



Government of **Western Australia**  
WA Country Health Service

# WACHS Research Governance

Summaries of Approved Projects  
January to June 2019

## Project Summaries – January to June 2019

A research project that seeks to access a WA Health Service site, their patients, staff or data is required to obtain ethical review and approval by a WA Health Human Research Ethics Committee (HREC) or by a certified HREC under the National Mutual Acceptance Scheme (NMA). Subsequent to ethics approval, the project is required to undergo a review completed by the institution to which the project seeks to access. This is known as the research governance review or institutional review. The institution's internal review will determine whether the project can be authorised to commence at or involving that health service.

This report contains lay summaries for projects that have received research governance approval from the WA Country Health Service (WACHS) and authorisation to commence during the reporting period. Additionally, upcoming projects that have received WA Country Health Service HREC (WACHS HREC) approval and have a pending research governance approval during the reporting period are also listed in the second section of the report.

### WACHS Research Governance Approved Projects

The following projects have been granted research governance approval during the reporting period and have been authorised to commence at WACHS sites.

|   |  |                           |                  |
|---|--|---------------------------|------------------|
| <b>Project Title</b>                        | <b>RGS 1312 – Spinal Precaution Adherence in Rural Setting</b> |                           |                  |
| <b>Co-ordinating Principal Investigator</b> | Ms Natalie Rudling   |                           |                  |
| <b>Institution</b>                          | WACHS  |                           |                  |
| <b>WACHS Region(s)</b>                      | Great Southern   |                           |                  |
| <b>Target Population</b>                    | No primary participant population                              |                           |                  |
| <b>Lead HREC</b>                            | WA Country Health Service HREC                                 |                           |                  |
| <b>WACHS Site Authorisation Date</b>        | 15 January 2019  | <b>Ethics Expiry Date</b> | 27 November 2021 |

Cervical spinal injuries are potentially life threatening or carry a risk of permanent disability. Patient cohorts requiring spinal precaution are variable in rural settings, but the large catchment area of the Great Southern, and increased population during holidays, requires staff with sound spinal precaution knowledge to maintain patient safety and provide patient education. Therefore a review of nurses' knowledge and confidence, and patients' compliance and hospital care experience during precautionary treatment of cervical spinal injuries, may provide key insights and new knowledge on ways to continually improve patient care in rural settings. This project aims to improve patient comfort and enhance nursing care by understanding nurse's knowledge and confidence when caring for a patient with a recent cervical spinal injury, and patients' knowledge and experience while being restricted with spinal precautions.

|   |  |                           |                  |
|---|--|---------------------------|------------------|
| <b>Project Title</b>                        | <b>RGS 1336 – A clinical audit of pharmacotherapy in Schizophrenia: WA Country Health Service Midwest Area</b> |                           |                  |
| <b>Co-ordinating Principal Investigator</b> | Ms Michelle Palmer   |                           |                  |
| <b>Institution</b>                          | Curtin University  |                           |                  |
| <b>WACHS Region(s)</b>                      | Midwest  |                           |                  |
| <b>Target Population</b>                    | People with a cognitive impairment, an intellectual disability or a mental illness                             |                           |                  |
| <b>Lead HREC</b>                            | WA Country Health Service HREC   |                           |                  |
| <b>WACHS Site Authorisation Date</b>        | 17 January 2019  | <b>Ethics Expiry Date</b> | 27 November 2021 |

Schizophrenia is a chronic psychiatric condition affecting how a person interprets and interacts with the world around them. The symptoms include psychotic experiences, such as hallucinations and delusions. There are a number of medications used to treat Schizophrenia, which work in different ways to assist in reducing the various symptoms of the illness. However, there are side effects and significant risks with long term antipsychotic medication use including medication-induced movement disorders, cardiovascular changes, increased blood cholesterol, weight gain, insulin resistance and diabetes type II. Previous studies have shown the life expectancy of people with schizophrenia is fifteen to twenty years less than the average population and the use of antipsychotics is one of the major contributing factors to this. Polypharmacy, which is the concurrent use of multiple medications by a patient, is considered to be common practice in the treatment of schizophrenia, despite direction from organisations that advocate single medication therapy as best practice. Further understanding about the incidence of polypharmacy and the clinical reasoning behind these decisions may assist in reassessment of the risk and benefits of this practice. This project will examine the incidence and clinical reasoning behind medication choices when treating adults with schizophrenia in the Midwest Region of the Western Australian Country Health Service.

