



# Health Translation SA

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## NHMRC Advanced Health Research and Translation Centre Progress Report

28 JUNE 2019



**Australian Government**  
**National Health and  
Medical Research Council**



NHMRC accredited Advanced  
Health Research and  
Translation Centre



# Question 1: Better Care

What health services (e.g., procedures, preventative measures, treatments or devices) has the centre developed, tested, implemented and scaled-up, or eliminated, to deliver better care for patients?

## Strategy to address this issue and progress to date

HTSA facilitates a collaborative environment to support clinicians, researchers, policy makers and community members to work together to address some of the real issues facing the health system and patients in South Australia (SA). We have taken a strategic approach to selecting and supporting our Flagship Programs, our Medical Research Future Fund (MRFF) projects and other platforms with the goal of enabling better care and better health outcomes for patients. Our Flagship Programs include the: Aboriginal Chronic Disease Consortium - focusing on evidence-based strategies for heart disease, cancer and diabetes within the Aboriginal community across SA; Registry for Older South Australians - providing the evidence needed by services providers to improve care particularly across aged care services; Bowel Cancer Initiative - being used to reorient coloscopy and other related services; Cardiac Rehabilitation project - working at a state and national level to refocus services on outcomes that can be measured and systems to measure practice and; Omega 3 supplements initiative - changing the international landscape on pre-natal nutrition needs of pregnant women.

Additionally, our MRFF funded projects are specifically working to provide better care. These include:

- harnessing digital technology to improve the way healthcare services are provided to people with a mental illness; working with frail aged services to measure and understand the best models of care;
- integrating care for patients with Type 2 diabetes including a significant health literacy component in high needs communities;
- improving the quality of care for people receiving joint replacement surgery providing real time data to improve pre and post-operative care and;
- increasing the breadth and speed of access to quality stroke interventions ensuring implementation of best practice healthcare.

All projects include health service staff - clinicians, researchers, consumers and system-based staff working in cooperative teams to improve practice and health outcomes. Additionally, we are currently shifting our focus to system-based barriers that must be addressed if we are to improve the speed and scale of the implementation of these important "better care" projects.

Activities include improving data access and data analytic capacity to better inform a learning health system, improving ethics and governance processes to enable research projects and enhancing infrastructure to support clinical trials, commercialisation and consumer engagement across the state.

## Measures/metrics used to determine success

1. Number of health service organisations that have adopted and implemented evidence-based care including processes, procedures and treatments;
2. Number of research priorities identified by end-users;
3. Number of initiatives that engage Aboriginal and Torres Strait Islander community and consumers or other vulnerable groups to inform research priorities and translation activities and;
4. Number of clinicians involved in research (co-design, undertaking, leading)

## Impact Pathway

Across the breadth of the impact pathway with activities still occurring however much of HTSA research currently sits between outputs and impact.



## Case Study: No Australians Dying of Bowel Cancer

### Challenge Very high rates of bowel cancer in South Australia

Australians have a very high risk of colorectal (bowel) cancer, among the highest in the world, and colorectal cancer (CRC) is the third most common cancer and the second leading cause of cancer death in Australia. Yet, CRC is a largely preventable cancer, with known risk factors for lifestyle change, effective screening programs for early detection and improved surgical and medical care for better treatment and survival outcomes. There is a need to prioritise investment in cancer control to better apply the existing evidence to make death from bowel cancer a thing of the past and significantly enhance patient care.

### Approach/response No Australians Dying of Bowel Cancer Initiative

The No Australians Dying of Bowel Cancer Initiative (NADBCI), one of HTSA's first research translation initiatives and a HTSA Flagship Program, aims to achieve zero preventable deaths from bowel cancer in the South Australian (SA) population by 2030 via evidence-driven interventions - primary prevention, secondary prevention and treatment and survival. The NADBCI is locally embedded and led through an established, state-wide multidisciplinary network bringing together leading academics, policy makers and health care delivery agencies. This includes front-line health services and providers including general practitioners (GPs), four major Adelaide public hospitals and consumers with identified priorities to eliminate preventable CRC deaths.

This formation of strong partnerships maximises the use of limited resources through the adoption of an interactive, collaborative and integrated knowledge translation approach. It fosters sharing of knowledge, learnings and outcomes and utilising pre-existing networks to expedite dialogue, interaction and implementation of evidence-based interventions. NADBCI is underpinned by economic modelling that develops realistic targets to measure and review progress and data analysis of a comprehensive CRC linked dataset.

