



**NALHN RESEARCH WEEK  
2024 PROGRAM with  
ABSTRACTS**

**Theme: *Digital Health and  
Artificial intelligence***

**3-5 September**

**Lyell McEwin Hospital**

**Modbury Hospital**

**MS Teams**



Government  
of South Australia

**Health**

Northern Adelaide  
Local Health Network

## NALHN RESEARCH WEEK 2024 SCHEDULE

### Tuesday, 03 September: Nursing and Midwifery Grand Round

Time: 14:00 -15:00

Location: Modbury Hospital Auditorium & LMH Main Lecture Theatre and [MS TEAMS](#)

Presenters and Topic:

Presenter: **Michelle Munro (Director of Outpatients)**

*Understanding the reasons behind non – attendance to outpatients' appointments within NALHN: A Quality Improvement Study*

Presenter: **Anu Joseph (Clinical Nurse at James Nash House)**

*Effectiveness of planned activities on peer relations and self-esteem among adolescents in a selected school of Hyderabad, India'*

Presenter: **Alice Every (Divisional Director of Nursing ACRPC)**

*Anyone can do research, even on a Pacific Island*

Presenter: **Professor Annette Briley (Women's and Children's Joint appointment with Flinders University)**

*Keeping the balls in the air: juggling for clinical academics, making a difference for service users, students and colleagues.*

Lunch provided

### Wednesday, 04 September: Medical Grand Round

Time: 12:00 – 13:00

Location: LMH Main Lecture Theatre Level 2 and [MS TEAMS](#)

Presenters:

**Agustina Gancia, PhD (Lead: Capacity Building, Health Translation SA)**

**A/Prof Natasha Howard (SAHMRI)**

**Rachel Newrick (Implementation Science Unit, SA Health)**

Topic: *Advancing the science and practice of implementation in SA – the Health Translation SA Implementation Science Network and other available supports*

Lunch provided

### Thursday, 05 September: Full Day Event with Guest Speaker

Registration Required via [EventBrite](#)

Time: 09:00 -16:00

**Oral Presentations Location:** LMH Main Lecture Theatre, Level 2.

Video conferencing to Modbury Hospital Auditorium and [MS TEAMS](#)

**Poster Presentations Location:** LMH Level 2, Education Room 4 & 5 (BL2058/59)

Throughout the day, you'll have the chance to hear about research projects that are currently being undertaken across NALHN including our guest Speaker, Professor Mark Hutchinson, presentations and poster viewings.

Lunch, morning, and afternoon tea provided.

**Outline NALHN Research Day Program 2024 – Thursday 05 September**

**ORAL PRESENTATIONS**

8:45-9:05	Registration
9:05-9:15	<b>Acknowledgment of Country by Patricia Grant, Director of Research</b>
9:15-9:25	<b>Welcome and Opening remarks by Professor Judy Searle, Chair NALHN Governing Board</b>  Presentation of Certificate of Award to Winner of THRF-NALHN Project Grant
9:25-9:55	<b>Professor Rajvinder Singh</b>  <b>Professor of Medicine, University of Adelaide &amp; Director, Gastroenterology Department, Gastroenterology Unit, NALHN</b> AI in (GI) Clinical Practice: Benefits and Concerns
9:55-10:10	<b>A/Professor Stephen Bacchi, Neurology Registrar, Division of Medicine</b>  Pragmatic informatics: How it can help you with patient care today
<b>10:10-10:30</b>	<b>Morning Tea</b>
10:30-10:40	<b>Dr Wen Huey Goai, Basic Physician Trainee, Division of Medicine</b>  A Retrospective Audit Examining the Presentation, Diagnosis, Management and Follow-up of Patients with Thyroid Cancer in the Northern Adelaide Local Health Network (NALHN) from 2017 to 2021.
10:40-10:50	<b>Jane Caguiat, Intern Pharmacist, Pharmacy</b>  Psychotropic Burden in People with Intellectual Disability
10:50-11:00	<b>Dr Hong Xiang Lee, Surgical Registrar, Surgical Specialties &amp; Anaesthetics</b>  BowelCare Connect: A Digital Platform for Bowel Cancer Patient's Well-being (Phase 1; Development with Consumers).

11:00-11:10	<p><b>Kate Neadley, PhD Candidate, Faculty of Health and Medical Sciences, University of Adelaide</b></p> <p>Responding to the unmet social needs of patients living with cancer at the Lyell McEwin Hospital: Opening Pandora's Box</p>
11:10-11:20	<p><b>Benjamin Joyce, Clinical Geriatric Pharmacist, Pharmacy</b></p> <p>Pharmacist-led Comprehensive Geriatric Medication Review in a Geriatric in the Home (GITH) Program</p>
11:20-11:30	<p><b>Dr Jessica Barnes, O&amp;G Service Registrar,</b> <b>Division of Surgical Specialties &amp; Anaesthetics</b></p> <p>A pilot study to compare a stool softener versus osmotic laxatives following obstetric anal sphincter injury to assess defecation outcome, wound dehiscence, and risk of anal incontinence.</p>
11:30-11:40	<p><b>Dr Maleesa Pathirana, Postdoctoral Research Fellow Cardiology, Medicine, Robinson Research Institute, University of Adelaide</b></p> <p>The association between breastfeeding and prevalence of metabolic syndrome in women with a previous major pregnancy complication</p>
11:40-11:50	<p><b>Dharshan Rasiah, Senior Pharmacist, Pharmacy</b></p> <p>Smart Pumps: A Double-Edged Sword for Patient Safety?</p>
<b>12:00-13:00</b>	<b>Lunch and Poster Viewing</b>
13:05-13:35	<p><b>Professor Mark Hutchinson, GUEST Speaker,</b> <b>Interim Director, Institute for Photonics and Advanced Sensing, University of Adelaide</b></p> <p>AI's Role in Transforming Clinical Knowledge Dissemination and Medical Research</p>
13:35-13:45	<p><b>Dawn Powley, Associate Nurse Unit Manager, Forensic Mental Health Inpatient Service, Mental Health</b></p> <p>Can the Mood and Communication of Consumers in a Secure Forensic Mental Health Environment be improved through physical contact with animals.</p>
13:45-13:55	<p><b>Rachael Crompton, Intern Pharmacist, Pharmacy</b></p> <p>Evaluating the influence of an electronic chemotherapy prescribing system on Dexamethasone prescribing patterns.</p>
13:55-14:05	<p><b>Marion Champion, Senior Manager Social Work NALHN, Allied Health</b></p>

	Aboriginal health consumers' voices informing the provision of culturally safe and sensitive hospital Social Work practice in NALHN
14:05-14:15	<b>Dr Van MT Hoang, Clinical Research Manager</b> and <b>Brooke Turner, Senior Research Administrative Officer, Division of Surgical Specialties &amp; Anaesthetics</b>  Quality of Life of Young Colorectal Cancer patients: a quantitative analysis.
<b>14:15-14:35</b>	<b>Afternoon Tea</b>
14:35-14:50	<b>Dr Tim Beckingham, Intensivist, Critical Care</b>  Machine Learning Prediction of Adverse Post-operative Outcomes
14:50-15:00	<b>Toni Shearing, Manager Aboriginal Health Strategy and Research, Aboriginal Health &amp;</b>  <b>Renae Walker, ICARE Program Manager – Cultural Safety, SAHMRI</b>  Corka Bubs, Deadly Mums and Strong Families: Connecting Pregnant Women With Support for Stress, Yarndi, and Alcohol
15:00-15:10	<b>Alice Every, Divisional Director (Nursing), Aged Care, Rehabilitation and Palliative Care</b>  A qualitative study of Samoan cancer patients' experiences
15:10-15:20	<b>Michelle Munro, Outpatient Director – NALHN</b>  Understanding the reasons behind non - attendance to outpatients' appointments within NALHN: A Quality Improvement Study.
15:20-15:35	<b>Slido</b>
15:35-15:55	<b>Announcement - Awards</b>  Best Poster & Oral Presentation Winners  NALHN Divisional and Directorate Grant Round Winners
15:55-16:00	<b>Closing Remarks</b>

## **POSTER PRESENTATIONS – 12noon – 1:00pm**

Poster Presentations Location: LMH Level 2, Education Room 4 & 5 (BL2058/59)

<b>Poster Number</b>	<b>Presentation</b>
<b>1</b>	<b>Aasiya Mohebi, Adelaide Medical School, University of Adelaide</b> Prevalence of Metabolic Syndrome among pregnant women: A systematic review and meta-analysis
<b>2</b>	<b>Alain Nguyen, Division of Surgical Specialties &amp; Anaesthetics</b> Impact of intravenous iron and anaemia on cancer related outcomes in patients undergoing surgery for colorectal cancer
<b>3</b>	<b>Alette Roux, Aged Care, Rehabilitation and Palliative Care</b> Reducing Opioid Reliance: Retrospective Audit Evaluating an Opt-In Education & Skills Building Group
<b>4</b>	<b>Angela Lovas-Tiong, Pharmacy</b> Partnered Prescribing: Advancing Antimicrobial Stewardship with Pharmacists
<b>5</b>	<b>Bill Duong, Pharmacy</b> Prescribing trend of glucagon in a local health network
<b>6</b>	<b>Brooke Turner, Division of Surgical Specialties &amp; Anaesthetics</b> Understanding the Unmet Needs of Younger Australians with Bowel Cancer: A Qualitative Study
<b>7</b>	<b>Celine Chan, Division of Medicine</b> Endoscopists' perceptions towards the use of Artificial Intelligence in GI endoscopy - A systematic review
<b>8</b>	<b>Dena Herrmann, Division of Medicine</b> Arterial stiffness in women with previous hypertensive disorders of pregnancy at 6 months postpartum: an observational cohort study
<b>9</b>	<b>Evangeline Lovell, Robinson Research Institute and the University of Adelaide</b> Effect of maternal immune dysfunction in early pregnancy on postpartum cardiac function.

<b>10</b>	<b>Florence Lim, Pharmacy</b> Barriers to Effective Interdisciplinary Communication and Medication Management in the Hospital Setting
<b>11</b>	<b>Holly Groome, Pharmacy</b> Prescribing patterns of intramuscular medication in acute agitation
<b>12</b>	<b>Huah Shin Ng, Pharmacy</b> Parenteral thiamine: is it worth it?
<b>13</b>	<b>Julie Tucker, Division of Surgical Specialties &amp; Anaesthetics</b> Value added - End-user experiences in participating in a mixed-method pilot study which reviewed laxative management in women who sustained obstetric anal sphincter injuries (OASIs) following vaginal birth.
<b>14</b>	<b>Kelly Vickers, Division of Surgical Specialties &amp; Anaesthetics</b> The significance of lifelong follow-up for the ostomate: the nurse's perspective of ileostomy site adenocarcinomas.
<b>15</b>	<b>Kezia Daniel, Pharmacy</b> Healthcare workers' perspectives on Continuity in Medicines Management for Aboriginal and Torres Strait Islander people.
<b>16</b>	<b>Lauren Corre, Pharmacy</b> Breaking Bones: Patterns of anti-resorptive prescribing in patients post Neck of Femur Fracture
<b>17</b>	<b>Michelle Jones, Allied Health</b> Everyone has a story: Empowering consumers of ICU family meetings leads to better emotional and grief outcomes
<b>18</b>	<b>Monique Adams, Allied Health</b> Enhancing Recovery through Intensified allied health input following Surgical intervention Early following neck of femur fracture (RISE: RECOVERY; INTENSIVE; SURGICAL; EARLY)
<b>19</b>	<b>Nicholas Wan, Division of Medicine</b> Management of Perianal Fistulizing Crohn's Disease is not in keeping with guidelines: Results from a multi-centre retrospective cohort study
<b>20</b>	<b>Pawan-Adil Koirala, Mental Health</b>

	Effect of the Psychiatric Extended Care (PEC) model on Emergency Department Length Of Stay (LOS) in Lyell McEwin Hospital in South Australia
<b>21</b>	<b>Puthearothsopor Tan, Pharmacy</b> Provision of Pharmacy Services within the Supportive Weekend Interprofessional Flow Team
<b>22</b>	<b>Rebecca Cato, Division of Medicine</b> Implementation of a Clinical Trial Patient Experience Survey at the Northern Adelaide Cancer Centre
<b>23</b>	<b>Safwat Gergis, Aged Care, Rehabilitation and Palliative Care</b> Buddy System Reduces Medication Incidents Involving Agency/Casual Nurses
<b>24</b>	<b>Sal Ging Vong, Pharmacy</b> Enhancing Hydromorphone Prescribing Practices: Prioritising Medication Safety for Improved Patient Care
<b>25</b>	<b>Shaveen Kanakarathne, Division of Surgical Specialties &amp; Anaesthetics</b> Evaluation of a NALHN Laparoscopic and Basic General Surgical Skills Training Day for NALHN Pre SET Trainees and Junior Medical Officers
<b>26</b>	<b>Tara Crossman, Allied Health</b> The Aged Care Coordinator role to improve care for older people with dementia in the acute hospital setting
<b>27</b>	<b>Timothy Martin, Pharmacy</b> Implementing and Evaluating a Formal Mentoring Program within a Hospital Pharmacy Setting
<b>28</b>	<b>Truc Ngoc-Thi Bui, Pharmacy</b> Assessing data entry accuracy of medication histories in electronic records by pharmacy students.
<b>29</b>	<b>Tze Ling (Celine) Chee, Pharmacy</b> Adverse Drug Reactions: An insight to how we report, document, and communicate
<b>30</b>	<b>Ying Li Liang, Pharmacy</b> Collaborative Care Calls for Extended Pharmacy Hours



# ABSTRACTS ORAL PRESENTATIONS

## Session 1:

Time: 9:00-10:30am

**Professor Rajvinder Singh, Professor of Medicine, University of Adelaide & Director, Gastroenterology Department, Gastroenterology Unit, NALHN**

### **AI in (GI) Clinical Practice: Benefits and Concerns**

**A/Professor Stephen Bacchi, Neurology Registrar, Division of Medicine**

#### **Pragmatic informatics: How it can help you with patient care today**

In many ways, NALHN is leading Australia, and to some extent the world, with several pragmatic informatics applications. These range from the most basic re-presentation of routine information (e.g., blood glucose levels) to advanced multi-algorithm artificial intelligence applications (e.g., facilitating epilepsy surgery workup). In this talk, we will revisit applications that are currently operational in South Australia, those under investigation, and opportunities that will arise in the next 12 months.

## SESSION 2: Time: 10:30 – 12 noon

**Dr Wen Huey Goai, Basic Physician Trainee, Division of Medicine**

### **A Retrospective Audit Examining the Presentation, Diagnosis, Management and Follow-up of Patients with Thyroid Cancer in the Northern Adelaide Local Health Network (NALHN) from 2017 to 2021.**

Wen Huey Goai<sup>1</sup>, Parind Vora<sup>2</sup>

1. *Division of Medicine, Lyell McEwin Hospital, Northern Adelaide Local Health Network (NALHN), South Australia.*
2. *Department of Endocrinology, Lyell McEwin Hospital, Northern Adelaide Local Health Network (NALHN), South Australia.*

**Aims:** This retrospective audit aimed to analyse the presentation, management strategies, and follow-up protocols of thyroid cancer patients within Northern Adelaide Local Health Network (NALHN) from 2017 to 2021. Specific objectives included evaluating initial detection methods, nodule characteristics, and adherence to American Thyroid Association (ATA) guidelines in surgical interventions, risk stratification and TSH suppression therapy, utilization of radioactive iodine (RAI) therapy, and post-therapy monitoring practices [1,2].