|   |  |                           |                  |
|---|--|---------------------------|------------------|
| <b>Project Title</b>                        | <b>RGS 392 – Assessing Interns’ Readiness for Practice Using Entrustable Professional Activities (EPA’s)</b> |                           |                  |
| <b>Co-ordinating Principal Investigator</b> | Dr Denese Playford   |                           |                  |
| <b>Institution</b>                          | The Rural Clinical School of WA  |                           |                  |
| <b>WACHS Region(s)</b>                      | South West   |                           |                  |
| <b>Target Population</b>                    | People in existing dependent or unequal relationships  |                           |                  |
| <b>Lead HREC</b>                            | South Metropolitan Health Service HREC   |                           |                  |
| <b>WACHS Site Authorisation Date</b>        | 23 January 2019  | <b>Ethics Expiry Date</b> | 16 November 2022 |

The transition from being a medical student to being an intern in a hospital environment primarily involves increased clinical autonomy, with interns expected to be able to independently perform routine medical care. However, the extent to which new graduates are able to be autonomous is yet to be accurately measured. This project is based on work done by the Association of American Medical Colleges. In 2016, a set of core Entrustable Professional Activities were identified by this expert team. Entrustable Professional Activities, or EPAs, are increasingly seen as the goal of postgraduate medical education because they represent the actual tasks of a physician. They refer to the elements of competent performance that can be expected of an autonomous practitioner, hence are ideally suited to gauging intern readiness for practice. This project will explore whether students who have previously been given significant autonomy in a rural environment demonstrate higher levels of autonomy as interns than urban trainees, who have had a different training experience in urban hospitals during medical school.

|   |  |                           |                   |
|---|--|---------------------------|-------------------|
| <b>Project Title</b>                        | <b>RGS 2485 – The label of Penicillin-allergy: Are we denying our children optimal care?</b> |                           |                   |
| <b>Co-ordinating Principal Investigator</b> | Associate Professor Michaela Lucas   |                           |                   |
| <b>Institution</b>                          | Perth Children’s Hospital  |                           |                   |
| <b>WACHS Region(s)</b>                      | Great Southern, South West, Wheatbelt, Goldfields, Midwest, Pilbara and Kimberley            |                           |                   |
| <b>Target Population</b>                    | No primary participant category  |                           |                   |
| <b>Lead HREC</b>                            | Child and Adolescent Health Service HREC   |                           |                   |
| <b>WACHS Site Authorisation Date</b>        | 15 February 2019   | <b>Ethics Expiry Date</b> | 16 September 2020 |

A steady increase of antibiotic use has been noticed globally and Penicillin is used as an effective first line antibiotic for many conditions. However, health practitioners are frequently confronted with patients presenting with a history of a presumed Penicillin allergy. They also often diagnose a patient with a penicillin allergy based on a rash or other signs which may occur in adverse reactions. Indeed 10% of populations engaged with medical care in the US are labelled with a penicillin allergy. This extremely limits the use of penicillin and leads to an overuse of antibiotics which are much more expensive and typically reserved for specific conditions or infections caused by multi-antibiotic resistant bacteria. Foregoing first-line antibiotic therapy due to penicillin allergy increases the prevalence of multi-drug resistant bacterial infections and increased length of hospitalisation. Clinician awareness of when to utilise allergy investigations and immunology referrals and the relevance of antibiotic cross-reactivity is therefore vital. This project aims to survey rural and metropolitan pharmacists, nursing staff and doctors in community and hospital settings to better comprehend the clinical understanding and practice of Western Australian health practitioners, which will provide opportunities for education and improvement in safe service delivery.