## Significance

The NADBCI has strengthened SA health services and systems research to deliver better quality of care for CRC as evidenced by short-term research-related (advancing knowledge and capacity building), translational related (strengthening and building collaborations), and community-related impacts. The NADBCI has facilitated, advocated and achieved:

- Establishing a realistic target of 60% bowel screening participation (currently 41%) and 90% follow-up colonoscopy (currently 70%) by 2020, almost halving the current age standardised colorectal cancer mortality rate and from 2030-2040 predicted to save the health system about \$450 million.
- State and Federal advocacy to keep bowel cancer on the political agenda through Government attention to the urgent need to address public colonoscopy services leading to a \$5 million pre-election commitment.
- Improved public colonoscopy wait lists over the last 6-months of 2018 and an upward trend in bowel cancer screening participation rates, with the SA rate of 47% being the highest in Australia.
- Helping GPs to refer well and efficiently and provide equitable, excellent and affordable colonoscopy for all South Australians.
- A Colonoscopy Lead Committee, being the only group of frontline services addressing the long-standing colonoscopy wait list problem.
- Ongoing provision of robust data that highlights where inequalities exist and explores patterns of care and variations in CRC clinical practice in SA.

## Reach

The NADBCI reach is potentially significant, being a state-wide collaborative. This is evidenced through;

- Ongoing state government attention to sustainably improving public colonoscopy services across all Local Health Networks with evidence-based models of care.
- Federal and state Government attention to improve the bowel cancer screening rate for Aboriginal and Torres Strait Islander people, who are diagnosed with bowel cancer at a younger age and at a more advanced stage.
- Front-line services, including GPs, who are identifying feasible and effective solutions to improving bowel cancer screening rates and the long-standing wait list problems.
- A state-wide CRC linked dataset that underpins NADBCI program activity and highlights where inequalities exist and explores patterns of care and variations in clinical practice in SA.

Short term project-based funding has presented issues for the sustainability for this initiative. A focus of clinician involvement and engagement with policy makers is enabling widespread ownership and increasing its ability to further improve its impact at scale in an ongoing manner. This project could be an exemplar for other jurisdictions.

## NADBCI



Start

Activities

Outputs

Outcomes

Impact

Scaled and  
Sustained

## Question 2: Platforms and Systems

What platforms or systems has the centre developed to support improved health services?

### Strategy to address this issue and progress to date

HTSA is committed to reorienting systems and platforms to ensure there is the infrastructure in place to accelerate research findings into action to support improved health services. Platforms are strongly embedded in our governance structure with operations focusing on data access and analytics, clinical trials/registries, consumer engagement, communication and commercialisation.

HTSA progress to date includes:

- establishing a Registry of Older South Australians to inform service provision in aged care in SA;
- establishing the SA Aboriginal Chronic Disease Consortium to drive reform across the state;
- driving the creation of indicators to measure Cardiac Rehabilitation across Australia;
- supporting the development of a digital platform to better support complex mental health patients;
- collaborating with SA Health to establish a Clinical Informatics Hub to make better use of the rich supply of data and provide evidence to improve the quality and safety of health and care services and supporting decision makers to better use quality data for service planning, operations, evaluation, health policy and health service delivery including clinical decision making and research translation to improve patient outcomes;
- leading, locally and nationally, the development of a collaborative platform building capacity of the Aboriginal health workforce;
- active engagement in improving the engagement of consumers and the community ensuring HTSA work is relevant to the current and future needs of our community that can be easily translated into clinical practice leading to better health outcomes;
- bringing together those across the academic sector who deliver training in implementation science, knowledge translation and quality improvement to work with health services to package training to meet their needs and;
- building alliances between all players in the clinical trials and registry science space to support strategic systems change.

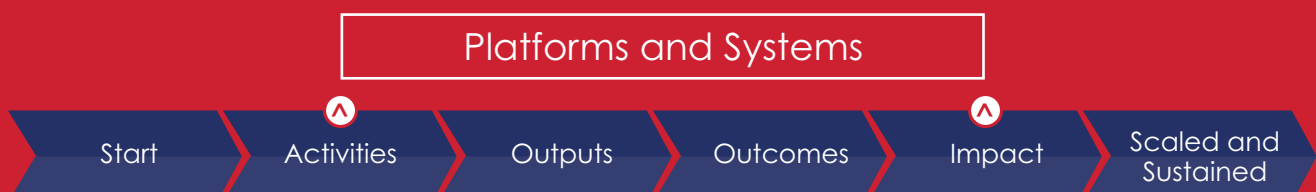
As there are many stakeholders and multiple agendas that need to be brought together to build collaborative approaches to platform and system development achieve a common goal is an ongoing challenge. Vision, leadership and coordination capacity are vital. HTSA is investing significantly to enable platforms and systems to be in place to coordinate effort across the state.

