

HCF RESEARCH FOUNDATION YEAR IN REVIEW FINANCIAL YEAR 2023-24



 We put our money where our members are

MESSAGE FROM THE CHAIR

It has been another big year for the HCF Research Foundation in which we continued to build on our significant research investment across three grant streams: Health Services Research Grants, Translational Research Grants and Innovation Research Grants. Each of these, alongside our partnership with the RACGP Foundation, aims to support the generation of high-quality, implementation-focused research.



Our mission to improve health and wellbeing outcomes through health services research has continued to expand our focus on supporting innovative, translatable research, and the implementation of evidence-based models of care into practice. By developing new grant schemes and encouraging applicants to embed translation and implementation approaches

into their projects from the beginning, we are now seeing grants reporting changes in clinical practice and patient outcomes well ahead of completion. These positive impacts include increasing guideline-concordant care, reducing readmissions and presentations to emergency departments, improving wellbeing and freeing up valuable resources in an over-stretched health system.

Our strong focus on research partnerships this year has increased the number of conjoint research initiatives with services and organisations who share our passion for innovation and informed change. In July 2024 we will host our inaugural stakeholder workshop on short-stay joint replacement and Enhanced Recover After Surgery (ERAS), with over 60 attendees all focused on the best way to increase utilisation of these international models within the Australian healthcare system.

Finally, dissemination remains an integral part of research translation, and the HCF Research Foundation webinar series has continued to be an informative showcase of our most successful research projects and an opportunity to facilitate awareness and translation of their findings across researchers, providers, policy makers and funders. I would like to thank all our presenters for their stimulating presentations, attracting hundreds of participants across a diverse range of interest areas.

I would also like to take this opportunity to extend my thanks to the HCF Research Foundation Board, Research Advisory Committee, and our external peer reviewers for their efforts over the past year. As we grow, their support for the Foundation is critical to helping us achieve our mission of the highest quality research improving healthcare outcomes for all.

Professor Claire Jackson
Chair, HCF Research Foundation

MESSAGE FROM THE HEAD OF THE RESEARCH FOUNDATION



This year, a total of eight projects were awarded grants through the HCF Research Foundation's main funding streams. These projects cover

a wide breadth of topics, including primary care support of preventive and population health, the use of AI and big data in healthcare decision making, non-drug innovations in pain management, and optimising the healthcare workforce to improve patient outcomes and experiences. Each of these projects has the potential to significantly change lives.

In addition to getting these exciting new projects underway, our overall partnership network continues to expand rapidly. Since 2021, when a revised strategy was implemented, 30 new projects have commenced across a network of almost 150 partner institutions including universities, research institutes, hospitals, health districts, primary health networks, associations

and aged care providers. This is an extraordinary footprint for the HCF Research Foundation across the healthcare spectrum.

Broader communication and showcasing of our wonderful research projects and their outcomes remains a key activity, through our webinar series, conferences, media and directly to our members through the *Health Agenda* newsletter. By raising the profile of our funded research outcomes among our members, the public and other key health stakeholders, we hope to further the dissemination and uptake of more efficient, high-quality and high-value healthcare, and make it more accessible to all Australians.

Dr Christopher Pettigrew
Head of the HCF Research Foundation

IMPROVING THE HEALTH OF ALL AUSTRALIANS



FINANCIAL SNAPSHOT

\$55m

The corpus of the HCF Research Foundation has been funded by donations from the net surplus of the health fund. Since 2000, HCF has contributed a total of \$55m.

\$32.8m

The HCF Research Foundation has invested \$32.8m into health services research since its inception in 2000.

\$2.53m

In FY24, the HCF Research Foundation awarded \$2.53m in funding to clinicians and researchers working to understand and improve the effectiveness, efficiency and quality of health treatments and services in Australia.



OUR MISSION

The HCF Research Foundation's mission is to improve health and wellbeing outcomes for HCF members and all Australians by providing funding and support to encourage health services research for the benefit of all.

OUR VISION

Our vision is to be known as a leading independent funder of high-quality research that leads to the improvement of healthcare services in Australia.

We're focused on driving more research by providing transparent and fair funding opportunities for Australian researchers, institutions and organisations.

To help facilitate this, we ensure our funding is easy to access so researchers can focus their efforts on delivering the benefits of their research projects.

SUPPORTING HEALTH SERVICES RESEARCH

The HCF Research Foundation funds research proposals that use and enhance current knowledge to improve healthcare outcomes, including the quality, efficiency, equity of, and access to, health service provision.

Our grants program covers three streams: Health Services, Translation and Innovation.

The program aims to address issues of scale and significance in healthcare, and make an impact in the delivery of health services to benefit our members and all Australians. We also work with other organisations on research partnerships to deliver better health outcomes and access to affordable, high-quality healthcare when and where it's needed.