**Methods:** Data were extracted from medical records, electronic databases, radiology reports, and pathology records. Patients' demographics, initial presentation details, imaging results, histopathological findings on fine needle aspirate and surgical specimen were examined, and surgical procedures and post-operative management were reviewed against the ATA guidelines.

**Results:** Of 161 screened patients, 97 met inclusion criteria. The most common initial presentations were asymptomatic palpable thyroid nodules (n=35) and incidentally found nodules on imaging (n=31). Most nodules were 1-4 cm in size (n=66) and larger than 4cm

(n=17). Surgical interventions included hemithyroidectomy (61.9%) and total thyroidectomy (37.1%), with significant rates of completion thyroidectomy (n=47). ATA risk stratification was inadequately documented in a substantial proportion of cases (23/97). RAI therapy correlated with ATA risk stratification, with 100% rates in high- and intermediate-risk cases but lower in low-risk patients (51.2%). 95.8% of patients had TSH suppression on levothyroxine, but 21.7% were without initial ATA risk stratification, and 25.0% without an initial corresponding TSH goal. Thyroglobulin monitoring varied widely, with only 85.3% of patients having post-operative thyroglobulin levels obtained with TSH-stimulation, and large proportion of patients had their first post-operative ultrasound 12 months after surgery (27/97).

Conclusion: This audit identified areas for improvement in documenting ATA risk stratification, ensuring adherence to guidelines for surgeries performed, and standardizing post-operative monitoring practices. These findings underscore the need for consistent application of evidence-based guidelines to optimize the management of thyroid cancer patients at NALHN.

References:

1. 2015 American Thyroid Association Management Guidelines for Adult Patients with Thyroid Nodules and Differentiated Thyroid Cancer: The American Thyroid Association Guidelines Task Force on Thyroid Nodules and Differentiated Thyroid Cancer. Haugen, Alexander, et al., *Thyroid*. Jan 2016, 26(1): 1-133.
2. Revised American Thyroid Association Guidelines for the Management of Medullary Thyroid Carcinoma prepared by the American Thyroid Association Guidelines Task Force on Medullary Thyroid Carcinoma. Wells, Asa, et al., *Thyroid* 25(6): 567–610, 2015.

## Jane Caguiat, Intern Pharmacist, Pharmacy

### Psychotropic Burden in People with Intellectual Disability

Jane Caguiat,<sup>1\*</sup> Andrew Koukoulas,<sup>2\*</sup> Farima Foroziya,<sup>3</sup> June Buxton,<sup>1</sup> Alice Wisdom,<sup>1</sup> Courtenay Wilson,<sup>1</sup> \*Shared first-authorship

<sup>1</sup>SA Pharmacy, Northern Adelaide Local Health Network. <sup>2</sup>University of South Australia.

<sup>3</sup>Northern Adelaide Local Health Network

Introduction:

The use of psychotropics for behaviours of concerns has been shown to increase the risks of harm and to have a negative impact on wellbeing of people living with an intellectual disability. In 2024 the Psychotropic Medicines in Cognitive Disability or Impairment -Clinical Care Standard was released to ensure the safe and appropriate use of psychotropic medicines. Limited data exists to describe the psychotropic burden within this population.

Aim:

To describe psychotropic prescribing patterns in people with moderate, severe, and profound intellectual disabilities referred to a statewide intellectual disability health service.

Method:

A retrospective cohort study was conducted at a statewide specialist Intellectual Disability Health Service between February 2023 and February 2024. Data was collected at the time of entry to the service and included number of psychotropic medications, type of psychotropic medications, indications for prescribing, and presence of polypharmacy (5 or more medication); anticholinergic burden was calculated (using the Anticholinergic Burden (ACB) tool).

Results:

Over the 12-month period, 247 patients aged 18 to 79 years were included in the study. Polypharmacy was present in 50% and the median number of psychotropics was 2. Antipsychotics were commonly used for behaviours of concerns with 109 of 201 (54%) participants without a primary indication prescribed 1 or more antipsychotic including 24

(12%) prescribed 2 or more antipsychotics. Overall, 57% of participants scored 3 or higher on the ACB scale, indicating increased risk of cognitive impairment and mortality.

Conclusion:

This study highlights the high prevalence and potential harms of psychotropic use for behaviours of concerns within this population. Implementation of the new clinical care standard is essential across all system levels and settings and pharmacists have a key role to play in the safe and judicious use of antipsychotics for people living with an intellectual disability.

## Dr Hong Xiang Lee, Surgical Registrar, Surgical Specialties & Anaesthetics

### **BowelCare Connect: A Digital Platform for Bowel Cancer Patient's Well-being (Phase 1; Development with Consumers).**

*Dr Hong Xiang Lee, Ms April Harrison, Mrs Varsha Tapariya, Dr Boyuan Mao Dr Karolina Juszczyk, Ms Brooke Turner, Dr Devinder Raju, Kelly Vickers, Dr Julie Tucker, Dr Van Minh Tu Hoang*

DSSA, NALHN

**Background:** Many bowel cancer patients experience a lack of comprehensive support that addresses their evolving needs and challenges, leaving them feeling overwhelmed and unsure about how to navigate their recovery and care. Current follow-up appointments focus mainly on medical symptoms and often neglect other challenges. Cancer patients report better outcome if they are provided with adequate information and better communication.<sup>1</sup> This project recognizes this can be improved by utilizing digital technology which has been effective for cancer patients in other studies by tailoring to patients' needs.<sup>2-4</sup>

As part of a larger project that aims to work with colorectal cancer patients to develop a digital platform, "BowelCare Connect (BCC)" aims to provide holistic support, personalized resources, empower patients to participate in their treatment journey. Our current project aims to evaluate the information needs of our patients across their cancer journey and the preferred digital mode of delivery.

**Method:** NALHN colorectal cancer patients were recruited via clinic for qualitative interviews. Interviews were undertaken in a place convenient to participants, lasting approximately 20 minutes. Interviews were recorded and subsequently converted into transcripts. Qualitative analysis is performed by focussing on the themes and sub-themes crucial for our participants.

**Results:** Seven interviews were conducted, with six done over the phone and one face-to-face. They are at 4 weeks to 3 years post cancer diagnosis. The main themes "Information" and "Digital literacy," with corresponding subthemes "information saturation, avoidance, seeking help" and "reliability, security."

Under "Information," patients found that they were overwhelmed by the amount of information provided and preferred to source the information that they require when required. Under "Digital literacy," all patients have used the internet such as Google and Cancer Council to access colorectal cancer information at some stage but there remain some hesitancy and they require more assistance. Security and reliability of the information are another important aspect highlighted during the interviews, which we will have to evaluate further in future recruitment.

**Conclusion:** Preliminary data shows that information needs of cancer patients vary across the journey. Further recruitment and analysis are required to evaluate patients' needs and the preferred digital mode of delivery for colorectal cancer.

## References

1. Arora NK, Weaver KE, Clayman ML, Oakley-Girvan I, Potosky AL. Physicians' decision-making style and psychosocial outcomes among cancer survivors. *Patient Educ Couns*. 2009;77(3):404–12. doi: 10.1016/j.pec.2009.10.004.
2. Shah P, Rees M, Brown D, Haray P. PWE-409 Colorectal cancer care apps for patient and staff education - bringing medical education into the 21st century. *Gut*, suppl. Supplement 1 2015 06;64.
3. Ayyoubzadeh SM, Shirkhoda M, R Niakan Kalhori S, Mohammadzadeh N, Zakerabasali S. A Smartphone Remote Monitoring App to Follow Up Colorectal Cancer Survivors: Requirement Analysis. *JMIR Cancer*. 2022 Jan 5;8(1): e18083. Doi: 10.2196/18083. PMID: 34989685; PMCID: PMC8771344.
4. Lawshe CH. A quantitative approach to content validity. *Personnel Psychology*. 1975 Dec;28(4):563–575. Doi: 10.1111/j.1744-6570.1975.tb01393.x.

**Kate Neadley, PhD Candidate, Faculty of Health and Medical Sciences, University of Adelaide**

### **Responding to the unmet social needs of patients living with cancer at the Lyell McEwin Hospital: Opening Pandora's Box**

Kate Neadley<sup>a</sup>, Joanne Koch<sup>a</sup>, Annabel Smith<sup>b</sup>, Christopher Hocking<sup>a,b</sup>, Mark Boyd<sup>a,b</sup>, Cheryl Shoubridge<sup>b</sup>

*a Faculty of Health and Medical Sciences, The University of Adelaide*

*b Lyell McEwin Hospital, Northern Adelaide Local Health Network*

**Background:** It is well-established that unmet social needs (e.g. homelessness, financial instability and social isolation) impact health and wellbeing. Healthcare settings are exploring Health Navigator (HN) interventions to identify patients' social needs, and provide referrals and advocacy to appropriate government and community resources. Our research explored the feasibility and acceptability of an HN intervention to address the social needs of patients living with cancer attending the Lyell McEwin Hospital.

**Methods:** This mixed-methods feasibility and acceptability pilot study was funded by The Hospital Research Foundation (ID: 2021-84-QA25232). Eligible participants were 18 years or older and presenting to the Northern Adelaide Cancer Centre. Participants who reported social needs and requested assistance were linked to the HN, who provided follow-up for six months, advocating for participants as required. Primary outcomes were 1) Intervention feasibility, as defined using process measures i.e. rates of intervention recruitment, uptake and completion, and 2) Intervention acceptability, explored using focus groups with participants, carers and clinicians. Secondary outcomes included changes in unmet social needs and patient-reported outcomes pre/post-HN intervention.

**Results:** Of 153 participants approached, 73 consented to participate, and all 55 participants who reported social needs requested assistance from the HN. Eight participants with social needs were deceased prior to end of the intervention, with n=36 (75%) completing the HN intervention period. Of participants who completed pre/post-intervention measures (n=29), 83% (n=24) reported support accessing community services as their most urgent need, followed by finances (52%, n=15) and transport (31%, n=9). Prevalence of all needs reduced following HN intervention, with the greatest reductions reported in support (↓62%), followed by finances and transport (↓28% each). Participants,

carers and clinicians reported the intervention to be highly acceptable, but cited HN workload as a barrier to intervention success.

**Conclusion:** Our study is one of the first to explore the feasibility and acceptability of an HN intervention in Australia. Participants and clinicians report the intervention to be appropriate, but further research is required to determine intervention feasibility, health economics, HN role description, and the wellbeing and overall quality of life for those who have received HN services over protracted periods of follow-up.

**Discussion:** Engaged commitment from the NALHN (and CALHN) nursing and midwifery leadership has resulted in program participants developing research plans aligned with LHN strategy and NSQHS standards. Topics include: 'Hand hygiene improvement in the Emergency Department', 'Gaining insight into consumer's experience of end-of-life care in the Palliative Care Link Nurse Program', 'Management of people with mucocutaneous separation following stoma formation', 'Providing inclusive, culturally appropriate and gender affirming care to people of diverse gender and sexuality in the perioperative environment' and 'Improving peri-natal information provision to people with migrant and refugee backgrounds'.

**Conclusion:** The OWL Project is a pioneering program aimed at fostering an evidence-based research approach to nursing and midwifery care. The innovative program is designed to empower nurses and midwives by providing them with personalised mentoring and comprehensive research education. It provides a blueprint for the health and academic systems to work collaboratively to build momentum towards the delivery of research translation and impactful change.

## Benjamin Joyce, Clinical Geriatric Pharmacist, Pharmacy

### Pharmacist-led Comprehensive Geriatric Medication Review in a Geriatric in the Home (GITH) Program

Thomas Mitchell, [Benjamin Joyce](#), Jason Lim, Huah Shin Ng, Tian Tian (Tracy) Se Pharmacy

**Background:** A Geriatric in the Home (GITH) Program was established in a metropolitan hospital that provide a range of short-term care for patients aged  $\geq 65$  years in their home to avoid unnecessary hospital stays. Pharmacists play a vital role in providing comprehensive medication review as part of the GITH program to identify potentially inappropriate medications (PIMs) usage that may increase risk of falls, cognitive decline, and hospitalisations.

**Aim/Objective(s):** To quantify and describe the PIMs identified by pharmacists in GITH Program.

**Methods:** We identified all older adults aged  $\geq 65$  years admitted to the GITH Program between 7/2/2024 and 11/6/2024. Medication reconciliation was conducted by pharmacist and PIM was assessed using the Beer's Criteria and STOPP/START tool in conjunction with the pharmacist's and geriatrician's clinical judgement, forming part of the comprehensive geriatric medication review for all admitted patients. Relevant recommendations (e.g., dose reduction, medication cessation) made by pharmacists for each PIM identified were recorded.

**Results:** The study included 104 older adults (63% female; mean age=84 years). The most common contributing reason for admission was due to falls (45%), followed by delirium (11%). A total of 240 PIMs were identified by pharmacists on admission, with an average of 2.3 PIMs per patient. Nearly all (n=233; 97%) the recommendations made by pharmacists on PIMs were accepted by geriatricians. The top three classes of PIMs were vitamin/minerals (n=42/240; 18%), antihypertensives (n=35; 15%), lipid-modifying agents (n=29; 12%) and pain killers (n=29; 12%). Over one-third of patients (n=38/104; 37%) would benefit from further follow-up by pharmacist post-discharge (e.g., to review blood pressure, blood test results).

**Discussion:** With delirium and falls contributing to over half of admissions in this group of geriatric patients, reduction in PIMs may help reduce hospital readmission rates. These findings demonstrate the pivotal role of pharmacists as core members within GITH services.

## **Dr Jessica Barnes, O&G Service Registrar, Division of Surgical Specialties & Anaesthetics**

### **A pilot study to compare a stool softener versus osmotic laxatives following obstetric anal sphincter injury to assess defecation outcome, wound dehiscence, and risk of anal incontinence.**

Dr Jessica Barnes<sup>2</sup>, Dr Julie Tucker<sup>1</sup>, Dr Van Hoang<sup>1</sup>, Dr Karolina Juszczak<sup>1</sup>, Dr Annette Briley<sup>3</sup>, Assoc Professor Luke Grzeskowiak<sup>4</sup>, Ms Rachel Sfredo<sup>2</sup>, Dr Anupam Parange<sup>2</sup>, Dr Elizabeth Murphy<sup>1</sup>

1. Division of Surgical Specialties & Anaesthesia, Northern Adelaide Local Health Network Haydown Rd Elizabeth Vale, South Australia.
2. Women and Childrens Division, Northern Adelaide Local Health Network Haydown Rd Elizabeth Vale, South Australia.
3. Caring Futures Institute Flinders University, Sturt Rd, Bedford Park South Australia 5042
4. College of Medicine and Public Health, Flinders University, Sturt Rd, Bedford Park South Australia 5042

**Objective:** Australia had an above average rate of OASIS (2.4- 7.3) compared to other Organization for Economic Co-Operation and Development (OECD) countries (1.6- 6.0%)<sup>1</sup>. OASIS are associated with significant maternal morbidity, including perineal pain, sexual dysfunction, and anal and urinary incontinence and strongly associated with anal incontinence (AI), an unpredictable and debilitating condition resulting in the involuntary loss of solid and liquid stool, flatus incontinence and rectal urgency<sup>2,3</sup>. AI impacts every aspect of life, dictating diet, choice of clothing and social interactions and commonly associated with depression and anxiety<sup>4-7</sup>. Provision of a laxative is an important component in the management of women who have required repair of severe perineal trauma. OASIS care and management guidelines aim to optimize health outcomes however, there is a lack of robust evidence to guide laxative management with variation in guidelines in many countries<sup>8</sup>.

The paucity of data identifying the efficacy of different laxatives in women following AI provides evidence for this pilot study to obtain preliminary data to inform the development of the protocol for a larger multicenter clinical trial.