### Measures/metrics used to determine success

1. Number of formal arrangements in place with other Partners and stakeholders to enable success of platforms and systems and;
2. Number and reach of collaborative networks across the partnership and beyond the partnership that bring together academic, health service and education providers

### Impact Pathway

HTSA ranges across the impact pathway with work in the activities space through to well developed work that is now producing outcomes that will impact on improved health services.



## Case Study: The Rapidly Ageing Population in South Australia and ROSA

### Challenge

#### Our rapidly ageing population in South Australia

In 2018, 16% (3.9 million) of Australians were over 65 years old and this is expected to increase to 19% by 2031. Currently those over 65 years old account for 41% of hospitalisations in the country, 48% of the days spent in hospital and they use ambulance services at much higher rates than younger people. Ten percent of older Australians receive aged care services, which costs the Commonwealth \$18 billion/year. This high demand and cost on both the aged care and health sectors will continue to increase resulting in an urgent need to better coordinate and integrate information about people receiving aged care services. Significant opportunities exist regarding the evaluation of the appropriateness and effectiveness of care within the care of older Australians.

### Approach/response

#### Registry of Older South Australians

With funding from the Premiers Research Fund (\$4million over 4 years) the Registry of Older South Australians (ROSA), a HTSA Flagship Program, was established as a powerful cross-sectoral data platform. It was developed by the Healthy Ageing Consortium which is coordinated by HTSA. ROSA enables the provision of robust evidence for cost-effective service innovations, models of care, and other solutions to improve the lives of older Australians. ROSA brings together diverse datasets including the National Aged Care Data Clearinghouse, Pharmaceutical Benefits Scheme, Medicare Benefits Schedule, National Death Index, hospitalisation/emergency rooms visits' and ambulance services records collected across Australia, to provide a whole picture of the ageing pathway. ROSA contains a Historical National Cohort (1997-2017, >2.9million people), which consists of the entire population of older people who accessed government subsidised aged care services in Australia and these individuals' health services utilisation and mortality information.

Additionally, it has a state-based Prospective Cohort (2018-onwards) that contains more detailed information on 16,000/year individuals accessing aged care services after aged care eligibility assessments in SA. ROSA monitors safety and quality indicators of care, which allows for

### Significance

It is a unique, powerful national resource, like nothing else seen in Australia, used by researchers, clinicians, aged care and health care providers, policy makers and the government to ensure aged care and health care sector decision-making and appropriate recommendations that are evidence-driven. This includes evidence that waiting for home care services is associated with a higher risk of mortality and increased risk of entry into permanent care (which is less desirable, can lead to decline, and is costly), more appropriate medical service utilisation, less preventable hospitalisations and emergency encounters, and costs savings to health and aged care systems.

In October 2018 a Royal Commission into Aged Care Quality and Safety was established to investigate the safety, quality, mistreatment and abuse in the aged care sector and investigate sustainable strategies to best meet the needs of older Australians.

ROSA has been informing this Royal Commission on several fronts: firstly, by providing reports, such as the utilisation of antipsychotic medicine use in residential aged care that have been used in public hearings; secondly, by providing evidence for background documents; and thirdly, by sharing ROSA's work on the development of quality and safety indicators in care to inform their investigations. These contributions showcase ROSA's ability to deliver evidence directly to influential decision makers.

the identification of variation in care, areas in need of improvement, and importantly benchmarking of best practices. This one-off data collection, along with the analytic capability of ROSA's team, guides evidence-driven decision making for quality, coordinated, efficient and age-friendly services and practices to complement reporting by government institutions. Importantly, its governance structure includes services providers and clinicians to ensure that data is accurately interpreted and then positioned to be integrated into practice.