|   |  |                           |                  |
|---|--|---------------------------|------------------|
| <b>Project Title</b>                        | <b>RGS 1374 – The prevalence of chronic wet cough in young Aboriginal children in the Kimberley</b>        |                           |                  |
| <b>Co-ordinating Principal Investigator</b> | Dr Andre Schultz   |                           |                  |
| <b>Institution</b>                          | Telethon Kids Institute  |                           |                  |
| <b>WACHS Region(s)</b>                      | Kimberley  |                           |                  |
| <b>Target Population</b>                    | Aboriginal people, children and/or young people, and people in existing dependent or unequal relationships |                           |                  |
| <b>Lead HREC</b>                            | WA Country Health Service HREC   |                           |                  |
| <b>WACHS Site Authorisation Date</b>        | 11 March 2019  | <b>Ethics Expiry Date</b> | 30 November 2021 |

Respiratory illness is the most common reason for hospitalisation of Aboriginal children. Chronic wet cough in children is the earliest sign of chronic respiratory disease, which may lead to irreversible lung damage. Unfortunately chronic wet cough is often normalised in Aboriginal children. Normalisation of symptoms prevents timely seeking of medical help and appropriate treatment that could prevent long-term lung damage. Experience and evidence suggest that chronic wet cough is highly prevalent amongst Aboriginal children in regional and remote Australia. This project aims to determine the prevalence of chronic wet cough in young Aboriginal children in two remote communities in the Kimberley. The study will be the first in Australia to accurately determine prevalence of chronic wet cough in Aboriginal children.

|   |   |                           |                 |
|---|---|---------------------------|-----------------|
| <b>Project Title</b>                        | <b>RGS 1155 – How do partners support extended breastfeeding?</b> |                           |                 |
| <b>Co-ordinating Principal Investigator</b> | Dr Deborah Ireson   |                           |                 |
| <b>Institution</b>                          | Edith Cowan University  |                           |                 |
| <b>WACHS Region(s)</b>                      | South West  |                           |                 |
| <b>Target Population</b>                    | No primary participant population                                 |                           |                 |
| <b>Lead HREC</b>                            | WA Country Health Service HREC                                    |                           |                 |
| <b>WACHS Site Authorisation Date</b>        | 12 March 2019   | <b>Ethics Expiry Date</b> | 1 November 2021 |

Investment in improved breastfeeding rates is a primary part of lessening the burden of associated childhood disease. The longer a woman can breastfeed, the greater the accumulated health benefits to the child and mother, both short and long term. Breastfeeding can be challenging for some women in the months after childbirth, and without effective support women can easily interrupt or cease breastfeeding entirely. Families in remote or regional areas of Australia have less available professional support than urban families, and much of the load is placed on partners/fathers and family members to provide support. Even so, many women in the South West do successfully breastfeed for extended periods, including when returning to work. This project focuses on examining the supportive partner behaviours towards women who extend breastfeeding, which may highlight specific strategies and proactive partner behaviours which could be identified for future development and promoted more widely to aid new families.

|   |  |                           |                 |
|---|--|---------------------------|-----------------|
| <b>Project Title</b>                        | <b>RGS 695 – Evaluating the Outcomes of the introduction of the Safety II clinical review program in WACHS Wheatbelt</b> |                           |                 |
| <b>Co-ordinating Principal Investigator</b> | Mr Joseph Cuthbertson  |                           |                 |
| <b>Institution</b>                          | WACHS  |                           |                 |
| <b>WACHS Region(s)</b>                      | Wheatbelt  |                           |                 |
| <b>Target Population</b>                    | No primary participant population  |                           |                 |
| <b>Lead HREC</b>                            | WA Country Health Service HREC   |                           |                 |
| <b>WACHS Site Authorisation Date</b>        | 14 March 2019  | <b>Ethics Expiry Date</b> | 8 November 2021 |

The application of resilience in healthcare, or 'Safety II', is currently defined as the intrinsic ability of a system to adjust its functioning prior to, during, or following changes and disturbances so that it can sustain required operations under both expected and unexpected conditions and has been promoted as an alternative strategy for safety and quality in healthcare. This methodology is based on the provision of healthcare as a complex adaptive system that exists in a variable environment. Understanding adaptations that enhance quality and outcome and the drivers of these provides an opportunity to learn and recommend actions to replicate what goes right, in addition to current processes of reviewing and acting upon incidents that have caused harm. This project aims to evaluate the outcomes of the introduction of the Safety II clinical review program in WACHS Wheatbelt.