**Methods:** Prospective randomized pilot cohort study. All women who give birth in the participating site and identified as sustaining an OASIS were approached. Random allocation assigned to one of two treatment groups (stool softener or osmotic laxative) for 2 weeks treatment. Pain on defecation, anal incontinence, wound breakdown, and quality of life assessed.

**Results:** 40 women recruited to stool softener (22) and osmotic laxative (18) group. 19 Caucasian women, 18 women from Asian descent. 28 (70%) sustained 3B OASIS, 8 a 3a (20%) AND 4 (10%) 3C OASIS. Average parity 1.3 (range 1-3). AI reported in 12 (30%) women in the first 2 weeks increasing to 20 (50%) women at 12 weeks postpartum. Flatus and rectal urgency predominant symptoms. Fissures and haemorrhoids identified in 12 (30%) women.

**Conclusion:** No relationship between laxative management and wound breakdown, anal incontinence, and quality of life. Further investigations required relationship between ethnicity, diet and laxatives on gut function.

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### **Dr Maleesa Pathirana, Postdoctoral Research Fellow Cardiology, Medicine, Robinson Research Institute, University of Adelaide**

#### **The association between breastfeeding and prevalence of metabolic syndrome in women with a previous major pregnancy complication**

Maleesa M Pathirana<sup>1,2</sup>, Emily Aldridge<sup>1,2</sup>, Prabha Andraweera,<sup>1,2</sup> Melanie Wittwer<sup>2,3</sup>, Susan Sierp<sup>2</sup>, Gustaaf Dekker<sup>1,3</sup> & Margaret A Arstall<sup>1,2</sup>

1. Adelaide Medical School & Robinson Research Institute, The University of Adelaide, Adelaide, Australia
2. Department of Cardiology, Lyell McEwin Hospital, Elizabeth Vale, Australia
3. Division of Women's Health, Lyell McEwin Hospital, Elizabeth Vale, Australia

**Introduction:** Major pregnancy complications, including hypertensive disorders of pregnancy, delivery of a small for gestational age infant, preterm delivery and gestational diabetes are associated with an increased risk of cardiovascular disease (CVD) later in life. The association between breastfeeding and CVD prevention is well documented in the general population, but less is known about the effect of breastfeeding on immediate postpartum health in women with previous pregnancy complications. Metabolic syndrome (MetS) defined as a cluster of the most dangerous CVD risk factors is our current marker of CVD health in this cohort. The aim of this study is to assess the prevalence of metabolic syndrome in a cohort of women with previous pregnancy complications.

**Methods:** We conducted a cross-sectional analysis of 524 women attending a baseline appointment for a nurse practitioner led postpartum cardiovascular preventative clinic for women with previous pregnancy complications at NALHN (TQEH/16/LMH/258). Breastfeeding status and length was self-reported. Cardiovascular disease risk factors were assessed at a baseline appointment (approximately 6 months postpartum). Metabolic syndrome (MetS) was reported as a marker of cardiovascular health, defined using the Harmonising the Metabolic Syndrome definition. Descriptive statistics were reported using SPSS Version 27.

**Results:** A total of 445 clinic attendees reported breastfeeding at any time point (84.9%). Increased breastfeeding duration (i.e. >5.5 months postpartum) was associated with a 53% reduced likelihood of developing MetS at 6 months postpartum (aOR 0.47 95% CI 0.29 to 0.77). When looking at individual components of MetS, women who breastfed longer had a reduced rate of HDL-Cholesterol <1.29mmol/L, lower rate of raised triglycerides >1.7mmol/L, lower incidence of treated hypertension, and lower incidence of systolic blood pressure >130mmHg. There was a higher percentage of women who were referred for GDM who breastfed for >5.5 months postpartum (55% vs 44% p=0.025), and lower percentage of women who were referred for HDP that breastfed for longer (41% vs. 59% p<0.001)

**Conclusion:** Women who breastfeed for longer have better cardiometabolic health based on reduced prevalence of MetS and its associated components in the early postpartum period. Further studies require assessment of breastfeeding prospectively.

### **Dharshan Rasiah, Senior Pharmacist, Pharmacy**

#### **Smart Pumps: A Double-Edged Sword for Patient Safety?**

Dharshan Rasiah<sup>1</sup>, Kelly Reynolds<sup>2</sup>, Melissa Teo<sup>1</sup>, Sal Ging Vong<sup>1</sup>

<sup>1</sup>SA Pharmacy, Northern Adelaide Local Health Network, Adelaide, SA, Australia.

<sup>2</sup>SA Health, Northern Adelaide Local Health Network, Adelaide, SA, Australia.

**Background:** The risk of errors involving the administration of injectable medicines is higher than other drug formulations. Smart infusion pumps that control the administration of medication infusions at controlled rates were introduced to minimise administration errors and improve safety outcomes. Although some errors have reduced with the implementation of smart devices, new error types have arisen with their use.

**Aim/Objective(s):** To describe the types of incidents relating to smart drug infusion pumps in acute hospital care settings.

**Methods:** Data entered by health professionals into an online reporting system that monitors patient safety incident information across two metropolitan hospitals over the last three years (2022-2024) was analysed. All incidents relating to infusion pumps were extracted and grouped into key themes for analysis. Incidents were rated based on severity from 'no harm' to 'sentinel event'.

**Results:** A total of 79 incidents were recorded on the reporting system over the 3-year period. Overall 11% of errors were identified as 'minor patient harm' with the remainder (89%) being a near-miss or incident resulting in no harm. The most common incidents identified related to non-compliance with using pre-programmed drug infusion libraries (13%), followed by incorrect programming of concentration parameters on smart pumps (11%), improper setup for the total volumes to be infused (9%) and the failure to monitor and follow up drug pump alarms (9%). Furosemide was the drug most associated with infusion pump errors.

**Discussion:** Multiple sources of errors in the use of smart infusion pumps were identified. Several strategies were implemented including the development of dose error reduction software and the use of quick reference guides to help reduce errors and improve patient safety outcomes. Pharmaceutical expertise positions pharmacists to lead robust drug library implementation and continued education for safe infusion pump use.

## **SESSION 3: Time: 1:00-2:30pm**

### **Professor Mark Hutchinson, GUEST Speaker, Interim Director, Institute for Photonics and Advanced Sensing, University of Adelaide**

#### **AI's Role in Transforming Clinical Knowledge Dissemination and Medical Research**

The integration of generative AI models into medical research and clinical publishing is ushering in a new era of knowledge dissemination in healthcare. This address will explore the transformative potential of AI in clinical settings, with a focus on Retrieval Augmented Generation (RAG) technology, which represents a significant advancement from traditional language models to more sophisticated knowledge models tailored for healthcare applications. We will examine how RAG enables intelligent summarisation and customisation of medical information, allowing for the delivery of relevant clinical knowledge precisely when and where it's needed at the point of care. This capability has profound implications for how clinicians access, interpret, and utilise scientific literature, potentially accelerating the pace of



medical discovery and improving patient outcomes. The concept of "publications of one" will be introduced, highlighting the shift towards machine-readable formats that facilitate flexible, on-demand content generation for personalised medicine. This paradigm shift challenges traditional medical publishing models and raises important questions about how clinicians and researchers should approach the creation and structuring of clinical texts and guidelines.

A critical aspect of this AI revolution in healthcare is the need for appropriate verification and authentication of medical content. We will discuss the importance of developing robust systems to distinguish between human-generated and AI-assisted clinical content, proposing potential frameworks for validation and authenticity statements in medical research. The presentation will also explore the broader implications of AI integration in the clinical research ecosystem, including its potential impact on peer review processes, systematic reviews, and clinical decision support systems. We will consider how these technologies might reshape medical research productivity and clinical innovation while addressing concerns about the role of AI in scientific discovery and patient care. The outcome of this presentation is to encourage clinicians, medical researchers, and healthcare professionals to intentionally and responsibly engage AI tools in their work, while maintaining scientific integrity and patient safety. By addressing these cutting-edge developments, this presentation will aim to provoke thought, stimulate discussion, and provide actionable insights for navigating the rapidly evolving landscape of AI in clinical publishing and medical research.

## **Dawn Powley, Associate Nurse Unit Manager, Forensic Mental Health Inpatient Service, Mental Health**

### **Can the Mood and Communication of Consumers in a Secure Forensic Mental Health Environment be improved through physical contact with animals.**

**Dawn Powley**<sup>1</sup>, Kareena Christian<sup>1</sup>, Dr Julie Tucker<sup>2</sup>, Dr Annette Briley<sup>2</sup>

1. Division of Forensic Mental Health – Northern Adelaide Local Health Network, South Australia
2. Caring Futures Institute Flinders University, Sturt Rd, Bedford Park South Australia 5042

**Background:** The benefits of animal assisted therapy are widely reported in both physical and mental health. Yet the impact for residents of forensic mental health inpatient units remains unknown. Exploring the potential therapeutic benefits of animal-assisted therapy in this context, may contribute valuable insights and enhance quality of care provision to this vulnerable population.

**Aim:** to explore how interactions with animals impacts the mental well-being, of forensic mental health inpatient unit residents.

**Method:** A mixed method cohort study of an animal therapy intervention, monthly for one year. Qualitative and quantitative data were collected from staff accompanying and subsequently caring for residents. Data were collected from residents who summarised aspects of the experience using a series of smiley faces.

**Results:** At each timepoint 17-20 staff members completed questionnaires; 4-7 residents provided 'smiley faces' data.

Overall, staff and residents viewed the intervention as positive. Although some staff identified the challenges of encouraging residents to engage, despite reporting they enjoyed the experience, and their moods subsequently improved. Staff consistently reported residents were calmer and happier after the time spent with the animals, and on wards that administered 'pro re nata' (PRN) medication for management of mood and behaviour, there was reduced use post intervention. Residents recorded the experience with a series of neutral or less happy faces prior to engaging with the animals but all rated the experience more positively afterwards. The staff also reported enjoying the experience, with mental health benefits to themselves, whilst working in a high-risk environment.

**Conclusion:** This study suggests potential benefits of animal-assisted therapy for forensic mental health unit residents, improving mental health outcomes for patients.

## **Rachael Crompton, Intern Pharmacist, Pharmacy**

### **Evaluating the influence of an electronic chemotherapy prescribing system on Dexamethasone prescribing patterns**

Rachael Crompton<sup>1</sup>, Tze Ling (Celine) Chee<sup>1</sup>, Huah Shin Ng<sup>1</sup>, Chen-Yao (Marcus) Hung<sup>1</sup>  
<sup>1</sup> SA Pharmacy, SA Pharmacy, Adelaide, Australia.

**Background:** Dexamethasone is crucial for managing chemotherapy-related hypersensitivity reactions hence necessitating an examination of prescribing practices. iQemo, an electronic chemotherapy prescribing system pre-loaded with eviQ protocols (an evidence-based consensus-driven cancer treatment resource developed for the Australian context), was recently implemented in September 2023 in an Australian hospital, to help facilitate the prescribing of chemotherapy and other supportive care treatment, including dexamethasone.

**Objectives:** To review the impact of iQemo implementation on dexamethasone prescribing practices and administration in patients undergoing specific chemotherapy regimens.

**Methods:** We identified cancer patients treated with specific chemotherapy agents (docetaxel, pemetrexed or high dose paclitaxel) between June 2023-August 2023 (pre-implementation) and September 2023-January 2024 (post-implementation) at a metropolitan hospital. Electronic Medical Records, iQemo, pharmacy dispensing records, and paper medical charts were used to extract data on demographics, chemotherapy regimens, dexamethasone administration and hypersensitivity reactions.

**Results:** The study included 145 participants (66 pre-iQemo and 79 post-iQemo implementation). Non-Small Cell Lung Cancer patients reported the highest rates (65 participants [44.8%]) of hypersensitivity reactions, particularly those treated with paclitaxel regardless of dexamethasone regimen used. There was a significant improvement in compliance to recommended dexamethasone prescribing regimens post-iQemo compared to pre-iQemo implementation (79.7% versus 40.09%,  $P=0.0001$ ). Overall, a higher rate of hypersensitivity reactions was noticed when patients receive lower-than-recommended dexamethasone doses, compared to those receiving recommended or higher doses of dexamethasone (85% vs 52%,  $P=0.003$ ).

**Discussion:** The findings of this study suggested that compliance with dexamethasone prescribing in accordance with eviQ guidelines has improved significantly following the implementation of iQemo. Given the increased rate of hypersensitivity reactions with lower than recommended doses, this is expected to have significant impact on patient outcomes. Our findings support the use of electronic chemotherapy-prescribing systems with eviQ integrated guidelines to improve the safety of cancer patients receiving chemotherapy and related supportive care treatment.

## **Marion Champion, Senior Manager Social Work NALHN, Allied Health**

### **Aboriginal health consumers' voices informing the provision of culturally safe and sensitive hospital Social Work practice in NALHN**

Michelle Jones, Luke Cantley, Donna Quinn, Jasmine Bishop, Stacey George, Toni Shearing, Marion Champion

<sup>1</sup> Justice and Society, University of South Australia

<sup>2</sup> College of Education, Psychology and Social Work, Flinders University

<sup>3</sup> NALHN

**Background:** Aboriginal health consumers voices are rarely heard within Australian health systems. Racism is a barrier to accessing health services and improving health outcomes for Aboriginal health consumers.

**Aim:** To improve health services and outcomes, NALHN social workers aimed to seek feedback from Aboriginal health consumers on how to improve their practice within the confines of the hospital.

**Method:** Interpretive sequential qualitative research methods were adopted. Focus group interviews (n=2) and yarning circles (n=4) were held with hospital social work practitioners (n=17) and Aboriginal health consumers (n=5), respectively. Thematic analysis was undertaken by Aboriginal and non-Aboriginal researchers and initial themes brought together.

**Results:** Aboriginal health consumers raised concerns about the stereotypes associated with social work, the importance of establishing a connection through finding out about Nation/Groups and family networks. Consumers requested engagement with family and recognition of current personal circumstances, not past. Social workers were found to be aware of their privilege and the impacts of colonisation on their practice yet were unsure 'how' to put the knowledge they have into practice in the hospital setting. Constraints from the hospital environment were found to limit social workers ability to offer brief, timely, relational, culturally safe, trauma informed social work practice to Aboriginal health consumers.

**Discussion:** This study identified the need for the creation of a 'third space' within the confines of the hospital. Drawing on the work of Homi Bhabha, the third space is a space where different cultures intersect and meet. A space, both subliminal and physical where assumptions and understandings are challenged. A space where Aboriginal health consumers and social workers can come together and taken for granted Anglo-Celtic assumptions can be challenged, providing opportunity for the development of relational, culturally safe, trauma-informed social work practice.

**Implications and key outcomes:** Several changes were made to Social Work practices and environment, with input from Aboriginal social and health workers, and consumers. This included training, modifications to psycho-social assessment; development of a hand-held tool to support Social Workers to ask, 'who's your mob?'; and design of a Decal for the Social Work counselling window by Aboriginal Artist Sam Gollan.

## **Dr Van MT Hoang, Clinical Research Manager and Brooke Turner, Senior Research Administrative Officer, Division of Surgical Specialties & Anaesthetics**

### **Quality of Life of Young Colorectal Cancer patients: a quantitative analysis.**

*Dr Van MT Hoang, Brooke Turner, Dr Rocita Ho, Dr Julie Tucker, Dr Devinder Raju, Dr Karolina Juszczuk and Dr Elizabeth Murphy*

*Division of Surgical Specialties & Anaesthesia, Northern Adelaide Local Health Network Haydown Rd Elizabeth Vale, South Australia.*

**Background:** Colorectal cancer (CRC) poses a significant threat to public health. While CRC is typically associated with those aged 50 and older, its occurrence in younger individuals is notable. This study aims to assess the Quality of Life (QoL) of young CRC patients (YCRC), comparing with older CRC patients (OCRC), addressing concerns about the distinct challenges and impacts on QoL faced by younger individuals due to this demographic shift.