OUR HISTORY

The HCF Research Foundation, now in its 24th year, was established in 2000 as the HCF Health and Medical Research Foundation.

The HCF Research Foundation is a charitable trust which was set up to fund research into the provision, administration and delivery of health services in Australia for the benefit of our members and all Australians.

Since 2008, the Foundation has focused on supporting health services research, an area of research that does not receive significant funding from other sources.

In 2013, the name was simplified to the HCF Research Foundation.

TRANSLATIONAL RESEARCH PROJECTS

Through the 2023 Translational Research Grants scheme, the HCF Research Foundation is focused on optimising the healthcare workforce by responding to real health issues in clinical environments. These grants allow the recipients to translate research findings into new practice for improved outcomes.



IMPROVING THE SAFETY AND QUALITY OF NURSING CARE

Project: HIRAID® Inpatient: Improving the safety and quality of nursing care for hospital patients

Professor Kate Curtis
University of Sydney

Australia's hospitals are in crisis and cannot meet the demand for high-quality, safe and timely care. Up to 16% of hospital patients experience an adverse event like deterioration, infection, harm or sometimes death, costing the healthcare sector \$4.1 billion. About 50% of these adverse events are preventable.

Nurses are critical leaders responsible for monitoring and managing patient health on hospital wards. Therefore, to address this problem, this project will develop a nursing assessment framework called HIRAID® Inpatient, based on the original HIRAID program that significantly reduced preventable inpatient deterioration in emergency nursing care. HIRAID® Inpatient will be a standardised, Australian-first, fit-for-purpose 'whole-of-patient' nursing assessment framework designed to deliver cost-effective, consistent and high-quality care to any patient, on any ward.

\$482,265



BETTER OUTCOMES FOR OLDER PATIENTS

Project: BOOST Trial - Better Outcomes for the Older Surgical patient Trial: A staggered implementation trial in emergency and elective surgery

Associate Professor Christine O'Neill
University of Newcastle

Research shows that older people admitted to hospital with surgical conditions are at risk of poor outcomes, including a longer hospital stay, decreased quality of life and reduced independence post-discharge. Some hospital systems overseas have included geriatric medical and nursing staff with skills in managing older patients alongside the surgical team. A recent trial for emergency general surgery patients at John Hunter Hospital found that with a multidisciplinary team of medical and surgical staff working together, patient health and wellbeing was improved, and staff felt they delivered higher quality care. In addition, costs to the health system were reduced as patients stayed in hospital for less time and had fewer complications. This research will study the expansion of this service to other areas of surgery (elective general, urology and vascular surgery).

\$301,544



ENHANCING PATIENT TREATMENT AND SUPPORT

Project: Piloting a digital recovery platform to aid healthcare peer workers in improving patients' alcohol and drug outcomes

Dr Ariel Roxburgh
Eastern Health

People seeking help for alcohol and/or drug (AOD) use disorders benefit from the support of those in recovery or 'lived experience workers' (LEWs). This peer support has occurred naturally for a long time in groups such as Alcoholics Anonymous but is increasingly used in formal healthcare settings through the employment of LEWs.

REC-CAP is a software platform that measures patients' recovery, identifies strengths and barriers, and helps them create a plan to address these, in collaboration with LEWs. Research shows that REC-CAP has been beneficial in helping LEWs improve patients' wellbeing, enhancing retention in treatment, and fostering growth in recovery capital. REC-CAP will be introduced to Australia and tested with AOD patients leaving residential withdrawal treatment, a time of heightened relapse risk and an increased need for support.

\$220,812



OPTIMISING THE HEALTHCARE WORKFORCE

Project: Translating a metropolitan aged care nurse practitioner model to a rural residential care setting to optimise primary care outcomes

Ms Leigh Darcy
Hunter Primary Care

Nurse practitioners are highly skilled, experienced nurses with advanced training enabling them to diagnose and treat a wide range of health conditions, prescribe medications and coordinate comprehensive care. Nurse practitioners focus on the unique healthcare needs of elderly residents who may have multiple chronic conditions.

They work collaboratively with other healthcare professionals in aged care facilities, establishing collaborative arrangements with GPs and liaising with pharmacists, social workers, psychologists, physiotherapists and occupational therapists to ensure continuity of care and improve patient outcomes. Evaluating the metropolitan model in a regional town will provide the opportunity to understand how the model translates to a rural setting and identify strategies to assist future scale-up of this model in other regional settings.

\$428,724

HEALTH SERVICES RESEARCH PROJECTS

This year the HCF Research Foundation funded four health services research projects, contributing to our mission to improve health and wellbeing outcomes for HCF members and all Australians.