### Reach

By partnering with industry, advocacy organisations, consumer representatives, and other key stakeholders, ROSA addresses questions that are relevant to the Australian ageing population, as well as to government, non-government organisations, industry and researchers. Nationally and internationally ROSA is a resource available to provide high quality evidence to support informed service provision. ROSA will continue to be of benefit to the Royal Commission on Aged Services providing robust evidence to improve and benefit the aged care population. It will focus on ensuring its outputs are digestible and suitably packaged to inform and influence practice at scale. Additionally, ROSA is being positioned as a resource in other projects to provide baseline and post intervention measurements.

ROSA



Start

Activities

Outputs

Outcomes

Impact

Scaled and  
Sustained

# Question 3: Meeting Catchment Needs

How is the centre meeting the needs of its population, including vulnerable groups?

## Strategy to address this issue and progress to date

HTSA is a unique partnership that aims to address the needs of the entire South Australian population. We encompass the full breadth of health service delivery, covering the entire geography of the state. We provide a focal point for a state-wide collaborative, cross-sectoral approach to research and the translation of evidence into patient care. Extensive consultation across Partners and other stakeholders has been undertaken to ensure HTSA priorities are relevant to the needs of SA.

HTSA continuously engages with partners and stakeholders to ensure the needs of the population continue to be met. This has included discussions regarding acute and primary care health services, government, academia and vulnerable and hard to reach populations. Our Flagship and MRFF funded projects directly addressed the needs of our catchment. This is either through their inclusion as a Flagship Program or their competitive success in a funding round that was based on addressing state specific research translation challenges. Our workforce capacity building initiatives are working to address the needs of staff from health services and the research sector.

Our platforms are specifically working to enable, and address system needs across the state including data and data analytics, commercialisation and consumer engagement. In the area of vulnerable groups, we work with our Partners including the Aboriginal Health Council of SA and SA Health Aboriginal Health Directorate to ensure reach across the state to address the health needs of Aboriginal People in regional and remote settings. Two specific linked projects have this focus: the SA Aboriginal Chronic Disease Consortium and a project 'Improving Aboriginal Kidney Care'. Work with the Country Primary Health Network (PHN) and Country Health SA have enabled us to include the needs of regional and remote South Australians in our plans.

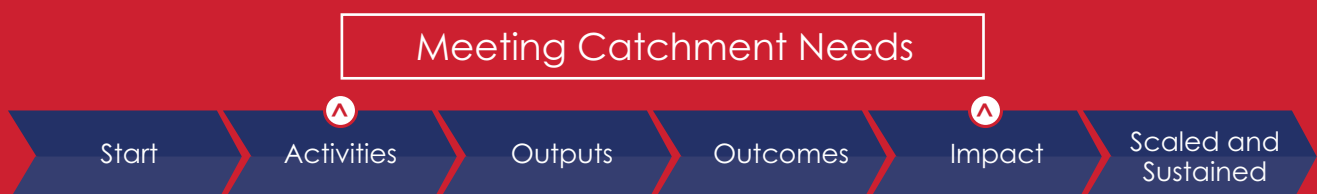
Additionally, through the recent MRFF funding round we have worked to fund strategically targeted, collaborative projects that address catchment needs. These include supporting those with severe mental illness from relapse and avoidable hospitalisation, improving models of care for out of hospital care for frail older people across SA, building capacity of the Aboriginal workforce, addressing data access and data analytic capacity issues in the state and focusing on the problematic service gap to address the pathway between acute and primary care.

## Measures/metrics used to determine success

1. Number of public consultations or forums facilitated by HTSA, Partners, stakeholders and researchers;
2. Number of end-users involved in design of implementation strategies;
3. Number of initiatives that engage Aboriginal and Torres Strait Islander community and consumers or other vulnerable groups to inform research priorities and translation activities; and
4. Number and reach of collaborative networks across the partnership and beyond the partnership that bring together academic, health service and education providers

## Impact Pathway

HTSA is well placed to address the needs of the South Australian population and is currently operating across the pathway from activities to impact.



## Case Study: The burden of chronic disease on Aboriginal people and the SA Aboriginal Chronic Disease Consortium

### Challenge The burden of chronic disease on Aboriginal people in South Australia

The gap in life expectancy that forms the daily reality for Aboriginal people is of urgent priority in the Australian community. Contributing to this gap is the burden of chronic diseases with stark disparities in diabetes, cancer and heart and stroke. These have an extensive, detrimental impact on the lives of many Aboriginal people and their families. These disparities include unacceptable levels of care experienced by Aboriginal patients in primary and in-hospital care, as well as the issues confronting patients when leaving hospital and returning home, particularly with respect to discharge advice, medication management and ongoing follow-up. Action is needed to address these challenges to ensure health and social equity for Indigenous Australians.