**Methods:** Invitation letters were sent to all surviving YCRC patients diagnosed at the Northern Adelaide Local Health Network (NALHN) from January 2013 to December 2023. A matching sample size of patients diagnosed at age 50 or older will also be recruited for comparative assessment. Three different tools were used to measure QoL: the WHO\_BRIEF for general QoL, the QOL-CR30 for all cancer patients, and the special module QOL-CR29 for CRC patients.

Results: 93 surveys were completed, with 53.8% of respondents being female. The mean age was 46 for the YCRC cohort and 72 for the OCRC cohort. Most participants had been diagnosed with CRC for more than two years (88.9% in the OCRC cohort and 82.4% in the YCRC cohort), spanning all cancer stages.

Within the four domains of the WHO\_BRIEF tool, YCRC patients exhibited significantly lower scores in psychological aspects (52.2 (50-77)) compared to the OCRC cohort (66.4 (55-75)), with a p-value of 0.0008. QoL scores fluctuated throughout the cancer journey, being lowest within the first year post-diagnosis, peaking in the second year, and declining thereafter from the third year onward.

Additionally, YCRC patients reported more severe emotional problems (34.6 vs. 60.8,  $p = 0.0002$  - QOL-CR30), greater embarrassment about their condition (44.6 vs. 32.5,  $p = 0.04$ ), higher levels of anxiety (22 vs. 49.2,  $p < 0.001$ ), and more concerns about weight (35.2 vs. 51.7,  $p = 0.04$ ) and body image (51.7 vs. 65.6,  $p = 0.001$ ) compared to their older counterparts.

Conclusion: The study shows that YCRC patients face significantly lower psychological QoL and more severe emotional challenges than OCRC patients, emphasizing the need for tailored psychological support and intervention programs specifically designed for YCRC patients to address their unique challenges.

## **SESSION 4: Time: 2:30 – 3:30pm**

### **Dr Tim Beckingham, Intensivist, Critical Care**

#### **Machine Learning Prediction of Adverse Post-operative Outcomes**

Tim Beckingham, David Shorten, Bill Wilson, Natalie Soar, Roy Fischer, Melissa Humphries, Matthew Roughan.

*NALHN Division of Critical Care – ICU, NALHN Division of Surgery – Anaesthesia, University of Adelaide – Department of Mathematics.*

In the period immediately following surgery, patients are at high risk of various negative outcomes such as Acute Kidney Injury (AKI) and Myocardial Infarction (MI). Identifying patients at increased risk of developing these complications assists in their prevention and management. During surgery, rich time series data of vital signs and ventilator parameters are collected. This data holds enormous potential for the prediction of postoperative outcomes. There is, however, minimal work exploring this potential. Moreover, existing approaches rely on deep learning, which is computationally expensive, often requiring specialized hardware and significant energy consumption. We demonstrate that it is possible to extract substantial value from intraoperative time series using techniques that are extremely computationally efficient. We used recordings from 66 300 procedures at the Lyell McEwin Hospital (Adelaide, South Australia), occurring in 2013 through 2020. The procedures associated with 80% of the patients were used for model training, with the remainder held out for testing. A combination of techniques including MultiRocket, Multitask and logistic regression were used to predict Rapid Response Team (RRT) calls within 48 hours of surgery and mortality, AKI and elevated troponin levels within 30 days of surgery. This approach achieved an Area Under the Receiver Operating Characteristic curve (AUROC) (95% CI) on the test data of 0.98 (0.97-0.99) for mortality, 0.91 (0.90-0.92) for AKI, 0.90 (0.88-0.92) for elevated troponin levels, 0.86 (0.84-0.88) for unplanned ICU admission, and 0.79 (0.76-0.82) for RRT calls, outperforming the ASA score and Charlson comorbidity index on the test population for all outcomes. These results show that roughly equivalent accuracy to computationally expensive modelling approaches using diverse sources of clinical data can be achieved using highly computationally efficient techniques and only a small set of automatically recorded intraoperative time series. This implies substantial potential in the analysis of these time series for the improvement of perioperative patient care. We also performed an analysis of the measurement sampling rate required to achieve these results, demonstrating the advantage of high-frequency patient vitals monitoring.

**Toni Shearing, Manager Aboriginal Health Strategy and Research,  
Aboriginal Health & Renae Walker, ICARE Program Manager – Cultural  
Safety, SAHMRI**

### **Corka Bubs, Deadly Mums and Strong Families: Connecting Pregnant Women With Support for Stress, Yarndi, and Alcohol**

Toni Shearing<sup>1</sup>, Renae Walker<sup>2,3</sup>, Karen Glover<sup>2, 3</sup>, Tegan Walker<sup>2, 3</sup>, Anneka Bowman<sup>2,3</sup>, Yvonne Clark<sup>2, 3</sup>

<sup>1</sup>Aboriginal Health Strategy and Research, Northern Adelaide Local Health Network

<sup>2</sup>Aboriginal Communities and Families Health Research Alliance, Adelaide Australia

<sup>3</sup>SAHMRI Women and Kids, Adelaide, Australia.

**Background:** Stressors, alcohol, and cannabis use during pregnancy increase the risk of poorer pregnancy outcomes for families. These include low birthweight, preterm birth, and developmental delays. Empowering Aboriginal and Torres Strait Islander families through co-design of services is the gold standard for effective care provision. A co-designed, holistic culturally responsive care package addressing these areas may give Aboriginal and Torres Strait Islander families and their children the best start to life.

**Methods:** This is a co-designed feasibility and acceptability study using an enhanced antenatal care package across two metropolitan (Adelaide) Aboriginal birthing programs. The aim is to understand, and reduce harm associated with cannabis use, alcohol use and social stress among pregnant Aboriginal people and their families. The care package includes access to the 'Grog App' to allow understanding of alcohol and drug use, participants also have access to an Aboriginal advocacy worker (skilled in substance abuse), a family legal representative, and a counsellor.

**Results:** A total of 58 people enrolled; 52 pregnant people, and 6 support people. Of the pregnant people enrolled, 40 planned to give birth at Women's and Children's hospital, and 12 planned to give birth at Lyell McEwin hospital. Five male and one female support people were enrolled across the study sites. Of the participants, 28% accessed the family legal representative, the Aboriginal advocacy worker was accessed by 15% of the participants, and the counsellor was accessed by 82%. Six (100%) of the support people, and 49 (94%) pregnant participants completed the Grog app. Most participants found the app culturally appropriate (95%), easy to use (97%), and would recommend it to friends (93%). Social stressors were found to impact over 50% of people enrolled.

**Conclusions:** Preliminary findings indicate that the enhanced antenatal care package is acceptable and utilised by Aboriginal and Torres Strait Islander pregnant people and their support person when offered. Findings demonstrate the prevalence of alcohol, cannabis and stress within the study population and highlight the effectiveness and acceptability of this program. A larger clinical trial of the program will serve to establish whether enabling Aboriginal families access to services through antenatal care will benefit themselves, their families and give their children a better start to life.

**Alice Every, Divisional Director (Nursing), Aged Care, Rehabilitation and Palliative Care**

### **A qualitative study of Samoan cancer patients' experiences**

Alice Every, Beatriz Cuesta-Briand, Dyxon Hansell, Shelley Burich, Fuamatala Tofilua, Gregory B, Crawford and Aileen Collier

*Alice Every Aged Care Rehabilitation and Palliative Care Division, Northern Adelaide Local Health Network, Adelaide, Australia Beatriz Cuesta-Briand Rural Clinical School of Western Australia, University of Western Australia, Australia. Dyxon Hansell World Health*



Organization, Samoa; National University of Samoa, Samoa, Shelley Burich Samoa Cancer Society, Apia, Samoa Fuamatala Tofilua Samoa Cancer Society, Apia, Samoa Gregory B Crawford Aged Care Rehabilitation and Palliative Care Division, Northern Adelaide Local Health Network, Adelaide, Australia; University of Adelaide, Australia Aileen Collier Aged Care Rehabilitation and Palliative Care Division, Northern Adelaide Local Health Network, Adelaide

To investigate the palliative care experiences of Samoan patients with cancer and the impact these experiences have on their quality of life.

**Methods:** This qualitative interview study was part of a larger study that interviewed 19 participants recruited among patients with cancer registered with Samoa Cancer Society, or patients recently discharged from the main tertiary hospital in Samoa. Interview transcripts were reviewed, and the research team identified the key palliative-care-related themes.

**Results:** Analysis led to the generation of the following key themes: living with pain; resource constraints; support from family and faith; and interactions with healthcare professionals. Most participants were experiencing unresolved pain as a result of poor health knowledge, lack of access to medications and practical issues, such as financial limitations and lack of transport. Participants also reported a lack of resources, including financial constraints, as a significant barrier to effective healthcare. Sources of support for patients with cancer were most commonly strong family relationships and religious faith. Although it was difficult for the participants to access care from healthcare professionals, they found that honest communication about their condition was comforting. However, they were frustrated if they felt communication was unsatisfactory.

**Conclusion:** This study provides much needed evidence on the issues that affect the quality of life patients with cancer receiving palliative care and their families in Samoa. It also highlights the intersectionality of these issues and how this compounds the patient experience. Practical recommendations for improving palliative care lie in a few key areas, including a need for improved access to opioids and support for family caregivers. However, from a systemic perspective, the way forward should lie in harnessing the strengths of Samoan culture, including the strong sense of family and the role of religion, to provide support and care for palliative patients.

## Michelle Munro, Outpatient Director – NALHN

### Understanding the reasons behind non - attendance to outpatients' appointments within NALHN: A Quality Improvement Study

Emma Fedele, Leanne Jedani, Celena Hayward, Rosemary Mooney, Brooke Frith, Lynette Cusack, J Tucker, Hoang Van, Michelle Munro.

Northern Adelaide Local Health Network (Lyell McEwin and Modbury Hospitals). The University of Adelaide.

The Northern Adelaide Local Health Network (NALHN) Outpatients Department experience a significant number of consumers that fail to attend (FTA) their appointments. High non-attendance rate is a common problem in outpatient departments reported internationally. NALHN Outpatient Department has FTA rate of approximately 10%. Ongoing high FTA rates are an issue as it causes wasted resources and clinical time. Utilising clinics to their full capacity would improve clinic wait list times and timely access to care potentially enhancing health outcomes and patient satisfaction. The aim of this Quality Improvement study is to identify the barriers/ reasons why consumers FTA their outpatient appointments. By identifying barriers to attendance there will be an opportunity to target ways to improve access and flow in outpatient clinics. The question was What factors affect patients' attendance to outpatient appointments? Method included an online survey. The questionnaire is based on findings from the literature on the reasons patients have given for FTA outpatient appointments. There are

both closed and open questions. There is also an option to provide a telephone contact if they would like the team to contact them for further discussion. Consumers informed the design and wording of the survey and text message. Data has been collected over an 8-week period by contacting patients who had a FTA recorded. There have been 229 responses from 1501 surveys sent (15.2% response rate). Data will be quantitatively analysed. Free text or verbal feedback will be analysed using content analysis. The preliminary findings indicated the top five clinics for FTA's Orthopaedics, Colorectal, Breast and Endocrine, Ophthalmology and Medical Endocrine. Out of the 229 patients 59 reported that they were unaware of their scheduled appointment. This was identified as the most prevalent reason for missed appointments. The study highlights a necessity to implement effective reminder systems, ensuring up to date contact information and addressing communication barriers are critical steps in reducing missed appointments. Improving these areas can enhance patient attendance, optimise healthcare delivery, and improve overall patient outcomes.







## ABSTRACTS POSTER PRESENTATIONS

### Poster 1

**Aasiya Mohebi, Adelaide Medical School, University of Adelaide**

#### **Prevalence of Metabolic Syndrome among pregnant women: A systematic review and meta-analysis**

Aasiya Mohebi<sup>1,2</sup>, Maleesa Pathirana<sup>1,2,3</sup>, Adeel Khoja<sup>1, 4</sup>, Melanie Wittwer<sup>3</sup>, Katie Lowe<sup>3</sup>, Dylan Fisher<sup>1</sup>, Sahil Kharwadkar<sup>1</sup>, Cicilia Gomes<sup>1</sup>, Tharushi Gamage<sup>1</sup>, Elise Toyer<sup>1</sup>, Stevie Young<sup>1</sup>, Maragret Arstall<sup>1,3</sup>, Prabha Andraweera<sup>1,2,3</sup>

<sup>1</sup>Adelaide Medical School, The University of Adelaide, Adelaide, Australia

<sup>2</sup>Robinson Research Institute, The University of Adelaide, Australia

<sup>3</sup>Department of Cardiology, Lyell McEwin Hospital, Elizabeth Vale, Australia

**Purpose:** Metabolic syndrome (MetS) is a cluster of risk factors that increase the risk of cardiometabolic diseases. The prevalence of MetS and individual components across pregnancy has not been reviewed in the literature. This research was conducted to identify the prevalence of MetS and its components among pregnant women.

**Methods:** The PubMed, EMBASE, CINAHL, Web of Science and Scopus databases were searched. The review protocol is registered in PROSPERO (CRD42023460729). Quality assessment was performed using the JBI critical appraisal checklist. The study selection, data extraction and data analyses were performed in accordance with the MOOSE guidelines.

**Results:** The prevalence of MetS among pregnant women was 16.3%, (n = 3946). The prevalences for individual MetS components were: low HDL, 12.3% (n = 1108); high fasting glucose, 16.2% (n = 2333); high triglycerides, 48.5% (n = 2880); obesity, 42.7% (n=5162) and high blood pressure 37.7% (n = 828). According to the definitions used to diagnose MetS, the prevalences were 18.2% according to the World Health Organization, 15.0% according to the International Diabetes Federation and 17.2% according to the National Cholesterol Education Program Adult Treatment Panel III. When stratified by gestational age at assessment, the prevalence of MetS was 9.9% for assessments performed before 16 weeks' and 24.1% for assessments performed after 20 weeks of gestation.

**Conclusion:** This review demonstrates that MetS is detected in approximately one fifth of pregnant women. Screening for MetS and its components during pregnancy may help identify women at risk for future cardiovascular disease.

### Poster 2

**Alain Nguyen, Division of Surgical Specialties & Anaesthetics**

#### **Impact of intravenous iron and anaemia on cancer related outcomes in patients undergoing surgery for colorectal cancer**

Alain Nguyen, Charlotte Stennard, Karolina Juszczuk, Brooke Turner, Van MT Hoang, Braden Pyle and Elizabeth Murphy

*Division of Surgical Specialties & Anaesthesia, Northern Adelaide Local Health Network Haydown Rd Elizabeth Vale, South Australia.*

**Background:** Colorectal cancer patients with pre-operative anaemia have a poorer prognosis than their non-anaemic counterparts and preoperative iron infusion has been considered as an effective intervention. The purpose of this study is to determine whether treating peri-operative anaemia with iron infusion in colorectal cancer patients has an association with overall survival and recurrence-free survival.

**Methods:** Retrospective data of all patients who were diagnosed with colorectal cancer at the Northern Adelaide Local Health Network from January 2017 to December 2020 and



older than 18 years old at the time of diagnosis was collected. Data was extracted from medical records on all patients aged over 18 years undergoing colorectal cancer resection from 2017 to 2020 at the Lyell McEwin Hospital. Ethics approval with waiver of consent was obtained from the local ethics committee.