INNOVATIONS IN PAIN MANAGEMENT

Project: Home-based neuromodulation – preventing the transition from acute to chronic pain

Dr Rocco Cavaleri
Western Sydney University

Low back pain (LBP) is the single leading cause of disability worldwide, affecting a staggering 620 million people. Over half of people with LBP experience symptoms lasting beyond 12 months. Despite increasing research, current treatments produce minimal relief, have negative side effects, or are delivered after pain has already become 'chronic' (long-lasting).

Recently, the research team discovered a new technology, known as non-invasive brain stimulation, which can successfully treat pain before it becomes chronic. So far, it has only been explored in laboratories with expensive equipment requiring specialist expertise. A similar technology known as 'transcranial direct current stimulation' (tDCS) could provide an accessible and cost-effective means of preventing chronic LBP, revolutionising management of this global health concern. This study of 50 people will assess whether tDCS can be delivered in at-home settings and whether it can accelerate recovery of LBP.

\$170,353



IMPROVING HEALTH OUTCOMES WITH REAL-TIME DATA

Project: Transforming cancer outcomes with real-time health data analytics - a population-level implementation study in New South Wales

Professor Geoff Delaney
University of New South Wales

Patient care variations exist across clinical teams, health facilities and districts. Some variation is appropriate but research has shown variations to care are common and not always evidence-based, resulting in inequity and poorer patient outcomes. Current patient care variation monitoring systems rely on databases that use manual methods to collect and organise data, and require linkages across data systems, leading to long reporting delays. As a result, these systems cannot inform practice in real time.

A new platform called CaVa can extract and report data in near-real-time and is in the final stages of feasibility testing in a clinical setting. The project aims to use this data system to implement and evaluate a clinical pathway of co-designed clinical dashboards, targeting identified areas of unwarranted clinical variations in three cancer sites.

\$256,707



DIGITAL TOOLS FOR CHRONIC DISEASE MANAGEMENT

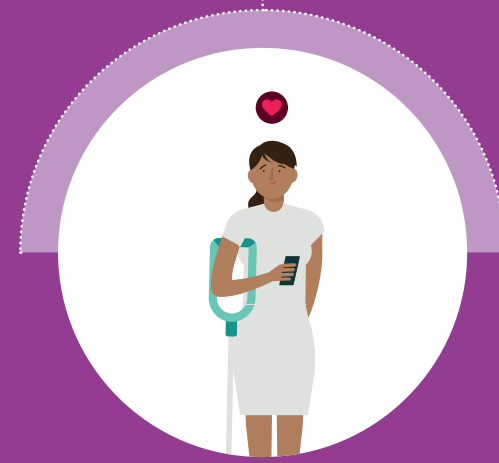
Project: Implementing a scalable, personalised, behaviour change digital health program in primary care for chronic disease treatment – the scale cluster randomised study

Professor Grant Brinkworth & Dr Gideon Meyerowitz-Katz
Western Sydney Local Health District (Blacktown Hospital)

Primary healthcare physicians don't have effective evidence-based, scalable, personalised and remotely delivered lifestyle interventions to support self-management education and management of type 2 diabetes and related chronic diseases in the community.

The 'Gro Health' Structured Education and Self-Management program is a co-designed, remotely delivered, behaviour change digital health program. Feasibility and cost-effectiveness of this comprehensive health service has been demonstrated in six countries for managing obesity, cardiometabolic disease and type 2 diabetes. Using best-practice co-design methods, the program will be adapted to meet the needs of Australian users (GroAUS). The team will conduct a 52-week randomised controlled trial to assess the effectiveness of implementing GroAUS in current primary healthcare services to improve type 2 diabetes management in the community.

\$514,590



INNOVATIONS IN PAIN MANAGEMENT

Project: Evaluating implementation and effectiveness of a digital intervention to reduce pain and reliance on opioids after total knee replacement surgery

Associate Professor Claire Ashton-James
The University of Sydney

When patients use a combination of self-management strategies and medication during recovery from total knee replacement, they report less pain and distress and use less medications, reducing risks of side effects and complications. However, patients are often unaware of or forget to use self-management strategies and require additional education and support.

A short video and set of daily text messages have been curated to provide education, reminders and encouragement to use self-management strategies during recovery from surgery. While previous studies have found digitally delivered pain self-management support to be beneficial, there have been no attempts to implement these interventions within Australian hospitals. The current study evaluates the feasibility and effectiveness of implementing digitally delivered support for pain self-management after total knee replacement surgery.