|   |  |                           |                 |
|---|--|---------------------------|-----------------|
| <b>Project Title</b>                        | <b>RGS1359 – Does accurate data, identifying obese patients impact nurse safety and hospital finances?</b> |                           |                 |
| <b>Co-ordinating Principal Investigator</b> | Ms Kim McClean   |                           |                 |
| <b>Institution</b>                          | Edith Cowan University and WACHS   |                           |                 |
| <b>WACHS Region(s)</b>                      | All Regions  |                           |                 |
| <b>Target Population</b>                    | No primary participant population  |                           |                 |
| <b>Lead HREC</b>                            | WA Country Health Service HREC   |                           |                 |
| <b>WACHS Site Authorisation Date</b>        | 11 April 2019  | <b>Ethics Expiry Date</b> | 7 February 2022 |

The Australian population obesity rates are climbing, and there are confirmed positive correlations between population obesity rates and hospital admissions, and that patient handling of obese patients presents significant risks to nursing and healthcare staff. New South Wales Health identified the requirement for a risk based approach to determine appropriate resources and procedures to ensure the needs and safety of both obese patients and staff can be met. Current obese patient admission trends recorded by the Western Australian Country Health Service do not reflect a correlation with the rising population obesity rates, and anecdotal evidence from country healthcare workers suggests increasing workload in managing obese patients. Further examination into the accuracy of recorded obese patient admissions to WACHS healthcare sites is required to explore this discrepancy. This research aims to determine if obese patient admission data provides sufficient accuracy to be used to implement bariatric patient handling risk mitigation strategies which will support workplace health and safety approaches for nurses and other healthcare staff.

|   |   |                           |                 |
|---|---|---------------------------|-----------------|
| <b>Project Title</b>                        | <b>RGS 3219 – Review of the Multi-Purpose Service (MPS) Program</b> |                           |                 |
| <b>Co-ordinating Principal Investigator</b> | Dr Sarah Wise   |                           |                 |
| <b>Institution</b>                          | University of Technology Sydney                                     |                           |                 |
| <b>WACHS Region(s)</b>                      | Great Southern, Wheatbelt and Midwest                               |                           |                 |
| <b>Target Population</b>                    | No primary participant population                                   |                           |                 |
| <b>Lead HREC</b>                            | Hunter New England HREC   |                           |                 |
| <b>WACHS Site Authorisation Date</b>        | 12 April 2019   | <b>Ethics Expiry Date</b> | 25 January 2024 |

The MPS Program is a joint initiative of the Australian and State/Territory governments which provides integrated health and aged care services to regional, rural and remote communities that could not support stand-alone hospitals or aged care homes. In most cases the services are provided by the State or Territory government. The Review of the Multi-Purpose Services (MPS) Program has been commissioned by the Australian Government Department of Health to inform ongoing planning, development and improvement of the Program. The objectives of the Review are to:

- Ascertain the extent to which the MPS Program objectives are being achieved and identify and examine any unintended outcomes.
- Examine the impact of broader aged care policy and regulatory changes in MPS Program related contexts.
- Determine whether the MPS Program funding model is an effective use of Commonwealth funds to deliver aged care services in regional, rural and remote areas.



|   |  |                           |              |
|---|--|---------------------------|--------------|
| <b>Project Title</b>                        | <b>RGS3061 – Improving geriatric care and reducing hospitalisations in regional and remote areas; the benefits of telehealth</b> |                           |              |
| <b>Co-ordinating Principal Investigator</b> | Mrs Louise Lillicrap   |                           |              |
| <b>Institution</b>                          | WA Country Health Service  |                           |              |
| <b>WACHS Region(s)</b>                      | Great Southern   |                           |              |
| <b>Target Population</b>                    | No primary participant category  |                           |              |
| <b>Lead HREC</b>                            | WA Country Health Service HREC   |                           |              |
| <b>WACHS Site Authorisation Date</b>        | 23 May 2019  | <b>Ethics Expiry Date</b> | 4 April 2022 |