**Results:** The analysis included 506 patients with a median age of 68 (range 58-77), predominantly classified as ASA II (48.81%) and ASA III (43.08%) and representing all TNM stages. The median time from diagnosis to surgery was 26 days (range 13-46).

Preoperative iron studies were conducted in 412 patients (81.4%), and postoperative iron studies in 263 patients (52%). Of these, 197 patients had both preoperative and postoperative iron studies; 215 had only preoperative studies, and 66 had only postoperative studies. Anaemia at any stage of operation was associated with an increased risk of death and a longer hospital stay ( $p < 0.001$ ). There was no significant difference in death, morbidity, anastomotic leak, cancer recurrence, or 30-day readmission rates between patients who received iron infusions (either preoperative or postoperative) and those who did not. Preoperative iron infusion did not reduce the rate of postoperative blood transfusion, but the change in haemoglobin levels from preoperative to postoperative was lower in patients who received preoperative iron infusions (median 10 g/L,  $p < 0.001$ ).

**Conclusion:** This cohort showed no significant difference in overall outcomes between patients with and without iron infusion, which is consistent with the existing evidence on therapy in other clinical trials elsewhere.

### Poster 3

#### Alette Roux, Aged Care, Rehabilitation and Palliative Care

#### Reducing Opioid Reliance: Retrospective Audit Evaluating an Opt-In Education & Skills Building Group

Alette Roux, Divya Nair, Safwat Gergis, Maayken Van Den Berg  
Modbury Hospital, Flinders University

**Background and Aims :** Evidence demonstrates that long-term opioid treatment is ineffective for chronic non-cancer pain whilst increasing the risks for serious harms. Opioid weaning has been associated with no change or improved pain as well as improved holistic quality of life. Weaning if used long-term without ongoing benefit is recommended.

The Reducing Opioid Reliance Program (ROR) at Northern Pain Rehabilitation Service is the first of its kind in South Australia. Led by a multidisciplinary team, it blends medical, psychological, and pharmacy expertise, addressing the biopsychosocial model, filling a need in helping individuals facing difficulties with reducing opioid medications. It aids opioid reduction, offering evidence-based alternatives through group and individual interventions. The primary aim of the presented study is to evaluate and optimise the ROR program.

**Methods:** This is a retrospective audit, conducted in 2023 that evaluated outcomes for 24 participants through routinely collected Likert scale data at the beginning and end of program on participants' confidence to reduce opioids and manage pain; oral morphine equivalent daily dose (OMEDD).

Participant characteristics and audit data was explored and descriptively analysed using IBM SPSS Statistics.

**Results:** Records of 24 participants (mean (SD) age 56.7 (14.3) years, 58.0% male) was audited. Three discontinued after the first session and were excluded from further analysis. Seventeen (81.0%) reduced, and four (19.0%) did not reduce their opioid dose by program completion. Sixteen (76.2%) reduced their total OMEDD by  $> 20.0\%$  and 10 (47.6%) reduced their total OMEDD by  $> 50.0\%$ ; with a mean reduction of 51.3 (41.68) mg. Three (14.3%) ceased their opioid.

Survey data showed increased confidence in ability to wean, manage pain on lower dose, use alternative methods to manage pain and get on with life while reducing the dose at



program completion. Participants reported an increase in confidence for all four statements with an increase of more than 10.0% increase in three domains including 40.4% (3.3%) increased confidence in ability to manage pain with a lower dose of opioids.

**Conclusions:** The study results suggest that an opt-in education and skills building group program in a tertiary pain clinic setting can successfully support opioid weaning.

## Poster 4

### Angela Lovas-Tiong, Pharmacy

#### Partnered Prescribing: Advancing Antimicrobial Stewardship with Pharmacists

Angela Lovas-Tiong<sup>1</sup>, Sal Ging Vong<sup>1</sup>, Dr Huah Shin Ng<sup>1</sup>, Sally Marotti<sup>1,2,3</sup>, Timothy Martin<sup>1</sup>, Dr Rory Hannah<sup>6</sup>, Dr Joshua Inglis<sup>4,5</sup>, Hana Amer<sup>1,2</sup>. SA Pharmacy<sup>1</sup>, UniSA Clinical and Health Sciences<sup>2</sup>, Flinders University<sup>3</sup>, University of Adelaide<sup>4</sup>, Flinders Medical Centre<sup>5</sup>, Lyell McEwin Hospital<sup>6</sup>

**Background:** Inappropriate use of antimicrobials contributes to the emergence of resistant organisms and causes patient harm. A pilot program for Partnered Pharmacist Medication Prescribing (PPMP) was implemented within a medical unit within a single hospital site in 2023 allowing credentialed pharmacists with a licence to prescribe to be involved in prescribing inpatient medications after discussion with the patient and development of a medication management plan with the treating medical team. This involves pharmacist prescribing of antimicrobials on admission or during consultant ward rounds. To our knowledge, there is no published literature evaluating antimicrobial prescribing practices by pharmacist prescribers compared to independent medical prescribing in the Australian hospital setting.

**Aim/objective(s):** To determine if there are any differences in antimicrobial prescribing practices between PPMP and independent medical prescribing.

**Methods:** A matched cohort study was conducted using Electronic Medical Record data for patients aged  $\geq 18$  years who were admitted to the medical unit and prescribed an antimicrobial. The intervention group received PPMP from September 1, 2023, to May 30, 2024. This group was compared to patients who received the usual practice of independent medical prescribing from September 1, 2022, to August 31, 2023 (control group). Each PPMP case was matched by age and sex with a control (independent medical prescribing). Antimicrobial orders were retrospectively audited using an adapted Hospital National Antimicrobial Prescribing Survey (NAPS) tool to assess appropriateness, compliance with guidelines and completeness of documentation.

**Results:** 100 patients were reviewed across both groups. The implementation of PPMP was found to result in an improvement in the appropriateness of antimicrobial orders compared to independent medical prescribing.

**Discussion:** This study demonstrates the benefits of collaborative prescribing models in improving prescribing in important areas of medicines management. Future work looking at other medicines where good stewardship can benefit patient care such as opioids would be valuable



## Poster 5

### Bill Duong, Pharmacy

#### Prescribing trend of glucagon in a local health network

Bill Duong,<sup>1</sup> Tze Ling (Celine) Chee,<sup>1</sup> Peak Mann Mah,<sup>2</sup> Melissa Teo,<sup>1</sup> Alice Wisdom,<sup>1</sup> Huah Shin Ng<sup>1</sup>  
<sup>1</sup>SA Pharmacy, Northern Adelaide Local Health Network, Adelaide, SA, Australia.

<sup>2</sup>Division of Medicine, Northern Adelaide Local Health Network, Adelaide, SA, Australia.

**Background:** There were over 400 medications in short supply in Australia in 2023, including a critical shortage of glucagon due to manufacturing delays. Glucagon is used for the treatment of severe hypoglycaemia in people using anti-diabetic agents, and for diagnostic purposes. Little is known about the patterns of glucagon use in clinical settings to inform the planning and management of critical shortages.

**Aim/Objective(s):** To describe the patterns of glucagon use prior to medicine shortage.

**Methods:** We conducted a retrospective review of glucagon administration across two metropolitan hospitals between 1-Jan-2023 and 30-June-2023. The prescribed indication for glucagon and any concomitant use of insulin and/or other anti-diabetic agents was extracted from the electronic medical records.

**Results:** A total of 208 glucagon orders were administered to 127 patients (mean age=64.3years) over the 6-month study period. The most common indication for glucagon administration was the treatment of severe hypoglycaemia in patients using insulin or other antidiabetic agent(s) with 61% (127/208) administered to 72 patients (average 1.8 incidents per patient). For the remaining 55 patients, glucagon was administered for the treatment of hypoglycaemia due to fasting or poor oral intake (21%), food bolus impaction/obstruction (13%), neonatal hypoglycaemia (4%) or for investigational purpose (1%).

**Discussion:** These findings provide guidance to pharmacists to support the prioritisation of supply and use of glucagon during critical shortages. Whilst glucagon was commonly used to manage severe hypoglycaemia in people with diabetes, one in five people received glucagon for hypoglycaemia whilst fasting or having poor oral intake. Glucagon may not be appropriate in managing hypoglycaemia in this group of patients due to depletion of glycogen storage. Noting about one in eight glucagon administration was for an off-label indication (food bolus impaction/ obstruction), appropriate alternative treatment during short supply of glucagon should be considered.

## Poster 6

### Brooke Turner, Division of Surgical Specialties & Anaesthetics

#### Understanding the Unmet Needs of Younger Australians with Bowel Cancer: A Qualitative Study

Ms Brooke Turner, Dr Julie Tucker, Dr Rocita Ho, Ms April Harrison, Ms Rebecca Chamberlain, Dr Devinder Raju, Dr Karolina Juszczuk, Dr Elizabeth Murphy, and Dr Van MT Hoang.

*Division of Surgical Specialties & Anaesthesia, Northern Adelaide Local Health Network Haydown Rd Elizabeth Vale, South Australia.*

**Background:** Colorectal Cancer (CRC), traditionally considered a disease of older adults, is increasingly affecting individuals under the age of 50. The emergence of CRC among younger adults presents unique challenges and necessitates a deeper understanding of its impact on their quality of life (QoL). The diagnosis of CRC at a younger age can significantly impact various aspects of a person's life, including physical, emotional, and social wellbeing. By exploring the multifaceted aspects of their wellbeing, we may contribute to more effective care tailored to the unique needs of this growing patient population.

**Methods:** This study was part of a larger study, where 93 participants were recruited. Qualitative interviews were conducted with those interested, and a semi-structured guide



was used, where participants were asked open-ended questions surrounding their cancer journey, and what support/s may improve their personalised care.

**Results:** 20 participants were randomly selected, representing 10 from each cohort- Younger CRC patients (YCRC) and Older CRC patients (OCRC)- with equal gender distribution. The diagnosis age amongst the YCRC cohort ranged between 30 and 46, with an average age of 40, while the OCRC cohort ranged from 51 to 82 with an average age of 67.

Overarching themes from analysis included core themes of physical impact, headspace, and future, with 5 corresponding sub-themes across both groups. Stereotyping was also identified by both cohorts having impacted on their cancer journey.

Through YCRC interviews it was identified that those who had children described a negative impact on their ability to care and nurture their family. This was additionally reinforced by the OCRC group as they described YCRC not having a chance to experience life in comparison to OCRC. Furthermore, physical changes such as a stoma generated a barrier in relationships for YCRC as some described having little-to-no intimacy with their partner since diagnosis.

**Conclusion:** This qualitative study demonstrates that while CRC is unanimously an overwhelming and burdensome diagnosis, personalised care pathways that recognise individual needs are paramount. Although both cohorts are faced with similar physical challenges, there appears a sense of loss amongst YCRC, and a pragmatic approach for the future that is underpinned by anticipatory grief.

## Poster 7

### Celine Chan, Division of Medicine

#### Endoscopists' perceptions towards the use of Artificial Intelligence in GI endoscopy - A systematic review

Nicholas Wan<sup>1, 2</sup>, Celine Chan<sup>1</sup>, Jin Lin Tan<sup>1, 2</sup>, Asif Chinnaratha<sup>1, 2</sup>, Rajvinder Singh<sup>1, 2</sup>

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**Background:** Artificial Intelligence (AI) is evolving in gastrointestinal (GI) endoscopy. The perceptions of endoscopists towards AI remain poorly understood. We aim to summarize the perspectives of endoscopists on AI.

**Methods:** Electronic databases including MEDLINE, PubMed, and Scopus were searched from inception to 25th March 2024 to identify questionnaires or surveys, conducted on endoscopists. Qualitative synthesis of included studies was conducted by categorizing into five domains: 1) Attitudes towards AI, 2) Impacts on endoscopy, 3) Impacts on endoscopists, 4) Impacts on patients, 5) Barriers towards AI implementation. This review was conducted in accordance with the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines and was registered with the International Platform of Registered Systematic Review and Meta-analysis Protocols (INPALS202430064).

**Results:** Ten studies were included, comprising of 1587 endoscopists across Europe (32.6%), North America (42.8%), and Asia (24.6%). Domain 1: Most endoscopists (69–100%) had basic knowledge of AI. Majority (79.5–87.5%) expressed interest and optimism regarding the use of AI in endoscopy. Domain 2: Most respondents (62.5–97%) supported the notion that AI would positively impact endoscopic performance and quality. Domain 3: There were mixed perceptions regarding the extent of operator dependence (6.2–62.8% agreement), and whether AI would prolong procedural time (21–81.3% in agreement). Most (71–100%) disagreed that AI would replace them at work. Domain 4: A substantial proportion of respondents (81.3%) felt that AI would lead to an increase in the quality of patient care. Only a minority (6.2–24%) felt that AI could improve the patient-physician relationship and provide empathetic care. Domain 5: A significant proportion of endoscopists (75.2–91%) identified costs as potential barriers to the implementation of AI in endoscopy. Opinions on ethical concerns and the lack of regulation varied (12.5–100% and 35–88%, respectively), with many





endoscopists feeling that there was need for clear guidelines and regulations when integrating AI into clinical practice.

**Conclusion:** Overall, there is a positive attitude towards the use of AI in endoscopy. Concerns regarding impact on clinical practice, costs and medicolegal considerations remain. Establishing regulatory frameworks is imperative to successfully integrating AI into clinical practice.

## Poster 8

**Dena Herrmann, Division of Medicine**

### **Arterial stiffness in women with previous hypertensive disorders of pregnancy at 6 months postpartum: an observational cohort study**

Dena Herrmann<sup>1,2</sup>, Maleesa Pathirana<sup>1,2</sup>, Emily Aldridge<sup>1,2</sup>, Stevie Young<sup>1,2</sup>, Evangeline Lovell<sup>1,2</sup>, Alison Care<sup>1</sup>, Melanie Wittwer<sup>1,2</sup>, Gustaaf Dekker<sup>1,3</sup>, Margaret A Arstall<sup>1,2</sup>.

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<sup>3</sup>Department of Women's Health, Lyell McEwin Hospital, Elizabeth Vale, Australia.

**Introduction:** Young Australian women continue to be affected by cardiovascular disease (CVD) disproportionately to their male counterparts. Women who experience complications of pregnancy including hypertensive disorders of pregnancy (HDP) (i.e. preeclampsia and gestational hypertension) have a 2-3 fold increased risk of developing CVD. However, vascular health status of women who experienced HDP in the early postpartum period remains inadequately understood. This observational cohort study aims to assess differences between macro- and microvascular outcomes of women with HDP and normotensive pregnancies at 6 months postpartum.

**Methods:** An observational cohort analysis of 496 women attending a postpartum cardiovascular preventative clinic at 6 months postpartum was conducted from January 2018 to August 2023. Markers of macrovascular function (peripheral and central blood pressure, mean arterial pressure, augmentation index and pulse rate) were assessed using an automated blood pressure device (USCOM BP+). Retinal images were taken for a subset of 15 participants using a TOPCON Retinal Camera with de-identified images graded at an offsite location. Microvasculature was assessed with Central Retinal Arteriolar Equivalent (CRAE) and Central Retinal Venular Equivalent (CRVE). Descriptive statistics were conducted on SPSS to compare vascular markers and CVD risk factors between those with HDP and those with normotensive pregnancies.