\$153,257

2024 PROJECT CASE STUDIES

OPTIMISING SURVEILLANCE COLONOSCOPY

THE STUDY

Bowel cancer is Australia's second deadliest cancer, but highly treatable if caught early. Colonoscopy is the key to early detection, with surveillance colonoscopies performed at appropriate intervals after an initial colonoscopy has picked up pre-cancerous lesions, polyps or cancer. In 2022, the HCF Research Foundation awarded a Translational Research Grant to Associate Professor Denise O'Connor and her team at Monash University to determine the effectiveness and cost-benefit of an intervention aiming to improve adherence to NHMRC-endorsed guidelines for surveillance colonoscopy. Ensuring optimal intervals for surveillance colonoscopies will prevent unnecessary procedures and in turn reduce risks for patients, costs and wait times, all while promoting timely detection of bowel cancer.

THE IMPACT SO FAR

In 2021, the team audited surveillance colonoscopy practices across six Victorian hospitals and found 73% did not adhere to clinical guidelines. Of these, 69% were too early, 22% were not indicated and 9% were too late. In 18 months, the study has shown remarkable progress working with the same six hospitals to increase adherence to recommended practice. Using and refining initiatives like training nurse champions, conducting regular chart audits and providing feedback to healthcare professionals to support guideline-concordant surveillance colonoscopy intervals has already proved effective in changing practice. A recent audit across four of the participating hospitals demonstrated an improved guideline concordance from 34% to 63%. With the upcoming inclusion of an additional 1.6 million Australians aged 45 to 49 in the National Bowel Cancer Screening Program, it's more critical than ever to ensure colonoscopy resources are efficiently allocated to those who most need them.

73%

Colonoscopies didn't follow guidelines

69%

Colonoscopies were too early

9%

Colonoscopies were too late

63%

Improved guideline adherence of colonoscopy practices from 34%



A SMARTER CHOICE FOR KNEE REPLACEMENTS

THE STUDY

Over 55,000 total knee replacements are performed in Australia each year, however one in five do not result in clinically meaningful improvement for patients with knee osteoarthritis. A grant from the 2020 HCF Research Foundation EOJ round was awarded to Dr Chris Schilling and colleagues at the University of Melbourne for a project aimed at "Improving patient selection for total knee replacement (TKR)". Dr Schilling and his team were looking to generate and evaluate a digital tool to provide patients with information about their likely success from a total knee replacement, based on analysis of outcomes of over 5,000 previous TKRs. The team also wanted to investigate the impact of that information for patients – whether people were more, less or equally likely to change their intention about having a TKR. Having patients empowered with information about their likely surgical outcomes may help to reduce the rate of surgeries with poor chance of positive clinical and quality of life outcomes.

THE IMPACT SO FAR

The project was successful in generating the digital decision support tool, and subsequently evaluating it in a randomised controlled trial with 211 participants, largely HCF members. The trial demonstrated that for patients with knee osteoarthritis, using the tool for total knee arthroplasty reduced patient willingness for surgery in those who were deemed low likelihood of improving. Using the tool also reduced patient uncertainty around treatment for knee osteoarthritis and reduced a patient's preference for surgery to treat their knee osteoarthritis. Greater adoption of the tool has the potential to reduce the burden and waitlists for TKR and reduce the proportion of surgeries that do not generate clinically meaningful improvement, saving patients unnecessary surgeries and creating significant cost savings for the health system.

55,000

TKRs are performed annually in Australia

5,000+

Previous TKRs analysed for the digital tool development

211

Participants in the trial evaluating the tool

10%

Reduction in patient willingness to undergo TKR after using the digital tool



ENHANCING HEART FAILURE CARE FOR REGIONAL AUSTRALIANS

THE STUDY

Heart failure is a significant health challenge in Australia, particularly for those living in regional and rural areas. Mortality rates for heart failure are 16% higher in rural areas compared to urban centres. In 2022, supported by a Translational Research Grant from the HCF Research Foundation, Professor Andrea Driscoll and her team at Deakin University and Austin Health commenced project 'I-HEART: Implementation of Heart Failure Guidelines in Regional Australia'. The project aims to enhance heart failure care for patients in regional and rural areas using a range of approaches including advanced telehealth services and nurse-led clinics. The initiative aims to bridge the gap in care and clinical outcomes between urban and regional Australians by improving access to heart specialists and ensuring patients receive the right therapies, ultimately reducing re-hospitalisations and improving quality of life for regional Australians diagnosed with heart failure.

THE IMPACT SO FAR

Since it launched in 2022, the I-HEART project has implemented over 30 decision support tools and established two nurse-led heart failure clinics. Educational outreach is a key component of the project, with over 25 workshops held to date, training over 270 regional health professionals in heart failure management. Telehealth has also been a game-changer, especially for those living in regional and rural areas where heart failure patients lacked specialist care. Patients are now seen within a week of hospital discharge and then weekly for five weeks. This structured follow-up, along with its co-design approach, has been key to the program's success in reducing readmission rates. The program is also proving cost effective to run as well, with the savings from reduced hospitalisations covering the cost of implementing the telehealth clinic and funding a coordinator.