WA Country Health Service covers one of the largest and most sparsely populated areas in Australia. The fastest growing age group are 65 years plus who have some of the most complex health care needs, are at risk of poorer health outcomes, and consume more health resources. Providing services to this group is particularly challenging given the remoteness of the region, distance to services and spiralling healthcare costs. Telehealth can provide solutions to these issues and its benefits are well document. However little is known about the benefits of a TeleGeriatrician model particularly when compared to an alternate model of care in a regional and remote setting. This study will compare the effectiveness of each geriatrician model in a regional and remote setting.

|   |   |                           |            |
|---|---|---------------------------|------------|
| <b>Project Title</b>                        | <b>RGS1479 – Registered Nurses perceptions of the role of the Nurse Practitioner in three rural hospital emergency departments in the southwest of Western Australia: A qualitative research project.</b> |                           |            |
| <b>Co-ordinating Principal Investigator</b> | Ms Jaye Maxwell   |                           |            |
| <b>Institution</b>                          | Curtin University   |                           |            |
| <b>WACHS Region(s)</b>                      | South West  |                           |            |
| <b>Target Population</b>                    | No primary participant category   |                           |            |
| <b>Lead HREC</b>                            | WA Country Health Service HREC  |                           |            |
| <b>WACHS Site Authorisation Date</b>        | 23 May 2019   | <b>Ethics Expiry Date</b> | 8 May 2022 |

Nurse practitioners in Australia are a relatively new addition to emergency departments in comparison to their United Kingdom or American counterparts. This research project aims to identify and analyse rural registered nurse perceptions of the nurse practitioner role in emergency departments in the southwest of Western Australia. It is anticipated that the findings of this research can enable the development of tools to help foster positive relationships between registered nurses and nurse practitioners, thereby assisting nurse practitioner transition, improving interdisciplinary collaboration and achieving positive patient outcomes in rural hospital emergency departments in Western Australia.

|   |  |                           |              |
|---|--|---------------------------|--------------|
| <b>Project Title</b>  | <b>RGS1394 – Applying the partnership approach to care to facilitate the optimal health and wellbeing of Aboriginal preschool aged children: A qualitative study in the Goldfields region of Western Australia</b> |                           |              |
| <b>Co-ordinating Principal Investigator</b>   | Ms Naomi Sprigg dos Santos   |                           |              |
| <b>Institution</b>  | Curtin University  |                           |              |
| <b>WACHS Region(s)</b>  | Goldfields   |                           |              |
| <b>Target Population</b>  | Aboriginal people  |                           |              |
| <b>Lead HREC</b>  | WA Country Health Service HREC   |                           |              |
| <b>WACHS Site Authorisation Date</b>  | 19 June 2019   | <b>Ethics Expiry Date</b> | 30 June 2022 |
| <p>The aim of this research is to highlight the views of Aboriginal primary caregivers, Aboriginal community leaders, Aboriginal Health Workers, Community Health Nurses, Medical Professionals and Allied Health staff regarding the way that Community Health Nurses adopt a partnership approach to care. As almost all Community Health Nurses employed in Western Australia are non-Aboriginal, there are a number of factors that may, potentially, limit their capacity to work effectively with the primary caregivers of Aboriginal preschool aged children. The data will be collected using tools which have been compiled by the researchers with input from a Goldfields Reference Group; a group of Aboriginal people representative of the diversity of Aboriginal people across the Goldfields. It is anticipated that this research will inform the ongoing implementation and evaluation of the partnership approach with Aboriginal families in Australia.</p> |  |                           |              |

## WACHS HREC Approved Projects

The following projects have obtained ethical approval from the WACHS HREC during the reporting period, however the research governance review is in progress and site authorisation is pending. Thus, this section showcases the upcoming projects that will be commenced at WACHS sites in the future.