**Results:** Women who had HDP (n=164) had elevated peripheral systolic blood pressure (121.17mmHg±3.77 vs. 119.31mmHg±12.3) and elevated central systolic blood pressure (119.53mmHg±15.90 vs. 112.86mmHg±12.91) at 6 months postpartum compared to women who had a normotensive pregnancy. Of the women who had retinal images captured, there was no difference between women with HDP and normotensive women for retinal microvasculature outcomes, however, the sample size was significantly limited.

**Conclusion:** Exposure to HDP is associated with elevated peripheral and central systolic blood pressure at 6 months postpartum. Cardiovascular assessment of women during early postpartum is an ideal time to intervene with CVD risk mitigation strategies. However, further longitudinal studies are required to validate these findings.

## Poster 9

**Evangeline Lovell, Robinson Research Institute and the University of Adelaide**  
**Effect of maternal immune dysfunction in early pregnancy on postpartum cardiac function.**



Evangeline A. Lovell<sup>1</sup>, Shanna L. Hosking<sup>1</sup>, Amy L. Wooldridge<sup>2</sup>, Rianna J. De Poi<sup>1</sup>, Matthew Chapman,<sup>3</sup> Sven Y. Surikow,<sup>3</sup> Lisa M Nicholas<sup>1</sup>, Emily Aldridge<sup>3,4</sup>, Maleesa Pathirana<sup>3,4</sup>, Gustaaf Dekker<sup>3,4</sup>, Margaret Arstall,<sup>3,4</sup> Laura J. Parry,<sup>2</sup> Sarah A. Robertson,<sup>1</sup> Alison S. Care<sup>1</sup>.

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Women who experience pregnancy disorders are at an increased risk of cardiovascular disease later in life. Pregnancy disorders such as preeclampsia are associated with a deficit in anti-inflammatory immune cells known as regulatory T (Treg) cells. We model this in a mouse model of Treg cell deficiency (*Foxp3<sup>DTR</sup>*) which has impaired vascular remodelling during early placental development and fetal growth restriction. We now aim to evaluate whether Treg cell deficiency in early pregnancy impacts long-term cardiac health of postpartum *Foxp3<sup>DTR</sup>* dams. The *Foxp3<sup>DTR</sup>* diphtheria toxin (DT) receptor mouse model of Treg-depletion has a knocked-in human DT receptor within the *Foxp3* locus so all Treg cells express the human DT receptor. Females were mated to BALB/c males and injected with DT (37.5 ng/g body weight) on gestational day (GD)3.5 and GD5.5 to induce Treg depletion in early pregnancy while controls were treated with vehicle, and then all dams were allowed to give birth. One subset of dams was aged to 3-5 weeks postpartum. Another subset was fed a high fat diet after weaning of pups until 16-18 weeks postpartum. Cardiac function was assessed through echocardiography using B-mode in parasternal long axis view. In the subset of dams aged 3-5 weeks postpartum, Treg cell depletion in early pregnancy was associated with a 41% reduction in cardiac output compared to vehicle-treated dams (P=0.018). In the second subset, Treg cell depletion increased cardiac global longitudinal by 28% (P=0.043) and decreased ejection fraction by 19% compared to controls (P=0.046), though cardiac output was not significantly impacted (P=0.917). We demonstrate that Treg cell deficiency in early pregnancy impairs the maternal immune response to pregnancy and is associated with impairments in cardiac function in postpartum dams. Given that Treg cell deficiency is implicated in human pregnancy disorders, this may contribute to a woman's risk of future cardiovascular disease. To complement our preclinical studies, we recruit postpartum women from the Cardiovascular Assessment After Obstetric Complications: Follow-up for Education and Evaluation (COFFEE) Clinic at the Lyell McEwin Hospital who previously experienced a pregnancy complication. This will enable us to further investigate the link between immune dysfunction and cardiovascular health.

## Poster 10

**Florence Lim, Pharmacy**

### **Barriers to Effective Interdisciplinary Communication and Medication Management in the Hospital Setting**

Florence Lim<sup>1</sup>, Alesha Jobson<sup>1</sup> Minha Nguyen<sup>1</sup>.

1: SA Pharmacy NALHN

**Background:** Effective interdisciplinary communication can enhance both patient outcomes and staff satisfaction within the multidisciplinary team. Pharmacy and nursing staff play crucial roles in medication management, whereby effective communication is a key determinant for timely medication supply, accessibility and administration.

**Aim/Objectives:** To identify barriers to medication access and supply, and effective communication between pharmacy and nursing disciplines in an acute hospital setting.

**Methods:** A retrospective analysis of all inpatient medication dispensing records over a one-week period was conducted at a metropolitan hospital. Data collected included factors influencing timely medication supply and documentation of communication between



pharmacy and nursing staff. An online survey was distributed to nursing staff to identify perceived barriers to medication supply and knowledge of pharmacy services.

**Results:** A total of 2450 inpatient medication orders were reviewed. Key factors influencing supply included duplicated orders (16%), medication availability on ward 'imprest' medication system (7%), medication not stocked in the hospital (5%), and issues associated with approval for restricted antimicrobials (1%). A total of 128 nursing staff responded to the online survey to identify barriers to inpatient medication supply. Perceived barriers to medication access included untimely delivery of medications (46%), medication requiring clinical review (10%) and communication breakdown (5%). Overall, nurses reported low confidence in familiarity with pharmacy opening hours (74%), the role of the clinical pharmacist (80%), and processes involved in imprest management (50%).

**Conclusions:** This study identified several factors which may influence timely supply of medication orders within a hospital setting. There was a potential mismatch between nursing understanding of barriers to inpatient medication supply and the actual reasons for non-supply of medications. In response to our findings, educational nursing in-services were designed and implemented through the hospital to encourage reduction in duplication of workload, streamline medication accessibility and supply, and improve overall interdisciplinary communication.

## Poster 11 Holly Groome, Pharmacy

### Prescribing patterns of intramuscular medication in acute agitation

Holly Groome<sup>1</sup>, Jayakrishnan Sukumaran Nair<sup>2</sup>, George Basil<sup>2</sup>, Alex Fong<sup>2,3</sup>, [Alice Wisdom](#)<sup>2,3</sup>  
1: Flinders University, 2: Northern Adelaide Local Health Network, 3: SA Pharmacy

**Background:** The use of intramuscular medication during acute agitation aims to treat mental illness and/ or psychological distress when a high level of agitation is present and other strategies have been unsuccessful. The choice of agent is governed by local treatment guidelines wherein enough variability exists that patients may receive alternate dosages or agents during acute agitation.

**Aim:** To investigate current intramuscular prescribing patterns and pharmacological management of acute agitation within an acute adult psychiatric ward.

**Methods:** A single-centre clinical audit was conducted within an acute adult psychiatric ward between November 2023 and February 2024. Intramuscular benzodiazepines and antipsychotics used in events of acute agitation were investigated including agent, dosage, repeat dosing, and documentation of effect. Repeat doses were defined as administration within 24 hours of prior doses.

**Results:** A total of 46 acute agitation events requiring administration of one or more intramuscular medication were investigated across 29 patients. Overall, 63 intramuscular doses were administered, including olanzapine (43%), clonazepam (24%), lorazepam (21%) and zuclopenthixol acetate (13%). All doses administered were compliant with local agitation guidelines. The most common agents used first line were olanzapine (50%) and lorazepam (24%). Twelve agitation events required a repeat dosage of intramuscular medication. Repeat doses were more common when olanzapine was administered first (35%) compared to events where a benzodiazepine was administered first (12%). Documentation of effectiveness occurred in only 28% of events.

**Discussion:** The data highlights local practices of intramuscular psychotropic use for acute agitation. Requirements for repeat doses are common with a quarter of patients requiring greater than one dose per event, more commonly observed when olanzapine was used first line. Further research exploring factors influencing choice of initial agent and interventions to improve documentation of effect and support behaviour plans to guide future individualised treatment would assist in providing a patient-centred approach.





## Poster 12

### Huah Shin Ng, Pharmacy

#### Parenteral thiamine: is it worth it?

Marc Quinzi, Tze Ling (Celine) Chee, Sal Ging Vong, Samantha Cole, Huah Shin Ng.  
SA Pharmacy, Northern Adelaide Local Health Network.

**Background:** Thiamine (vitamin B1) is used for the management of alcohol withdrawal. While parenteral thiamine is widely accessible on the local medicines' formulary, compliance towards the prescribing guidelines for the management of patients at risks of alcohol withdrawal in acute hospitals is unclear.

**Aim/Objective(s):** To evaluate compliance of parenteral thiamine prescribing against the clinical guideline for the management of inpatient alcohol withdrawal.

**Methods:** Data was obtained from dispensing software and local automated dispensing cabinets across two metropolitan hospitals between 01/01/2023 and 31/07/2023 to identify all patients aged  $\geq 18$  years who received at least one dose of parenteral thiamine. Parenteral thiamine indication, dosing, duration of therapy and compliance with local clinical guideline were reviewed.

**Results:** Overall compliance with local clinical guideline recommendations for parenteral thiamine prescribing in the study population was low, with 8% of study participants received less parenteral thiamine than recommended and 44% received superfluous doses. It was estimated that approximately 2300 vials of parenteral thiamine used were superfluous to requirements. The benefits realised could be seen in drug cost-savings of about \$10,000 if converted to oral therapy in a timely manner, reduction in patient risks (e.g., line-associated infection), and duration of hospital stay. The highest frequency of non-compliance to local clinical guidelines was recorded in the general medicine specialties.

**Discussion:** The findings of this study suggested that compliance of parenteral thiamine prescribing against the local clinical guideline remained low (48%), however the rate had improved significantly from the previous review conducted in 2020/2021 (14%). Possible improvements could include a more targeted pharmacist-led education for prescribing teams with higher non-compliance rates, and the use of electronic medical record-enabled computerised supporting tool to generate dosing suggestions to prescribers, and automated alerts to pharmacists to review duration of treatment as part of medication management.

## Poster 13

### Julie Tucker, Division of Surgical Specialties & Anaesthetics

#### Value added - End-user experiences in participating in a mixed-method pilot study which reviewed laxative management in women who sustained obstetric anal sphincter injuries (OASIs) following vaginal birth.

Dr Julie Tucker<sup>1</sup>, Ms Rachel Sfreddo<sup>2</sup>, Dr Van Hoang<sup>1</sup>, Dr Karolina Juszczak<sup>1</sup>, Dr Jess Barnes<sup>2</sup>, Ms Brooke Turner<sup>1</sup>, Dr Anupam Parange<sup>2</sup>, Dr Elizabeth Murphy<sup>1</sup>

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2. Women and Childrens Division, Northern Adelaide Local Health Network Haydown Rd Elizabeth Vale, South Australia.

**Objective:** Evaluating the research process in pilot studies from the end-user's perspective is limited. This study aimed to evaluate end-user experiences participating in a pilot study which reviewed the efficacy and safety of different laxative regimens for women following obstetric anal sphincter injuries (OASIs) after vaginal birth. End users referred to women following OASIs and health care professionals involved in their care at the time of the research. Understanding barriers and enablers in the pilot study would inform the



development of a research protocol for a large randomized controlled trial, including recruitment, and retention strategies.

**Methods:** This was a prospective mixed method study of consumers and treating health professionals involved in a laxative trial following OASIs between February 2023 and December 2023, at a tertiary setting in South Australia. An online survey was conducted reviewing research involvement, barriers, and facilitators in the research process. Participants self-referred for qualitative interviews to derive a deeper understanding of the research aim.

**Results:** 65 eligible participants were included in the survey. 37 (56.9%) were health professionals involved in the care of women following OASIs, 28 (43.1%) were consumers. 25% (7) consumers were not enrolled in the initial laxative pilot study. Interviews were undertaken by 23 participants. Improving healthcare was the motivation for participation for both groups. There was a consensus to participate in future research activities by health professionals (94.6%) and consumers (64.3%).

Non-participation was largely a result of busy clinical areas, time constraints, and language barriers. Suggested improvements in facilitation of the research process requires study materials to be easily accessible and provided in languages other than English. Assessment of quality of life requires tools specific for the intended cohort to improve data collection and relevance to findings.

**Conclusion:** Active engagement between the research team and end-users enabled information to build a larger robust clinical trial and stimulated future research engagement. Importantly the opportunity to share the "lived experience" reinforced how consumers and professionals perceived their role as valued and respected, promoting future research involvement.

## Poster 14

### Kelly Vickers, Division of Surgical Specialties & Anaesthetics

#### **The significance of lifelong follow-up for the ostomate: the nurse's perspective of ileostomy site adenocarcinomas.**

Kelly Vickers.

*Division of Surgical Specialties & Anaesthetics, NALHN*

The development of adenocarcinoma at an ileostomy site is an extremely uncommon and late complication that can occur for people living with a permanent ileostomy. Predominantly it is found in individuals who had their stoma surgery for ulcerative colitis, familial adenomatous polyposis, and Crohn's disease, at an average time of 27 years after the stoma was created. There have only been 70 reported cases in the literature worldwide, most of these in the last 20 years. The extended latent period for the adenocarcinoma to occur from time of stoma creation could help explain this increase in incidence. The exact cause of this malignancy is not clear but it has been suggested that factors such as chronic mechanical and chemical irritation from stoma appliances, disease predisposition, malignant transformation of adenomas, changes in bacterial flora and ileitis/backwash ileitis, could contribute to their development.

Primary adenocarcinoma at an ileostomy has been reported in the literature by surgeons and medical practitioners. Despite this there remains limited information on the care and management from key stakeholders such as Stomal Therapy Nurses, when caring for a people living with a permanent ileostomy. This article provides a different understanding and description from the perspective of a Stomal Therapy Nurse, describing 2 cases of primary adenocarcinoma at the ileostomy site.

## Poster 15

### Kezia Daniel, Pharmacy



## Healthcare workers' perspectives on Continuity in Medicines Management for Aboriginal and Torres Strait Islander people

Kezia Daniel<sup>1,2</sup>, Cheyne Sullivan<sup>2</sup>, Annabelle Cranwell<sup>2</sup>, Lorah Hickman<sup>2</sup>, Erik Cornelisse<sup>2</sup>, Steve Nham<sup>2</sup>.

1. NALHN. 2. SA Pharmacy.

**Background:** Continuity in Medicines Management (CMM) describes the activities required to manage a patient's quality use of medicines as they undergo transitions of care over time. There is opportunity to improve CMM for Aboriginal and Torres Strait Islander people who may disproportionately experience medicines management discontinuities. Seeking to understand the perspectives of healthcare workers regarding CMM for Aboriginal and Torres Strait Islander people can guide public hospital practice improvements.

**Objective(s):** To explore the perspectives of healthcare workers about what is important in CMM for Aboriginal and Torres Strait Islander people and where improvements could be made.

**Action (Method):** Semi-structured interviews were undertaken via Microsoft Teams and telephone calls with 17 healthcare professionals working across the hospital workforce, community pharmacy, Aboriginal and Torres Strait Islander Community Controlled Health Organisations, national bodies and prison health services. This included pharmacists, doctors, an Aboriginal and Torres Strait Island Nurse Consultant, and a Director of Aboriginal and Torres Strait Island Health across Australia. Interviews were transcribed and thematically analysed.

**Evaluation:** Three major themes were identified: what people value currently (healthcare staff working together, quality medicines information, reducing financial barriers), CMM risks and their sources (relating to strength of connection between patients, primary care providers and hospitals, communication, discharge planning and medical conditions), and opportunities (improving information sharing, discharge planning).

**Discussion:** Speaking to healthcare workers directly involved in the delivery of healthcare for Aboriginal and Torres Strait Islander people provided firsthand experience and insights into where improvements could be made. This included what is necessary to provide quality CMM, factors that may impact CMM such as remoteness or having multiple GPs and how information sharing across the health system can be improved. Understanding healthcare workers' perspectives is vital to support system level improvements in quality CMM for Aboriginal and Torres Strait Islander people.