30+

Decision support tools implemented

2

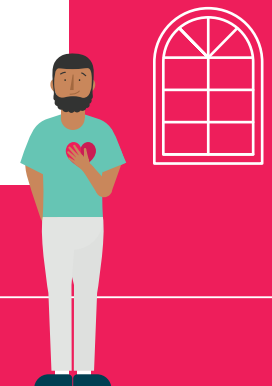
Nurse-led clinics established

25+

Workshops held

270+

Regional health professionals trained



ACTIVE RESEARCH PROJECTS

ACT

University of Canberra
Professor Jennie Scarvell

Best practice pathway for knee osteoarthritis: implementing an advanced musculoskeletal pre-surgical triage and assessment clinic.



NEW SOUTH WALES

University of Sydney
Professor Kate Curtis

HIRAID® Inpatient: improving the safety and quality of nursing care for hospital patients.



University of Newcastle

Associate Professor Christine O'Neill

BOOST Trial – Better Outcomes for the Older Surgical patient Trial: A staggered implementation trial in emergency and elective surgery.



Hunter Primary Care

Ms Leigh Darcy

Translating a metropolitan aged care nurse practitioner model to a rural residential care setting to optimise primary care outcomes.



Western Sydney University

Dr Rocco Cavaleri

Home-based neuromodulation: preventing the transition from acute to chronic pain.



University of New South Wales

Professor Geoff Delaney

Transforming cancer outcomes with real-time health data analytics: A population-level implementation study in New South Wales, Australia.



Western Sydney Local Health District (Blacktown Hospital)

Professor Grant Brinkworth, Dr Gideon Meyerowitz-Katz (Joint Principal Researchers)

Implementing a Scalable, personalised, behaviour Change digitAL hEalth program in primary care for chronic disease treatment – the SCALE cluster randomised study.



University of Sydney

Associate Professor Claire Ashton-James

Evaluating implementation and effectiveness of a digital intervention to reduce pain and reliance on opioids after total knee replacement surgery.



University of Sydney

Mr Simon Davidson

HeLP (a Healthy Lifestyle program for Pain) for older people with musculoskeletal conditions and comorbid chronic disease risks.



Neuroscience Research Australia

Dr Kimberley Van Schooten

Standing Tall eHealth balance exercise to foster mobility and prevent falls in older people receiving home care.



Ingham Institute for Applied Medical Research

Professor Josephine Chow

Implementing and evaluating an integrative palliative care model for older people in the community who wish to die at home.



Charles Sturt University

Dr Kristy Robson

Age Well@Home program for rural Australians.



Western Sydney University

Professor Vivienne Chuter

Implementation and evaluation of the Australian guidelines for diabetes-related foot disease into hospital-based high-risk foot services: an evidence-based model.



Macquarie University

Dr Mitchell Sarkies

Implementation of evidence and consensus-based perioperative care pathways to reduce unwarranted clinical variation in a private, academic health sciences centre.



Macquarie University

Dr Kathryn Mills

Taking the first step: assessing implementation strategies designed to increase access to exercise programs for people with knee osteoarthritis.



UNSW (Black Dog Institute)

Associate Professor Jill Newby

A blended digital mental health intervention for adult depression and anxiety: implementation evaluation.



Sydney Local Health District

Professor Vasi Naganathan

Effectiveness, cost-effectiveness and implementation of Emergency Hospital in the Home model of care for older people.



University of Sydney

Dr Gustavo Machado

Optimising outcomes for patients with back pain by preventing hospital admission.



Northern Sydney Local Health District

Professor Geoffrey Tofler

Patient Directed Discharge Letter (PADDLE): a novel approach to improve patient knowledge, satisfaction and outcomes.



Whitlam Orthopaedic Research Centre

Professor Ian Harris

Practice variation and outcomes of inpatient rehabilitation after joint replacement surgery, a data linkage study.



University of New South Wales

Professor Kei Lui

Using a clinical registry to reduce variation in clinical outcomes in Neonatal Intensive Care Units.



University of Wollongong

Dr Gillian Singleton

ePREVENT 360 – enhancing PREVENTION and primary care efficiency through digital previsit patient assessment, empowerment and monitoring. A mixed methods feasibility and acceptability study.



St Vincent's Hospital Sydney

Dr Jane Wu

Evaluating a new model of integrated care between acute and rehabilitation services via Proactive Rehabilitation Screening (PRoS).



Macquarie University

Mr Michael Doumit

Replacement of multi-disciplinary hospital clinic appointments with telehealth appointments delivered directly to the home.