### Approach/response Aboriginal Chronic Disease Consortium

In South Australia (SA) the Aboriginal Chronic Disease Consortium (SA ACDC), a HTSA Flagship Program, was established in 2016 through funding from SA Health. It aims to address needs identified by the Aboriginal community, the SA Health Aboriginal Health Directorate and the Wardlapingga Aboriginal Research Unit at SAHMRI in three research-based plans that focussed on diabetes, cancer control and heart & stroke for Aboriginal people. The SA ACDC takes a holistic, inclusive approach to Aboriginal chronic disease prevention and management that ensures the community and all relevant stakeholders are involved in the implementation of the findings of the three evidence-based plans. This includes a concerted effort across the health sector, working in partnership with the Aboriginal Community Controlled Health Services, acute care services and primary care services. Community members are at the core of the governance structure with representation of Aboriginal people at all levels with strong Aboriginal leadership. The SA ACDC Coordinating Centre has 5 years of funding (\$380,000/year from SA Health) and was also a recipient of MRFF funding for specific projects that included building a system wide evaluation framework and a model of care for transition from acute to primary care. Additionally, other projects include development and implementation of a culturally appropriate Emergency Service Protocol and evidence-based risk factor screening project, resources for diabetes services, cancer healing centres, better pharmacy support leaving hospital and post discharge and other identified priorities on an initial "SA ACDC Roadmap for Action" that included a range of across condition, priority strategies.

## Significance

The vision of the SA ACDC is to reduce the impact of chronic disease experienced by Aboriginal people living in SA. It has driven immediate outcomes. Firstly, a very important initial piece of infrastructure was developed in partnership with stakeholders. This Aboriginal Chronic Disease Monitoring and Evaluation framework ensures that any changes that are implemented can be measured and that the system can be held to account. This has led to the development of a suite of Aboriginal Health indicators (aligned with National Safety and Quality Health Service Standards and Patient Reported Experience Measures) that will be used in an Aboriginal-specific dashboard by SA Health.

The dashboard will provide accessible, up-to-date information on health activity and outcomes and will provide a solid evidence base to guide chronic disease policy and advocate for changes in policy and resource allocation. Secondly, working with all relevant stakeholders to develop a model for improving ongoing care after a hospital stay at South Australia's largest hospital - the Royal Adelaide Hospital (RAH) was critically important. This is now being used to improve the transition between hospital and home and ultimately health outcomes for patients and their families. Additionally, the Emergency Services Protocol is now being used to ensure culturally appropriate evacuation, transfer and retrieval of Aboriginal patients in an emergency and the Risk Factor Assessment and Screening Protocol is now providing clinical and cultural guidance for health service providers across a broad spectrum of clinical professions in the primary and acute health care systems in South Australia. Other projects are similarly being integrated into routine care.

## Reach

The primary beneficiaries of the SA ACDC are Aboriginal individuals and their families in South Australia through improved care for those experiencing chronic diseases of diabetes, cancer and heart and stroke. In addition, the development of collaborative relationships across the SA ACDC and within clinical disciplines and in-hospital environments ensures that health services are improving their understanding and ability to respond to the specific needs of Aboriginal patients in a culturally relevant and responsive manner.

This includes hospital, clinical staff, health administrators and researchers specifically associated with the RAH, who treat most Aboriginal patients across the state, and in primary care services across South Australia. It has been reported that PHN's have changed and improved their commissioning models to include deliverables that resonate with the SA ACDC Roadmap for Action.

The community is demanding an increased focus of preventative activities and better management of disease to reduce unnecessary complications. This continues to need a concerted effort across the health sector, working in partnership with the Aboriginal Community Controlled Health Services and other services. Access to an Aboriginal workforce that provides leadership and capability across both service delivery and research is vital if we are to have the impact needed, at scale. HTSA is investing heavily, through capacity building initiatives to build a workforce that is suitably skilled to meet this need.

## SA ACDC



Start

Activities

Outputs

Outcomes

Impact

Scaled and Sustained

# Question 4: End User Involvement

How are end-users, particularly consumers and clinicians, setting research directions or otherwise actively involved in closing the loop between clinical practice and research?

