them both what they want and need in regards to mental health support.

In addition, through a collaboration with Phoenix Australia, we intend to develop, implement and evaluate an educational program focusing on veteran mental health which will be delivered to RDNS employees (nurses and aged care workers). If successful, this program will be offered externally.

Use of community nursing services and medications: a comparison of younger-old, near centenarians and centenarians

The world’s population is increasing and people are living longer. The average age of the Australian population has been increasing since the 1970s, and the age group above 85 is increasing rapidly when compared with younger age groups (AIHW 2015). The number of persons aged 85 years and over is currently small but has increased by 148% over the past 20 years. There were over 472,000 people aged 85 years and over in 2015 and the number of centenarians (people aged over 100) reached 4400 (Australian Bureau of Statistics, 2015). By 2084 there is expected to be more than 100,000 centenarians in Australia (AIHW 2015).

The health system funding in Australia is focussed on hospital based care, management of acute events and management of acute-on-chronic illnesses. The health service needs of centenarians in Australia in the community setting remains under-explored.

This study will perform a detailed retrospective analysis of the health service needs of a group of people aged over 100 (100-113) in Victoria over two years. The unique health service needs and client profile of this group is compared to other service users aged 95-99 years (near centenarians) and a younger old group (aged 65-74 years). The comparative analysis will explore diagnoses, pre-existing conditions, health service use and social determinants of health.

The study details the differences in the client profiles of these two groups and their service needs, and includes a health economic evaluation to demonstrate the health care expenditure differences likely to be encountered in the future in Australia due to the increase in proportion of population who are aged over 100 years.
Preventing further falls in older people after discharge from hospitalisation as a result of a fall

Funded by Ian Rollo Currie Estate Foundation, Isobel Hill Brown Charitable Trust, Ethel Herman Charitable Trust, managed by Perpetual and Eirene Lucas Foundation

Older people returning home after a hospitalisation episode for a fall face a period of substantially increased risk of further falls. Importantly, having had one fall is a risk factor for future falls and developing a fear of falling. This project aims to improve quality of life, reduce rate of falls and risk of falling by targeting a high ‘at risk’ group that have not previously been studied: older people after hospitalisation for a fall.

This project will pilot and evaluate the effectiveness of a home-based intervention that comprises an individualised balance exercise program, a medication review, and client education, for older people living in the community, following an episode of acute or subacute care in hospital. The intervention aims to: improve health-related quality of life, balance and mobility; increase knowledge and confidence in preventing a fall; reduce fear of falling; reduce exposure to falls-risk increasing medicines; and develop hospital discharge strategies.

Telehealth

Technology is now available to help make significant gains in quality, efficiency and population health. It can provide the route to a model of care that generates new value for patients, professionals and organisations by meeting previously unmet needs. Telehealth is not about replacing our current process with digital ones – it’s more about rethinking what work is done and changing the way we work. We are looking at working with our collaborators to develop and trial telehealth innovations that lead to: more systematic, high quality care; more proactive and targeted care; better co-ordinated care; improved access to specialist expertise; and greater patient engagement.

Client Experience Project

This project involves study of the experiences of clients receiving RDNS community care services. Previous research has shown that experiences of clients have been shown to be important determinants of client outcomes. Hence, the incorporation of study of client experiences into quality improvement activities is an internationally accepted activity. The Australian National Safety and Quality Health Service Standards require “the involvement of consumers in the organisational and strategic processes that guide the planning, design and evaluation of health services”. Almost all government contracts require the formal incorporation of consumer input into service improvement activities and accreditation requirements routinely require such activities. The study’s results will contribute to knowledge of key factors in client experience in order to improve client experiences and additionally for the purposes of accreditation activities.

China

With the appointment of the new Director, the Institute now has strong research connections in China. Professor Browning has been working in China for over 10 years on a range of research activities including consumer perspectives on healthy ageing, chronic illness management and primary health care and aged care policy. Professor Browning is the Research Director of the Shenzhen International Primary Health Care Research Institute, China. The Institute’s research focus is on China’s primary health care system. Through her honorary appointment at Peking University Professor Browning has conducted a number of studies in ageing and chronic illness management.

Through these relationships the Institute is able to contribute to research and policy development in China pertinent to the business interests of RSL Care + RDNS including training opportunities for the aged care and community nursing workforce in China.
Supporting the next generation of researchers

The Institute and our staff provide supervision, support, mentoring and the opportunity for work experience placement for students studying Higher Degrees by Research including honours, masters and PhDs.

Students currently enrolled in a Higher Degree by Research under the supervision of Institute staff:

- Maria Alexandris: A study of the role of networks, connectedness and social capital in promoting young people’s housing security (Dianne Goeman)
- Anita Black: The settlement implications of trauma, depression and anxiety symptoms in recently arrived refugees (Joanne Enticott)
- Stephen Burgess: Frailty in community dwelling older adults (Amee Morgans)
- Jenny Davis: Subacute health care linkages in the elderly (Amee Morgans, Colette Browning)
- Kathryn Eastwood: Emergency health resource allocation (Amee Morgans)
- Anthony Gabbert: The impact of motivation and access to a radiology health record on patient health and wellbeing (Joanne Enticott)
- Susan Hunt: Mental health and ageing (Colette Browning)
- Sally James: High frequency ultrasound imaging of structural and anatomical skin characteristics in people with lymphoedema and chronic lower limb ulceration (Rajna Ogrin)
- Gayle McLelland: Paramedic management of prehospital obstetric cases (Amee Morgans)
- Stephanie Merkouris: Gambling treatment (Colette Browning)
- Mythily Mythily: A qualitative research on older gamblers exploring initiation, maintenance consequences (Colette Browning)
- Jessica Occleston: Mental health service needs and access to care for defence force personnel, veterans, and their families (Amee Morgans, Colette Browning)
- Christina Parker: Predicting the likelihood of non-healing: A venous leg ulcer risk assessment tool (Rajna Ogrin)
- Annie Walsh: A study of wound measuring methods for diabetes related foot ulcers (Rajna Ogrin)
- Anna Walsh: Health service needs of centenarians (Amee Morgans)
- Joel Van Weel: Pathways to community based healthcare for older people in rural areas (Amee Morgans)
- Aaron Wyllie: Social inclusion of older men (Amee Morgans)

Congratulations to the following students:

- Dr Tahani Altamimi: Healthy ageing – completed 2015 (Colette Browning)
- Anna Chapman: Diabetes management in China – submitted 2016 (Colette Browning)
- Dr Kira Harvey: Exploring the changing trends of home and community care consumers: A secondary data analysis – completed 2013 (Dianne Goeman)
- Dr Claudia Meyer: The translation of falls prevention knowledge for people living with dementia: An Australian community perspective – completed 2015 (non RDNS supervision)
### Key collaborators & funders

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RDNS library

The RDNS Library supports clinical practice, professional development and research at RDNS by providing a fully integrated, high quality information service available to all staff.

The collection consists of print and electronic books, print and electronic journals and DVDs. Extensive reference, document delivery and alerting services are also available.

During the past 18 months eLibraries have been established providing all staff with access to a range of databases, medicines information and journals.

Working with the Senior Clinical Nurse Advisors, the Library Manager has been pivotal in the planning and creation of the Clinical Knowledge Centre – a new resource providing a single point for clinical information on aged care, diabetes, continence, wound care, palliative care and dementia. The Clinical Knowledge Centre launched in 2016.

The Library Manager continues to work with three volunteers from the RDNS Former Staff Association, identifying and cataloguing photos from the history archives. Information and scanned photos are added to a database which in time will be available to the general public via the RDNS website.

Clinical Knowledge Centre

This initiative has been developed to provide our clinicians with the resources needed in the delivery of best practice, evidence based care. A collaboration between the Institute and RDNS Senior Clinicians, the Clinical Knowledge Centre replaces clinical information available through several different sources. This ‘one stop shop’ is designed for our clinicians to be able to access all clinical information regarding client care.

The Clinical Knowledge Centre provides RDNS staff with information and resources such as:

- multimedia resources
- links to websites and information
- formal and informal training opportunities
- access to online journals and library resources
- quality and risk assessments
- RDNS policies and procedures
- a medicines search box
- community of practice

The Clinical Knowledge Centre consists of five clinically themed guides – diabetes, aged care/dementia, wound care, palliative care and continence and urology plus a medicines guide.
Human research ethics committee (HREC)

Associate Professor Susan Feldman has chaired the committee of nine members during 2015. Catherine Standing (RDNS) currently has the role and responsibilities of the secretariat. General membership of the committee is in accordance with the NHMRC guidelines. During 2015 HREC members were:

Dr Michael Bauer (Research experience), Adair Bunnett (Pastoral Care), Dr Liz Crock (RDNS staff), Marion Lau (Layperson), Sally McMillan (RDNS staff), Professor Leon Piterman (RDNS Research Advisory Committee Representative), Helen Rofe (Lawyer and Deputy Chair), and Jack Sach (Layperson). We welcomed the addition of Claudia Hirst (Layperson) to the committee at the beginning of 2016.

The purpose of the RDNS HREC is to protect the welfare and the rights of individuals, groups or communities who participate in research projects conducted within the RDNS Institute or in collaboration with RDNS. RDNS as an organisation promotes the conduct of clinical research and acknowledges its responsibilities in supporting and monitoring the functions and operations of the HREC as set out in the terms of reference.


The committee meets every two months to consider new and resubmitted applications. Committee members have a wide range of skills and expertise, including clinical research and evidence based practice and education, quantitative and qualitative research methods, legal experience in both hospital and service delivery settings, disability, homelessness, ageing, and dementia. Members are also sensitive to research undertakings relevant to multicultural communities and women.

Throughout 2015 the scope of research applications presented to the HREC has continued from both within the Institute as well as an increased number of collaborative proposals with the not-for-profit sector, government and academic institutions. These projects have ranged from investigations and trialling better practice, early intervention strategies or analysis of existing data sets related to meeting the needs of current or future RDNS clients.

In all, 10 new research proposals were considered and approved by the HREC. The committee also monitors progress of approved projects and information in relation to the completion of all research undertakings.

Overall, the HREC has worked in the past 12 months to the highest professional standards to ensure that all research proposals submitted to them are expedited in a timely fashion and that researchers are provided with every opportunity for feedback and to discuss their applications with the committee.

Dr Susan Feldman
Chair
RDNS HREC
2015


Journal article model?


Staff publications


2016


Conferences

2015


RSL Care + RDNS service locations

Key:
- **RSL Care**
- **RDNS**

Stronger evidence: better healthcare