Sydney Local Health District

Professor Ian Harris

Assisting patients with knee osteoarthritis to make informed choices about total knee arthroplasty and non-operative management.



Northern Sydney Local Health District

Professor Thomas Hugh

Surgeons' choices: Why aren't same-day hernia operations the norm in Australia?



QUEENSLAND

The University of Queensland

Dr Caroline Nicholson

To identify and provide management support for people at risk of frailty in general practice to reduce potentially preventable hospitalisations.



The University of Queensland

Professor Jenny Doust

Understanding the variation in the use of hysterectomy to improve outcomes for women with heavy menstrual bleeding.



University of Southern Queensland

Professor Sonja March

Finding the right balance of 'support': testing a new digital model of care for child and adolescent anxiety in regional communities.



Royal Brisbane and Women's Hospital

Associate Professor Shaun O'Leary

Reducing Inappropriate Medications for low back pain in the Emergency department (RIME): a controlled interrupted time-series implementation study.



VICTORIA

Eastern Health

Dr Ariel Roxburgh

Piloting a digital recovery platform to aid healthcare peer workers in improving patients' alcohol and drug outcomes.



Deakin University

Professor Andrea Driscoll

Regional heart health: keeping Australians out of hospital.



Monash University

Associate Professor Denise O'Connor

Value In Care – optimising surveillance COLonoscopy (VIC-COL) in Victorian healthcare services: an interrupted time series study.



Monash University

Professor Ilana Ackerman

Short stay hip and knee replacements.



Orygen

Professor Susan Cotton

An evaluation of an alternative model of psychiatric inpatient care for young people with severe mental illness.



Northern Health

Dr Sanjeevan Muruganandan

Digital health to extend Victoria's first specialised ambulatory pleural service: a proof-of-concept feasibility study.

Northern Health

Murdoch Children's Research Institute

Associate Professor Amanda Gwee

Reducing the burden of care on children with bone and joint infections with entirely oral antibiotic treatment.



Monash University

Associate Professor Victoria Manning

'AAT-App': Smartphone-delivered Approach Avoidance Training to prevent relapse and treatment re-admission among patients leaving residential alcohol treatment.



Monash University

Dr Jason Wallis

'Wiser Rehabilitation' following primary, elective total hip (THR) and knee (TKR) replacement surgery at a private hospital.



Baker Heart and Diabetes Institute

Associate Professor Melinda Carrington

Reducing readmission among patients with myocardial infarction in the COVID-19 era by applying digital cardiac rehabilitation and telehealth monitoring.



Monash University

Associate Professor Peter Malliaras

Internet and telerehabilitation-based management of rotator cuff related shoulder pain: a randomised control trial.



University of Melbourne

Dr Chris Schilling

Improving patient selection for total knee replacement (TKR).



Spine Society of Australia

Dr Michael Johnson

Identification and analysis of the variation of diagnosis and clinical outcome in patients undergoing lumbar spinal surgery.



TASMANIA

University of Tasmania

Professor Luke Bereznicki

Preventing adverse drug reactions in older Australians.



WESTERN AUSTRALIA

University of Western Australia

Dr Jacqueline Francis-Coad

Enabling functional independence at home – training support workers to deliver a fall prevention program to frail, older adults.



PUBLICATION AND PRESENTATION HIGHLIGHTS



Dr Mitchell Sarkies

Implementation of consensus-based perioperative care pathways to reduce clinical variation for elective surgery in an Australian private hospital: a mixed-methods pre-post study protocol. *BMJ Open* 13:e075008 (2023)

Professor Kei Lui

The Australian and New Zealand Neonatal Network: past achievements and future directions. *Pediatr Med* 2023;6:27.DOI: 10.21037/pm-21-93 *Pediatric Medicine* 6:27 (2023)

Dr Gustavo Machado

Process evaluation of the implementation of an evidence-based model of care for low back pain in Australian emergency departments. *Musculoskeletal Science and Practice* 2023 Aug;66:102814

Associate Professor Melinda Carrington

Digital health programs to reduce readmissions in coronary artery disease. *JACC Advances* 2:8;100591 (2023)

Optimising the implementation of digital-supported interventions for the secondary prevention of heart disease: A systematic review using the RE-AIM planning and evaluation framework. *BMC Health Services Research* 23:1347 (2023)

Mr Michael Doumit

Standards for the care of people with cystic fibrosis; establishing and maintaining health. *Journal of Cystic Fibrosis* 2024 Jan; 23(1):12-28.