## Strategy to address this issue and progress to date

HTSA actively engages “end-users”, particularly consumers and clinicians, through its governance structures, strategic priority setting processes and funding opportunities to ensure that research projects and associated activities are addressing the needs of the people they impact and are translatable into clinical practice to improve health outcomes.

As well as thinking about “end-users”, we are also encouraging research translation teams to consider “next users”. This helps promote the concept that at all stages of the translation pathway the “next user” must value the outputs from the previous stage. Our partnerships with SA Health, the clinical academics at our University Partners and those driving Country SA PHN, Adelaide PHN, the Aboriginal Health Council of SA and Health Consumers Alliance SA, enable us to work with interested clinicians across the sector.

At a system level integrating research into practice is integral. HTSA continues to work with key leaders to promote research as a key part of health services business and not a separate silo. We seek primary care clinician involvement through groups like the RACGP and the AMA. Clinicians were extensively involved in the initial establishment of HTSA, participating on all committees and on the management structure. They have been involved in the co-design, management and delivery of all HTSA projects including our Flagship Programs and all MRFF funded projects.

In our most recent MRFF funding round in February 2019, a strategic project approach was used where health service staff including clinicians, academics, researchers, policy makers and consumers came together to develop solutions to address some of the key health care issues facing the health system and patients in SA. Clinicians were actively engaged in leading these strategic projects. Consumers have been involved in all stages of the research co-design process. This has included from priority setting through to proposal and project development and implementation. They have also played an important role on Project Review Panels in two funding rounds.

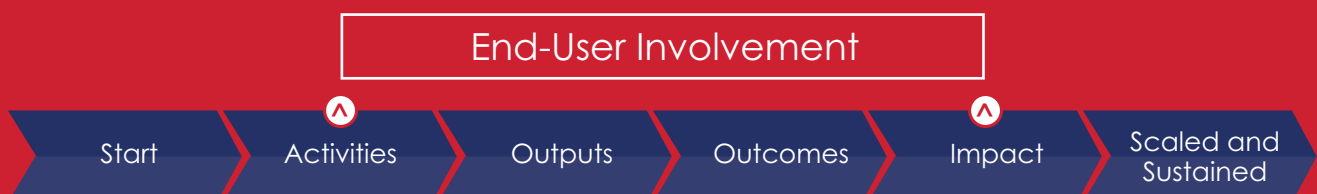
HTSA has a dedicated staff member who implements a consumer and community engagement framework. This framework guides a range of capacity building and infrastructure projects to ensure consumers can have a greater voice in our work and develop strong and productive relationships with our researchers. Additionally, there are a range of capacity building activities to support community members and researchers in this aspect of the research process. A Community Interest Register, which provides a database of consumers who are interested in being involved in health and medical research, has recently been implemented.

## Measures/metrics used to determine success

1. Number of research priorities identified by end-users;
2. Number of end-users involved in design of implementation strategies;
3. Number of initiatives that engage Aboriginal and Torres Strait Islander community and consumers or other vulnerable groups to inform research priorities and translation activities;
4. Number and reach of collaborative networks across the partnership and beyond the partnership that bring together academic, health service and education providers and;
5. Number of clinicians involved in research (co-design, undertaking, leading)

## Impact Pathway

HTSA is positioned from activities through to impact on the impact pathway.





## Case Study: Reducing the risk of being born too soon - Omega 3 Initiative

### Challenge Reducing the risk of being born too soon

Each year around 15 million babies worldwide are born preterm (<37 weeks gestation). Preterm birth complications are the leading cause of death for children under 5 years of age and is directly responsible for more than 85% of all health complications in early life. In South Australia, 1 in 10 babies are born preterm. These babies often require long periods in intensive care and may have short and long-term health and developmental problems. Despite many efforts made to reduce preterm birth, rates continue to rise. It is crucial to find and implement successful strategies to prevent preterm birth. Very few interventions have been effective, but omega-3 supplementation during pregnancy is one of the most promising.

### Approach/response Nutrition supplementation using Omega 3

The Omega 3 project, part of HTSA's First 1000 Days Flagship Program, aimed to synthesise the evidence from a Cochrane systematic literature review of the effect of Omega-3 Fats on reducing the risk of premature birth, with an initial objective to develop and implement new clinical and community pathways for targeted omega-3 interventions. Economic modelling suggested that the successful implementation of clinical and community pathways for increasing omega-3 levels is likely to save the Australian public healthcare system at least \$50 million per year, by preventing some instances of very expensive neonatal intensive care.