|  |   |                           |                |
|--|---|---------------------------|----------------|
| <b>Project Title</b>   | <b>RGS1256 – A retrospective study of the applicability of the 3 day faecal bacteria culture rule in WA</b> |                           |                |
| <b>Co-ordinating Principal Investigator</b>  | Dr Keith Yong Giek Tiong  |                           |                |
| <b>Institution</b>   | WA Country Health Service   |                           |                |
| <b>WACHS Region(s)</b>   | South West  |                           |                |
| <b>Target Population</b>   | No primary participant category   |                           |                |
| <b>WACHS Site Authorisation Date</b>   | Pending   | <b>Ethics Expiry Date</b> | 9 January 2022 |
| <p>Previous studies in the Northern hemisphere have proven that it is not cost effective to gather faecal bacterial culture (except for a bacteria called <i>Clostridioides difficile</i>) after three days of hospitalization, because the yield is extremely low and costly. This study will look at the positive rates of faecal bacterial culture after three days of hospitalisation over a one year period between April 2017 to April 2018 from several South West regional hospitals. It is hypothesised that the yield of faecal bacterial culture (other than <i>Clostridioides difficile</i>) in patient who has been hospitalised for more than three days will be extremely low, therefore local clinical management could implement procedures to reduce unnecessary testing in hospitals which could lead to large cost reductions.</p> |   |                           |                |



|   |  |                           |                 |
|---|--|---------------------------|-----------------|
| <b>Project Title</b>                        | <b>RGS1170 – Investigating the relationship between identity development and mental health disorders in children and adolescents</b> |                           |                 |
| <b>Co-ordinating Principal Investigator</b> | Dr Pradeep Rao   |                           |                 |
| <b>Institution</b>                          | Child and Adolescent Mental Health Services  |                           |                 |
| <b>WACHS Region(s)</b>                      | Goldfields, South West, Great Southern, Wheatbelt  |                           |                 |
| <b>Target Population</b>                    | Children and/or young people   |                           |                 |
| <b>WACHS Site Authorisation Date</b>        | Pending  | <b>Ethics Expiry Date</b> | 15 January 2022 |

Adolescence is a critical period that is characterised by rapid development, and is also a period that is typically associated with the onset of a number of mental health disorders. Crucially, identity formation and consolidation also occurs during this period of time. Research findings have suggested that identity may be related to personality disorders and internalising and externalising problems, however, findings are unclear due to limitations of the research, including small sample sizes. Currently, little is known regarding the development of identity and its relationship with psychopathology. The primary aim of this project is to investigate the association between identity, psychopathology, and Borderline Personality Disorder (BPD) traits, as assessed by a number of self-report psychometrics measures. The secondary aim of this study is to investigate the degree to which the Assessment of Identity Development in Adolescents (AIDA) corresponds to measures of borderline personality features. The third aim is to correlate responses on the AIDA against the parent-reports of their children’s mental health. It is hypothesised that associations between identity and psychopathology and between identity and traits of borderline personality will be observed. Patterns that are observed within the results may aid the development of more individualised interventions for adolescents experiencing mental health difficulties.

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## Glossary

### Co-ordinating Principal Investigator

The individual who takes overall responsibility for the research project and submits the project for ethical and scientific review for multi-centre projects. They are responsible for ongoing communication with the Human Research Ethics Committee and passing on any such communications to the Principal Investigators. For single-centre research, the Co-ordinating Principal Investigator’s and Principal Investigator’s roles are synonymous.

### Institution

The organisation that the Co-ordinating Principal Investigator is associated with.

### WACHS Regions

Goldfields; Great Southern; Kimberley; Midwest; Pilbara; South West; Wheatbelt

### Target Population:

According to Chapter 4.1 of the National Statement on Ethical Conduct in Human Research 2007, in addition to the ethical considerations pertaining to all research participants, specific issues arise in the design, conduct and ethical review of research involving the following primary participant categories:

- Women who are pregnant and the human foetus;
- Children and young people (i.e. <18 years);
- People in dependent or unequal relationships;
- People highly dependent on medical care who may be unable to give consent;
- People with a cognitive impairment, an intellectual disability or a mental illness;
- People who may be involved in illegal activities;
- Aboriginal and/or Torres Strait Islander peoples;
- People in other countries;
- People whose primary language is other than English.



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