Professor Ilana Ackerman

A systematic review and meta-analysis of short-stay programmes for total hip and knee replacement, focusing on safety and optimal patient selection. *BMC Medicine* 21:511 (2023)

Stakeholder perspectives on short-stay joint replacement programs: results from a national cross-sectional study. *BMC Health Services Research* 23:1436 (2023)

Professor Ian Harris

Discharge to inpatient rehabilitation following arthroplasty is a strong predictor of persistent opioid use 90 days after surgery: a prospective, observational study. *BMC Musculoskeletal Disorders* 24:31 (2023)

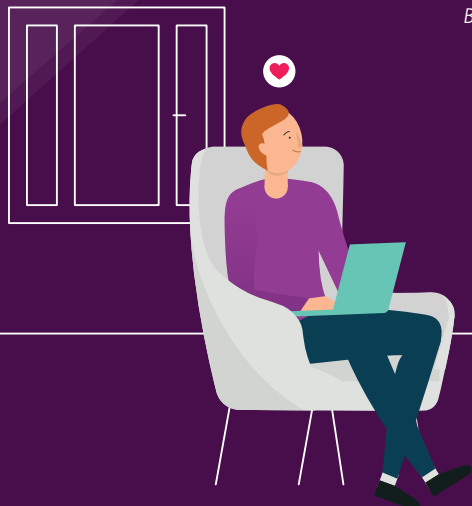
Establishing a hierarchy of total knee arthroplasty patients' goals and its congruity to health professionals' perceptions: a cohort study. *ANZ Journal of Surgery*. 2024 Feb;94(1-2):234-240

Professor Kate Curtis

Does improved patient care lead to higher treatment costs? A multicentre cost evaluation of a blunt chest injury care bundle. *Injury*. 2024, May;55(5):111393

Associate Professor Shaun O'Leary

Reinforcing informed medication prescription for low back pain in the emergency department (RIME): a controlled interrupted time series implementation study protocol. *BMJ Open*. 2024 Mar 12;14(3):e082668