Consumer engagement, specifically with pregnant women, those planning pregnancies, women with young children and diverse groups of women including Aboriginal women who continue to experience poorer health outcomes when compared to other Australian women, revealed low awareness around preterm birth and its consequences. This consumer engagement also highlighted health professionals being their main source of relevant information. As a result, the research team prioritised increasing awareness of the importance and benefits of Omega 3 fats supplementation through the development of accessible consumer and health professional materials to increase understanding with end-users. Additionally, the project has been working with policy makers, service providers and industry to disseminate and imbed the findings into ongoing practice.

### Significance

The Cochrane review showed supplementation of Omega-3 fats (mostly fish oil) can reduce the risk of preterm birth by 11% and early preterm birth by 42%. The findings guided development of a clear recommendation for health professionals and pregnant women.

The materials that were developed contain information and actions to translate the findings into practice. The findings are being incorporated into NHMRC national clinical practice pregnancy guidelines.

Ongoing work will help determine which specific groups of women (e.g. those with low omega-3 levels, Aboriginal women), will benefit most from fish/algal oil supplementation and how to easily identify these women through dried blood spot technology.

Key stakeholders (health professionals, pregnant women), along with policy makers and industry, are actively engaged in the development of pathways and planning of an implementation strategy.

### Reach

Women, health professionals, government, consumers, the research community and industry benefited from this research. The findings received extensive national and international media coverage, including the ABC Health Report, as did the associated The Conversation piece which was read more than 7000 times in less than a week. The Cochrane review reached an Altmetric score in the top 5% in less than a day and received 23 academic citations in six months. The findings and advice for pregnant women received endorsement by the State Minister for Health and Wellbeing and were integrated into the national clinical practice guidelines which are influential in changing practice of health professionals in antenatal care (obstetricians, gynaecologists, GPs, midwives, Aboriginal and Torres Strait Islander health workers, migrant and refugee health workers, pharmacists, dietitians and nutritionists).

Online resources for practitioners and consumers were developed including a webpage for consumers and health professionals to access further information and advice, with an explanatory infographic being developed in collaboration with the Cochrane group. The research team benefited through capacity building in implementation of evidence into policy and practice and engaging with media, and the research community benefited through presentations of findings to the national Preterm Birth Alliance meeting in November 2018 and March 2019. Industry engagement was also incorporated to encourage production and marketing of a product that reflects the evidence.

Adoption of these findings by primary care clinicians is slower than desired. HTSA will support efforts to link into GP networks and capacity building initiatives to reinforce implementation strategies to support scaled and sustained impact.

## Reducing the risk of being born too soon

Start

Activities

Outputs

Outcomes

Impact

Scaled and  
Sustained

## Question 5: Workforce

How is the centre building workforce capacity and capabilities in research and translation to ensure health professionals have access to evidence-based education and training and are contributing to health research?

### Strategy to address this issue and progress to date

HTSA has recently appointed dedicated staff to build capacity and build the workforce across SA. A two-pronged approach to capacity building has been adopted. Firstly, we are linking with, supporting and promoting current capacity building activities that are part of partner, state and national programs of work.

This includes:

- National Indigenous capacity building network;
- relevant courses being run by our partners and other Translation Centres across Australia;
- implementation fellows who are part of MRFF funded Aboriginal capacity building project;
- data translation fellows who are part of MRFF funded Clinical Informatics Hub;
- Entrepreneurial Research Accelerator program for MRFF funded projects teams;
- Research translation communication skills course offered to MRFF project teams and;
- a Partner wide Honours/PHD student translation project Open Night.

Secondly, we are working to develop and implement a long-term strategy that will include three pillars:

1. Training: providing accessible quality training in core competencies of health research translation;
2. Networking: facilitating relationship building and collaboration via the establishment of a Health Translation Network and/or communities of practice and;
3. Career Pathway Development: creating valued career-pathways and embedding health research translation in the health system.