### Poster 16

**Lauren Corre, Pharmacy**

## Breaking Bones: Patterns of anti-resorptive prescribing in patients post Neck of Femur Fracture

Lauren Corre<sup>1</sup>, Minh Pho<sup>2</sup>, Huahshin Ng<sup>1</sup>

<sup>1</sup>SA Pharmacy, NALHN

<sup>2</sup>University of South Australia

**Background:** Osteoporosis is a common and generally undertreated problem, particularly in the elderly. The use of anti-resorptive medications can reduce the risk of recurrent osteoporotic fracture and improve survival. Despite the widely available tools for diagnosis and cost-effective medications to treat osteoporosis, a phenomenon of 'treatment gap' has been well reported in the literature.

**Objective:** To assess the patterns of anti-resorptive prescribing in post-neck of femur (NOF) fracture geriatric patients.

**Methods:** We identified all patients aged  $\geq 65$  years of age admitted to the orthogeriatric unit or geriatric rehabilitation ward across two metropolitan hospitals due to NOF fracture (International Classification of Disease-10 code S72.0) between 1/06/2023 and 31/12/2023. Data on demographics, medications taken prior to admission, any documented plans for anti-resorptive agent during hospital stay and the choice of treatment were extracted from the electronic health record.



Results: A total of 182 patients (64% female; mean age 88.4 years) were included in this study. Anti-resorptive therapy was commenced on or prior to discharge from hospital in 36% (65/182) of patients. Of these, the most commonly initiated agent was Denosumab (60/65, 92%). A further 29% (52/182) of patients had a documented plan for anti-resorptive treatment following discharge despite not being initiated in hospital and the remaining one-third (65/182; 36%) had no documented plan for treatment commencement.

Discussion: The findings suggest the potential underuse of anti-resorptive agents in older adults post-NOF fracture. Further investigation is required to establish barriers to anti-resorptive prescribing and communication at transitions of care. Targeted interventions could include implementation of partnered pharmacist medication prescribing within the surgical division and integration of electronic prompts for initiation and continuation of anti-resorptive therapy within electronic discharge summaries.

## Poster 17

**Michelle Jones, Allied Health**

### **Everyone has a story: Empowering consumers of ICU family meetings leads to better emotional and grief outcomes.**

Michelle Jones<sup>1</sup>, Helen McLaren<sup>2</sup>, Samantha Laver<sup>1</sup>, Marion Champion<sup>3</sup>.

<sup>1</sup> *Justice and Society, University of South Australia*

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Family Meetings are routinely used to support consumer engagement in health care and decisions. Acknowledging that communication is critical to the successful delivery of services to patients, Family Meetings ensure that consumer experiences, perspectives and needs contribute to health outcomes. The Intensive Care Unit (ICU) is one such hospital setting where Family Meetings are routinely held, and timely decisions need to be made. This study examined the experiences of family meetings from the retrospective perspectives of family members of five health consumers, who were patients in the ICU, and six ICU staff. Data were collected via in-depth qualitative interviews, analysed using inductive thematic analysis. Analysis identified commonalities and differences in experiences across the two cohorts. Results in common centred on communication, consistency, family meeting processes, and environments. Results showed that family members needed more information, and support in response to emotions and grief, while ICU staff identified time pressures that frequently hampered such responding. In addition, systemic opportunities and practices were identified, including reinstating daily interprofessional meetings (stopped during COVID-19), uptake of mnemonics to guide consistency in approach in Family Meetings, and the development of resources for consumers about family meetings, patient rights, decision-making, and how to ask questions. This requires equipping individuals with information that will support them to participate and make informed decisions in Family Meetings. Hence a nuanced approach to communications and assessment of health literacy is required. Finally, the study identified that the stability and consistency of the health workforce would be most critical to the delivery of continuity of care to both patients and their family members when in the ICU.

## Poster 18

**Monique Adams, Allied Health**

### **Enhancing Recovery through Intensified allied health input following Surgical intervention Early following neck of femur fracture (RISE: RECOVERY; INTENSIVE; SURGICAL; EARLY)**

Monique Adams<sup>1</sup>, Arryn Mills<sup>1</sup>, Anna Brennan<sup>1</sup>, Kirsty Lenton<sup>1</sup>, Gabrielle Hill<sup>1</sup>, A/Prof Maayken van den Berg<sup>1,2</sup>

1. *Northern Adelaide Local Health Network*

2. *College of Nursing and Health Sciences, Flinders University.*



**Introduction:** Hip fractures represent the highest proportion of hospital admissions of any fracture. With an ongoing and current state of bed-block, Australian hospitals must consider ways to reduce patient length of stay (LOS). This study aimed to determine the impact of an early and intensive 7-day multidisciplinary care program for patients with neck of femur fracture.

**Method:** A quality improvement approach was adopted. Patients commenced the RISE program within 24 hours of orthopaedic management. In the program, in addition to daily physiotherapy (usual care), patients received 2 additional therapy sessions a day, supported by students and allied health staffing. Additionally, nursing staff promoted active participation in ward mobilisation and self-care. Outcomes included level of function, quality of life, and satisfaction, as well as length of stay (LOS), discharge destination and readmission/complications rates within 328 days post-discharge. Outcomes were compared to a historical data set.

**Results:** Analysis of full RISE (n=100) and historical (n=50) data sets is underway. Interim analysis (RISE n=68 and historical n=45) demonstrated similar patient demographics (mean (SD) age 79.2 (9.4) and 76.0 (13.6) years respectively, approximately 40% males) between groups. Patients who received RISE had a median (IQR) acute LOS of 6 (4) days compared to 7 (6) in the historical group. An increased portion of RISE groups were referred to inpatient rehabilitation (IPR) albeit with shorter rehabilitation LOS (RISE 13 days compared to historical 18 days). Patients experienced the RISE program positively.

**Outcome:** An intense multidisciplinary care model, implemented within 24 hours of surgery, and supported by an alternative workforce of allied health assistants and students, may positively impact LOS. Analysis of the full data set will be completed within the next two months, and will provide insights in clinical outcomes, including mobility and functional levels, as well as patient pathways.

**Impact:** With the ageing population and rising rate of hip fractures, evaluation of novel care models is important and may have significant implications on reducing health care system burden while accelerating patient recovery.

## Poster 19

### Nicholas Wan, Division of Medicine

#### **Management of Perianal Fistulizing Crohn's Disease is not in keeping with guidelines: Results from a multi-centre retrospective cohort study**

Nicholas Wan<sup>1,2</sup>, Ryan Matthias<sup>2,3</sup>, Robert Bryant<sup>2,3</sup>, Barbra Andrin<sup>1</sup>, Sangwoo Han<sup>3</sup>, Dharshan Sathananthan<sup>1,2</sup>

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**Background:** Perianal-fistulising Crohn's disease (PFCD) affects up to 20% of patients with Crohn's Disease. PFCD can cause pain, purulent discharge and faecal incontinence, leading to significant morbidity and reduction in quality of life. The use of biologic therapy, antibiotics and surgical intervention remain the mainstay of management of PFCD. We aim to review current practices in the management of PFCD across two large tertiary IBD-centres.

**Methods:** This retrospective cohort study assessed adult patients with PFCD between two tertiary hospitals between 2006-2024. Patients were identified using prescribing data. CD-phenotype, therapy and fistula-related data were extracted. Biologic choice and therapeutic-drug-monitoring, antibiotic choice, duration, surgical intervention, and length of stay in hospital were monitored. Cross-sectional disease activity of perianal-fistulizing disease was assessed during data collection using clinical fistula symptom grade and radiological assessment were available. Clinical remission was defined as fistula-symptom-grade of  $\leq 1$ . Radiological remission was defined by healing fistula tracts or no active inflammation seen on MRI.





**Results:** 57 patients (median age, 40 years (31-54); 52.6% male) with PFCD were included and followed over a median duration of 46.5 months (23.8-72.3). There were a total of 157 individual surgical procedures, 2.75-per-patient, most (94.2%) were examination-under-anaesthesia. Antibiotics were dispensed for either perianal sepsis or an actively-draining fistula in 26 patients, 2.65 courses-per-patient. The most common antibiotic prescribed was Metronidazole (68.1%), followed by Amoxicillin-Clavulanic-acid (27.7%). The median duration of antibiotic therapy was 5 days (5-7) for Metronidazole and 5 days (5-10) for Amoxicillin-Clavulanic-acid. 56 (98.2%) patients were on biologic therapy, consisting of Infliximab (75.4%), Adalimumab (19.3%) and Ustekinumab (3.5%). At the time of analysis, 48 patients (84.2%) were in clinical remission and 33 patients (57.8%) had radiographical remission. In patients treated with infliximab, 37/43 (86%) had therapeutic drug monitoring performed. Amongst these, 30 (81.1%) had subtherapeutic levels (Infliximab level < 10), with 12/30 (40%) of patients having active PFCD.

**Conclusion:** Across two tertiary IBD-centres, management of PFCD is variable and not in keeping with current guidelines. Short courses of antibiotics were used, and most patients had subtherapeutic drug levels. Optimising outcomes for patients with PFCD require awareness of best practice and a multidisciplinary-team approach.

## Poster 20

### Pawan-Adil Koirala, Mental Health

#### Effect of the Psychiatric Extended Care (PEC) model on Emergency Department Length Of Stay (LOS) in Lyell McEwin Hospital in South Australia

Adil Ali Mubarak Ali<sup>1</sup>, Pawan Koirala<sup>1</sup>, Cherrie Galletly<sup>1,2</sup>, Sumana Thomson<sup>1,2</sup>, Caroline Stacey<sup>1</sup>, Sebastian Alder-Price<sup>1</sup>.

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The Emergency Department (ED) is often a suboptimal and overstimulating environment for mental health (MH) patients presenting in acute crisis. With the average Length of Stay (LOS) for MH patients in South Australian EDs being over 24-hours, this places a strain on ED bed flow and patient experiences are adversely impacted by prolonged ED LOS. The Psychiatric Extended Care (PEC) model aims to facilitate flow of select MH patients presenting with acute crises from the ED and directly to the Mental Health Short Stay Unit (MHSSU) after a MH nursing assessment to await a psychiatric Medical Officer assessment. Some hospital facilities have attempted to improve LOS through creating more beds however the PEC model focuses on bed flow out of ED, rather than creating more beds to support ED. This study compared the ED and total admission LOS in a cohort of patients in a three-month period in early 2024 who met PEC criteria, with those in a three-month period in early 2022 who would have met PEC criteria. Adverse events were secondary measures. In 2022 a total of 686 patients were referred to ED MH, and 28 (4.08%) met PEC criteria, compared to 2024 where a total of 679 patients were referred and 30 (4.41%) met PEC criteria and were placed under PEC. The findings revealed a 47% reduction in average ED LOS, from 18.6 hours in the 2022 cohort, to 9.9 hours in the 2024 cohort. The findings from the total LOS varied, with a 32% reduction in total LOS of patients admitted to MHSSU, but a 23% increased LOS in patients discharged after psychiatric review. The results demonstrated that the PEC model was effective in reducing the ED LOS and total LOS in those admitted to MHSSU under the PEC model, with no significant adverse events in those meeting PEC criteria. However, further research may be useful on the second order effects of the PEC model including on re-admission rates, and qualitative research on the patient and staff experience

## Poster 21

### Puthearothsopor Tan, Pharmacy

#### Provision of Pharmacy Services within the Supportive Weekend Interprofessional Flow Team

Puthearothsopor Tan (Pharmacist), Courtenay Wilson (Pharmacist), Jacqueline McCallum (Nurse Consultant), Susan O'Shea (Nurse Consultant), Ying Li (Jas) Liang (Deputy Director) SA Pharmacy, Northern Adelaide Local Health Network, Adelaide, SA, Australia.

**Background:** The Supportive Weekend Interprofessional Flow Team (SWIFT) was established at a tertiary hospital in November 2023 to support medical and surgical teams to mitigate barriers for weekend discharges. The SWIFT team consists of a nurse consultant and a pharmacist (at 0.5 full-time equivalent capacity) in the initial phase of implementation, with plans for recruitment of medical and allied health clinicians at a later phase.

**Aim/Objective:** To describe the provision of pharmacy services within SWIFT during initial implementation phase.

**Methods:** We analysed data on SWIFT referrals to pharmacists between 13/01/2024 and 31/03/2024 at a metropolitan hospital, covering a catchment area of approximately 400,000 people. Pharmacist involvements, interventions, and barriers to discharge due to medication-related issues were recorded.

**Results:** Over the 12-weekend study period, SWIFT received 272 referrals – over half of which required SWIFT pharmacist inputs (n=161/272; 59%). The number of patients seen by a pharmacist gradually increased from 8 to 17 patients per weekend. Pharmacy services provided included discharge reconciliation (n=134), medication education (n=59), dose administration aids facilitation (n=11), and medication history (n=28). Out of 161 patients, 77 patients received at least 1 pharmacist intervention. The most common interventions included medication optimisation (48%), deprescribing (13%), and charting/prescription errors (13%). Examples of pharmacist facilitating barriers to discharge included supply of end-of-life-care medications that were not readily available in the community pharmacy, temporary dose administration aid, and ensuring necessary discharge medications and documentation (e.g., interim medication charts) were completed for safe and successful discharge to residential/supportive care facilities over weekends and Monday morning.

**Discussion:** This study highlights the role of pharmacists in enhancing weekend discharge processes and the benefits of extended hour services. Integrating pharmacy resources has demonstrated benefits in improving patient safety and outcome, expediting patient throughput, optimising hospital capacity, and ensuring continuity of care for patients discharging during weekends.

## Poster 22

### Rebecca Cato, Division of Medicine

#### Implementation of a Clinical Trial Patient Experience Survey at the Northern Adelaide Cancer Centre

Rebecca Cato<sup>1</sup>, Michelle Olivia Forgiione<sup>1,2</sup> PhD, Andy Phay<sup>1</sup>, Christopher Hocking<sup>1,2</sup> MBBS FRACP

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**Background:** The Partnering with Consumers Standard within the National Clinical Trials Governance Framework promotes the implementation of systems to partner with consumers in their health care experience. Here, we present data from the first Northern Adelaide Cancer Centre clinical trial patient experience survey.

**Methodology:** A survey was developed by the Northern Adelaide Cancer Centre Clinical Trials team as an internal quality improvement exercise and endorsed by the Northern Adelaide Local Health Network Consumer Advisory Committee. Patients who had participated in the



treatment and/or follow-up phase of an interventional clinical trial at our institution within the last 12 months were eligible to complete the survey. The survey was offered to patients across two recruitment windows throughout 2023 on a central iPad via Google Forms. Microsoft Excel was used to analyse anonymised responses in aggregate and calculate Net Promoter Scores.

**Results:** The survey had a completion rate of 46.6% (27/58 eligible patients), and no patient who was offered the survey declined participation. The most common reason for patients not being offered the survey was the lack of an on-site clinic visit (18/58 or 31.0% of eligible patients). Responses were overwhelmingly positive, with 100% of respondents reporting overall satisfaction with care received as part of their clinical trial experience (76.9% "Strongly Agree" and 23.1% "Agree") and a Net Promoter Score of 76.9%. Areas for potential improvement were identified, including the ability of trial participants to contact clinical trial coordinators between visits.

**Conclusion/significance:** The findings of this survey demonstrate a high level of satisfaction among clinical trial participants at the Northern Adelaide Cancer Centre, and potential areas for improvement were identified. As a commitment to consumer engagement, the survey will be repeated yearly to track patient experiences over time. We also intend to introduce a validated component to the questionnaire to improve reliability.