2023-24 REVIEWERS

A/Prof Christina Aggar
Southern Cross University

Dr Rachel Ambagtsheer
Torrens University

Dr Phillip Aouad
University of Sydney

Julie Andrews
HCF

A/Prof Ralph Audehm
University of Melbourne

A/Prof Lauren Ball
University of Queensland

Dr Bonnie Bereznicki
University of Tasmania

Dr Melissa Black
Black Dog Institute

Dr Elyssia Bourke
University of Melbourne

Dr Jason Brown
Metro North Health

Dr Lisa Buckley
University of Queensland

A/Prof Thomas Buckley
Royal North Shore Hospital/
University of Sydney

A/Prof Jane Carland
St Vincent's Hospital Sydney

A/Prof Melinda Carrington
Baker Heart and Diabetes Institute

A/Prof Ronald Castelino
University of Sydney/
Blacktown Hospital

Andrea Caton
HCF

Prof Josephine Chow
Ingham Institute for Applied
Medical Research

Dr Bonnie Clough
Griffith University

A/Prof Beverly Copnell
La Trobe University

Dr Andrew Cottrill
HCF

Dr Lynette Cusack
University of Adelaide

Jonathan Davies
University of Melbourne

Dr Virginia Dickson-Swift
La Trobe University

Michael Doumit
Macquarie University

Prof Andrea Driscoll
Deakin University

Prof Mark Flynn
University of Newcastle

Dr Christopher Freeman
University of Queensland

Dr Joshua Garfield
Monash University

Dr Nidhi Gupta
Westmead Hospital

Dr Taylan Gurgenci
University of Queensland

A/Prof Reema Harrison
Macquarie University

Prof Anne-Marie Hill
University of Western Australia

Prof Harriet Hiscock
Murdoch Children's
Research Institute

Prof Alison Hutchinson
Deakin University

Prof Maria Inacio
South Australian Health and
Medical Research Institute

A/Prof Lisa Kalisch
University of South Australia

Dr Timothy Lathlean
University of Adelaide

Prof Trish Livingston
Deakin University

Dr Janet Long
Macquarie University

Prof Sonja March
University of Southern Queensland

Dr Donel Martin
Black Dog Institute/UNSW

Dr Kathryn Mills
Macquarie University

Prof Rebecca Mitchell
Macquarie University

A/Prof Rajat Mittal
University of New South Wales

Dr Carly Moores
University of Adelaide

Dr Reza Mortazavi
University of Canberra

Dr Tina Naumovski
Ingham Institute of
Applied Medical Research

A/Prof Jill Newby
University of New South Wales

Dr Caroline Nicholson
Mater Research Institute-University
of Queensland

A/Prof Theophile Niyonsenga
University of Canberra

A/Prof Melissa Nott
Charles Sturt University

A/Prof Denise O'Connor
Monash University, Cabrini Institute

A/Prof Shaun O'Leary
Royal Brisbane Women's Hospital

A/Prof Florin Oprescu
University of the Sunshine Coast

A/Prof Christopher Pearce
University of Melbourne, Monash

Dr Yang Peng
University of Queensland

Prof Lin Perry
University of Technology Sydney

Dr Christopher Pettigrew
HCF

Dr Marina de Barros Pinheiro
University of Sydney

Dr Sarah Prior
University of Tasmania

A/Prof Bernice Redley
Deakin University - Monash Health

Prof Grant Russell
Monash University

A/Prof Tarik Sammour
South Australian Health and
Medical Research Institute

Dr Mitchell Sarkies
University of Sydney

Dr Feby Savira
Deakin University

Dr Joyce Siette
Western Sydney University

Prof Jennie Scarvell
University of Canberra

Dr Timothy Schultz
Flinders University

Prof Karen Smith
Ambulance Victoria

A/Prof Jennifer Stone
University of Western Australia

Dr Rachel Swift
HCF

Prof Marianne Wallis
Southern Cross University

Dr Jennifer White
University of Newcastle

Prof Kate White
University of Sydney

A/Prof Christopher Williams
Mid North Coast Local Health
District/University of Sydney

Dr Louise Wilson
University of Queensland

Prof Valerie Wilson
Ingham Institute for Applied
Medical Research

Dr Joachim Worthington
Daffodil Centre

A/Prof Jo Wu
University of the Sunshine Coast

Dr Min Zhao
University of the Sunshine Coast

THE BOARD



Claire Jackson
MBBS, MD, MPH, CertHEcon, Grad Cert MGMT, FRACGP, FAICD
Chair
Professor Jackson was appointed as a Trustee in 2013, has been a director of the Corporate Trustee since its registration in 2015 and was appointed Chair in December 2020.



John Barrington
BComm, LLB, FAICD
Director
Mr Barrington was appointed to the Board of Directors of the Corporate Trustee in 2017.



Karen Price
MBBS, FRACGP, PhD, GAICD
Director
Professor Price was appointed to the Board of Directors of the Corporate Trustee in 2023.



Sheena Jack
BA (ACC), CA, GAICD
Managing Director
Ms Jack was appointed to the Board of Directors of the Corporate Trustee in 2017.

COMPANY SECRETARY



Nathan Francis
BBus, CA, FGIA, FCIS, GAICD
Company Secretary
Mr Francis has served as Foundation Company Secretary since March 2019.

HON ACCOUNTANT (HCF CFO)



Harry Robertson
BComm (Hons), CA, ANZIIIF (Fellow) CIP
Hon Accountant
Mr Robertson served as Company Secretary of the Foundation from July 2018 to March 2019 and is now Honorary Accountant.

MANAGEMENT



Julie Andrews
BAppSc, GradDipBM, MAICD
Research Advisory Committee Chair
Ms Andrews has served as the HCF Research Advisory Committee Chair since inception in April 2019.



Dr Christopher Pettigrew
LLB, BSc, BBiotech (Hons), PhD, MBA
Head of the HCF Research Foundation
Dr Pettigrew was appointed Head of the HCF Research Foundation in March 2021.

THANK YOU

"The HCF Research Foundation wishes to thank the members of the Research Advisory Committee for their contributions throughout the year. We thank our partners for their continued support for health services research, and we'd also like to acknowledge the significant contributions of our peer reviewers from across the country, volunteering to lend their expertise to review our 2024 research projects."

Dr Christopher Pettigrew
Head of the HCF Research Foundation

AUSTRALIAN CHARITIES AND NOT-FOR-PROFITS COMMISSION

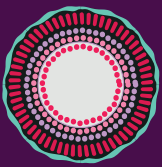
The HCF Research Foundation has been regulated by the Australian Charities and Not-for-profits Commission (ACNC) since the ACNC began in 2013. Further details about the ACNC can be found at [acnc.gov.au](https://www.acnc.gov.au)

The ACNC's purpose is to maintain, protect and enhance public trust and confidence in the sector through increased accountability and transparency.

HCF Research Foundation is a charitable trust and its trustee is HCF Research Foundation Limited (Corporate Trustee).



Go to [hcf.com.au/foundation](https://www.hcf.com.au/foundation) for more information and to subscribe to the HCF Research Foundation newsletter.



ACKNOWLEDGEMENT OF COUNTRY

HCF acknowledges the traditional custodians of the lands and water upon which we work and live.

We acknowledge Aboriginal and Torres Strait Islander peoples' rich history as traditional healers and scientists, who have taken care of the health of the land and its people for thousands of years.

We give thanks to elders past and present, who we have much to learn from on our reconciliation journey.

 [hcf.com.au](https://www.hcf.com.au)