## Poster 23

### Safwat Gergis, Aged Care, Rehabilitation and Palliative Care

### Buddy System Reduces Medication Incidents Involving Agency/Casual Nurses

Safwat Gergis

*Aged Care, Rehabilitation and Palliative Care Division, Modbury Hospital - NALHN.*

Anecdotal evidence consistently indicates that a significant proportion of medication incidents involve agency or casual staff. According to the Human Error Assessment and Reduction Technique (HEART)<sup>1</sup>, the error probability associated with 'unfamiliarity with a situation that is potentially important but occurs infrequently or is novel' is 17 times higher, which is the highest of any error-producing condition. An audit of divisional medication incidents in 2022 revealed that 22% involved agency or casual staff, highlighting the need for an effective intervention to reduce these incidents. A buddy system was trialled in 2023 where agency/casual staff were partnered with regular staff to mitigate unfamiliarity and reduce medication incidents.

The buddy system successfully reduced both total medication incidents and those involving agency/casual staff by 25% and 58.5%, respectively. The proportion of medication incidents involving agency or casual staff decreased from 22% in 2022 to 12% in 2023, despite a 12.5% increase in the utilization of agency/casual staff shifts. In 2022, 33% of medication incidents in the Palliative Care Unit (PCU) involved agency/casual staff, which dropped to 17.3% in 2023. PCU saw a 50% reduction in medication incidents involving agency or casual staff, despite a 50.9% increase in agency/casual staff hours. PCU's agency/casual-related incidents contributed to 10% of all divisional medication incidents in 2022, dropping to 6% in 2023.

This project underscores the importance of familiarizing agency/casual staff and integrating them into the team. The buddy system has proven to be an effective strategy for reducing medication incidents, especially those involving agency or casual staff. It is recommended that the division continue the buddy system as a standard practice and share this report to allow other services to benefit from its implementation.

1. Mostafa Mirzaei Aliabadi, Iraj Mohammad Fam, Ali Reza Soltanian, Kamran Najafi, 'Human Error Probability Determination in Blasting Process of Ore Mine Using a Hybrid of HEART and Best-Worst Methods', *Safety and Health at Work*, Volume 13, Issue 3, 2022, Pages 326-335, ISSN 2093-7911, <https://doi.org/10.1016/j.shaw.2022.03.010>.



## Poster 24

### Sal Ging Vong, Pharmacy

#### Enhancing Hydromorphone Prescribing Practices: Prioritising Medication Safety for Improved Patient Care

Sal Ging Vong<sup>1</sup>, Melissa Teo<sup>1</sup>

SA Pharmacy, Northern Adelaide Local Health Network, SA.

**Background:** Hydromorphone is a potent opioid analgesic used to manage moderate to severe pain. Hydromorphone has been implicated in significant medication incidents which may be attributed to sound-alike mix ups and errors relating to dose calculations. The Clinical Excellence Commission in New South Wales has recently released a HYDRomorphone Standard and Implementation Checklist in February 2024 that outlines minimum actions required to minimise risks associated with hydromorphone use.

**Aim/objective(s):** To assess the patterns of hydromorphone prescribing and the feasibility of using HYDRomorphone Standard and Implementation Checklist to monitor compliance with hydromorphone prescribing requirements across two hospital sites.

**Methods:** Data on all prescribing and administration of hydromorphone across two metropolitan hospitals was extracted over a 3-month period (01/02/24 - 30/04/24) from the electronic medical record. A sample of 30 patients were randomly selected for review. The following information was extracted including the prescriber specialty, verification of regular hydromorphone regimens against a reliable source (e.g., general practitioner, medical specialist, community pharmacists) prior to prescribing as continuing treatment in hospitals, and provision of education and written information at discharge where hydromorphone is continued.

**Results:** A total of 131 patients were prescribed and administered hydromorphone over the study period (75% received subcutaneous injection only, 12% oral only and 13% received both formulations). Of the 30 patients reviewed, 27 were newly commenced on hydromorphone with two-thirds receiving specialist palliative care input before prescribing. Existing regimens were confirmed prior to prescribing in 67% (n=2/3) of cases. All 3 patients discharged home on hydromorphone received education and a pharmacist-generated medication profile.

**Discussion:** Our review demonstrated that hydromorphone was appropriately prescribed in patients receiving end of life care. Adaptation of the HYDRomorphone Standard and Implementation Checklist into a local procedure is recommended to improve safety around the use of hydromorphone.

## Poster 25

### Shaveen Kanakaratne, Division of Surgical Specialties & Anaesthetics Evaluation of a NALHN Laparoscopic and Basic General Surgical Skills Training Day for NALHN Pre SET Trainees and Junior Medical Officers

Shaveen Kanakaratne, Chris McDonald

LMH

**Purpose/Introduction:** The aim of this study was to evaluate the knowledge and safety regarding open chest drain insertion. Pre-Set trainees (PST) and Junior medical officers (JMOs) lack opportunity to insert chest drains until required to do so in an emergent situation with variable or limited supervision.

**Methodology:** A qualitative pre and post survey was performed as a part of a local surgical skills day with the aim of developing the basic general skills and knowledge for the PST and JMOs. Candidate's perspective of knowledge regarding open chest drain insertion was collected. The candidates marked placement of chest drain prior to physical and theoretical skills sessions. The candidates remarked the site of chest drain insertion following didactic and practical teaching.

**Results:** Most candidates had completed an emergency medicine rotation with a smaller number having done cardiothoracic, Respiratory, ICU or Trauma surgery. 6 candidates had no



experience in chest drain insertions, 5 reported mannequin practice, 6 had observed insertion, 4 performed supervised insertions and 1 candidate had performed unsupervised insertion. 7 Candidates had completed in ATLS/EMST course.

There was an increased confidence in the candidates marking of chest drain insertion site. The majority would still ask for assistance with insertion. 9 candidates marked the chest drain within the triangle of safety which improved to 13. Candidates also self-reported an increased confidence in their marking location.

**Conclusion/s:** These preliminary results demonstrate that both theoretical and practical skills teaching sessions may improve PST/JMO knowledge, safety and confidence in what is a lifesaving procedure.

## Poster 26

**Tara Crossman, Allied Health**

### **The Aged Care Coordinator role to improve care for older people with dementia in the acute hospital setting**

Tara Crossman<sup>2</sup>, Elizabeth McHugh<sup>2</sup>, A/Prof Maayken van den Berg<sup>1</sup>, Monique Adams<sup>2</sup>

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The Australian Institute of Health and Welfare (AIHW) estimates a prevalence of 15 people with dementia per 1,000 people, increasing to 84 people with dementia for every 1,000 people over 65 (Australian Institute of Health Welfare, 2024). The symptoms of dementia itself are rarely the reason for hospital admissions, yet a diagnosis of dementia greatly impacts on recovery rate and hospital experiences overall. People with dementia (PWD) experience longer hospital stays, worse clinical outcomes, and an increased likelihood of readmission. Furthermore, they are more likely to experience adverse events while in hospital, such as falls, fractures, and delirium. PWD are also at greater risk of further cognitive and functional decline during their hospital stay, due to sedentary behaviour. There is growing evidence to support the use of non-pharmacological approaches to managing PWD. One concept at the centre of non-pharmacological management is person-centred care, which while timely, has been demonstrated to reduce aggression and vocalisation. It can also positively impact staff experiences. In this study we aim to incorporate patient-centred care to improve care for PWD experiencing behaviour and psychological symptoms in the acute hospital setting.

A quality improvement approach, FOCUS – PDSA, was adopted, a model used for quality improvement in healthcare. The model contains nine steps, symbolized by the following: Find (F) a problem to improve; Organize (O); Clarify (C); Understand (U); Select (S); Plan (P); Do (D); Study (S); and, Act (A).

Portraying clinical case studies, this presentation will outline how an Acute Aged Care Coordinator role has been embedded in the care for PWD on two wards at Lyell McEwin and Modbury hospitals. It will illustrate how this role, involving specialist care for PWD, development of care pathways, and staff education, can positively impact on the experiences of PWD admitted to acute care, as well as clinical staff working with PWD.

## Poster 27

**Timothy Martin, Pharmacy**

### **Implementing and Evaluating a Formal Mentoring Program within a Hospital Pharmacy Setting**

Timothy Martin, Ying Li Liang, Trang Tran, Huah Shin Ng, Alice Wisdom  
SA Pharmacy – NALHN

**Background:** Mentoring involves a relationship between two people (the 'Mentee' and 'Mentor') to facilitate personal and professional development. While mentoring has been



recognised as critical to the development of future health professionals, there is limited data on programs for hospital pharmacy.

**Objective(s):** To evaluate whether a mentoring program can assist new pharmacy staff during their transition to hospital practice, and to ascertain its impact on measures such as job satisfaction, confidence, and effectiveness at work.

**Action:** Evaluation of a previous program indicated a need for greater structure and guidance. To implement, we conducted an education session to provide context and overview. We developed a range of supporting tools including mentor selection guide, mentoring plan agreement form, and mentee goal planning sheets. To supplement, we offered virtual huddles and education sessions covering expectations and a range of topics.

**Evaluation:** Participant surveys were conducted 3-months into the program to explore participation, learning goals and actions. Five mentee-mentor pairs were maintained throughout the 6-month program duration. Mentees reported joining the program to upskill their knowledge, receive guidance and learn new perspectives from an experienced staff member. Mentors were motivated by the opportunity to develop and support new staff, and to upskill in areas such as giving feedback, teaching, and maintaining current knowledge. Both mentees and mentors provided mostly positive responses to the structure, tools, delivery, and benefits of the program and indicated intention to maintain their existing mentoring relationship. Time commitment and busy workloads were the predominant barriers identified.

**Discussion:** Implementation of a mentoring program was beneficial for both mentor and mentee participants who had independent motivations and goals for participation. A structured program including virtual huddles, education sessions and planning resources should be offered to new staff to build a positive culture and support wellbeing when transitioning to hospital practice.

## Poster 28

### Truc Ngoc-Thi Bui, Pharmacy

#### Assessing data entry accuracy of medication histories in electronic records by pharmacy students

Truc Ngoc Thi Bui, A/Prof Michael Ward, Dr Andrew Vanlint , Mr Philip Ween and Ms Sally Marotti

**Background:** Pharmacy students undertaking experiential clinical placements can play a valuable role in acquiring best possible medication histories, enhancing their learning and contributing to patient care. However, within systems utilising electronic medical records (EMRs), students may be granted only restricted access constraining their ability to fully contribute to these activities.

**Objective:** To evaluate the accuracy of final year pharmacy placement students data entry of medication histories within an EMR and assess the potential harm associated with any errors.

**Methods:** This prospective study was conducted across multiple metropolitan public hospitals over 36 weeks. For each best possible medication history interview conducted, final year pharmacy placement students generated a standard 'Medication History' document in the EMR which was reviewed by their supervising pharmacist who documented any errors identified. The potential harm of each error was assessed using the Harm Associated with Medication Error Classification (5 levels of error severity ranging from 'no harm' to 'severe harm') by the supervising pharmacist and a consensus panel.

**Results:** A total of 2262 medication orders were entered into the EMR by 65 pharmacy students supervised by 61 registered pharmacists. Of the 2262 medication orders, 156 were entered incorrectly, resulting in an overall error rate of 6.9%. The most common error type identified was incorrect directions (n=65/156, 41.7% of errors), followed by medication omission (n=28, 17.9% of errors). Errors made were mostly deemed as having potential for 'no harm' (n=82/156, 52.6%) or 'minor harm' (n=46, 29.5%), with only one instance classified as potential 'serious harm'.



**Conclusion:** Findings suggest that final year pharmacy students can accurately enter data into the EMR, with error rates comparable to other pharmacist activities. This should be considered to inform decision making around pharmacy workflows and appropriate levels of system access that supports patient care and optimal learning for undergraduate pharmacy students.

## Poster 29

### Tze Ling (Celine) Chee, Pharmacy

#### **Adverse Drug Reactions: An insight to how we report, document, and communicate**

Celine Chee<sup>1</sup>, Alice Wisdom<sup>1</sup>, Melissa Teo<sup>1</sup>.

<sup>1</sup>SA Pharmacy, Northern Adelaide Local Health Network, SA, Australia

Documenting and reporting of new and existing Adverse Drug Reactions (ADRs) is crucial for preventing harm across health care settings and supporting post-marketing surveillance. Understanding the current state of ADR documentation and reporting is important to guide improvements. This review aims to examine the rate of ADR reporting, documentation of ADRs in Electronic Medical Records (EMR) and communication on transition of care within a local health network. All ADRs reported to the local hospital monitoring system and/or the Therapeutic Goods Administration (TGA) over a 4-year period (1/07/2019-30/06/2023) across two metropolitan hospitals were analysed. Further details including documentation and communication of ADR's was extracted for all incidents occurring following implementation of EMR (01/12/22-30/06/2023). Over the 4 year study period 37 ADRs were reported to the TGA and 121 to the local hospital monitoring system. Within the local monitoring system ADRs accounted for 1.4% of all reported medication incidents. Of the incidents reported to the local monitoring system, 31% were reported to the TGA. Following EMR implementation, 9 ADR incidents were recorded in local monitoring systems with 8 appropriately documented within EMR and 1 inappropriately removed without sufficient investigation. Only 1 out of 5 (20%) incidents of a newly identified ADR during hospital admission was communicated to the patient's primary health professional on transition of care. This review highlights a gap in reporting rates between local and TGA reporting systems. While documentation of reported incidents within the EMR was high, there is need for a clear process for appropriate de-labelling of ADRs and communication with primary care providers to prevent harm across transitions of care. There is opportunity to further enhance EMR functionality to enable automated notifications to primary health professionals when a new ADR is recorded and to restrict removal of suspected agents from the patient's ADR profile.

## Poster 30

### Ying Li Liang, Pharmacy

#### **Collaborative Care Calls for Extended Pharmacy Hours**

Ying Li Liang, Melissa Teo, Timothy Martin

SA Pharmacy, NALHN

Pharmacists are ideally positioned to improve medication-related outcomes however, traditional pharmacy hours are not aligned with meeting service needs within the hospital which operates 24/7, limiting collaborative service models. An extended hours pharmacy service (7am to 7pm) was trialled in a metropolitan public hospital, Acute Medical Unit (AMU) between August and December 2023, including the Partnered Pharmacist Medication Prescribing or Charting (PPMP/C) service where credentialled pharmacists collaborate with doctors on admission to develop a medicine plan and prescribe medications. The aim of the audit was to assess impact of PPMP/C extended pharmacy hours on early pharmacy review and staff satisfaction. Routinely measured Key Performance Indicator data following the



intervention was compared to baseline data (2018-2022) consistent with traditional clinical pharmacy service hours (0830am to 430pm). An online 10 question survey was distributed to 138 health professionals comprising all pharmacy staff and select AMU medical officers. Following an extended hour PPMP/C service more than 75% of medical patients received a best possible medication history and reconciliation within 1 day of admission compared to 23% pre-implementation. Most of the 21 respondents (>90%) were strongly satisfied with the extended hours in meeting service and patient's needs. Themes identified from free text responses included increased efficiency and workflows of ward rounds and admissions, improved accuracy and medication safety and reduced medical officer burden. One medical officer describing a "reduced cognitive load for an already overburdened AMU team". The extended hours PPMP/C service enabled more patients to be seen earlier on admission for a medication history, increased interprofessional collaboration between pharmacists and medical officers with a strong focus on patient care. Extended hour pharmacy services are crucial to the optimisation of collaborative models of care including PPMP/C and should be considered when implementing new services.



**FOR MORE INFORMATION:**

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