Preliminary scoping of the 'health translation' landscape has been conducted and consultation on opportunities and gaps/needs is being provided by a broad cross-section of people with expertise in the field. Consultation will inform the finalisation of a strategy for capacity building as well as the evaluation framework and metrics for evaluation. Additionally, HTSA has: commissioned a literature review of terminology - meaning and use - around Health Research Translation and associated terms; developing an online resource bank of all relevant training courses; raising awareness with students to health translation projects; expanding & evaluating the "Entrepreneurial Research Accelerator" program piloted in 2018 & offered to project teams in 2019 (maximising research impact); developing and piloting a "Consumer Engagement" Masterclass; exploring opportunities to provide training in 'Implementation Science', and 'How to Engage with Government and Policy Makers'.

### Measures/metrics used to determine success

1. Number of public consultations or forums facilitated by researchers, HTSA, Partners and stakeholders;
2. Number of initiatives that engage Aboriginal and Torres Strait Islander community and consumers or other vulnerable groups to inform research priorities and translation activities;
3. Number of clinicians involved in research (co-design, undertaking, leading) and;
4. Number of capacity building initiatives/activities

### Impact Pathway

HTSA is building strong foundations through activities on the impact pathway.

### Workforce



## Question 6: Partner Contribution

How are the partners of the centre contributing to its operation?

### Strategy to address this issue and progress to date

HTSA's unique partnership unites nine academic, research and health care agencies within SA, encompasses the full breadth of health service delivery across the state and represents organisations who can contribute to, and directly influence, the activities of HTSA. Our Partner agencies are the SA Department for Health and Wellbeing (the Department) and its five Local Health Networks; the State's two PHNs – Adelaide and Country SA; SAHMRI; the three South Australian universities – Flinders University, Adelaide University and University of South Australia; the peak body representing the Aboriginal Community Controlled sector in SA – Aboriginal Health Council of SA (AHCSA); and the State's peak health consumer agency - Health Consumers Alliance.

Consultation with all Partners, in 2018, led to a governance and operations refresh to position HTSA into future. This included the creation of a representative Board of Partners which meets 6 times a year. All Partners make annual financial contributions to support the operations of HTSA. Members of Partner organisations also contribute to HTSA and other projects as required. Importantly, the organisations responsible for delivering health services in SA, the Department, PHNs and AHCSA Executives have been engaged in the development of HTSA'S priorities and with many of the Flagship Programs and funded projects. In addition, the Health Department is engaged at the highest level within the governance structure of HTSA which guarantees ongoing overview of the current of the state's acute health service issues, priorities and outcomes. The Board also convenes working groups to undertake specific tasks as needed. These groups may be led by a Board member or an appointee of the Board and can include other members with relevant expertise invited from the broader community. For example, a Board Research Advisory Group was convened to oversee the recent MRFF funding. The group comprised HTSA Board members, researchers, SA Health Executives and consumers. Their role was to determine Strategic Priority Areas and options for a process to distribute funds. By combining the expertise and strengths of its Partners, HTSA was effectively placed to identify and then fund challenges in health in this grant round. SAHMRI, who accommodate the HTSA office, acts as the administering organisation for HTSA and make multiple in-kind contributions to support the high functioning of the centre. HTSA also holds a Stakeholder Forum twice a year with the aim of informing, consulting and involving key stakeholders, who are not partners, in the development of priorities and the operational activities. This group reports to the Board and has been involved in setting the health research translation agenda in SA.

## Question 7: Clinical Trials

Have you improved processes (e.g. ethics and/or governance arrangements) so that your patients can access clinical trials more easily and/or sooner?

### Strategy to address this issue and progress to date

HTSA initially set up a Clinical Trials Committee to bring key stakeholders together under the Centres umbrella. Clinical Trials and registries remain a key work platform. Activities to date include:

- Working with SA Health to commission an enquiry into Ethics and Governance processes in SA and helping promote the findings of the enquiry
- Working with COAG funded Clinical Trials Coordinator position, based in the SA Health Research Office, to support and promote their deliverables while ensuring that clinical trials development activities are well coordinated
- Supported and promoted the consultation of the developing Australian Commission of Quality and Safety in Healthcare Clinical Trials Framework
- Convened preliminary workshops with SA Health Research Offices, researchers and academic administrators, who have carriage of Clinical Trials related activities and infrastructure, to develop connections across SA
- Commenced a mapping process of the current activities across the state in the Clinical Trails space
- Worked to progress the establishment of a Registry Centre which would enable the use of registries for clinical trials
- Working closely with Adelaide Biomed City (ABMC) and their Clinical Trials sub-committee to ensure all approaches are connected

Currently we are working with ABMC and SA Health to map current clinical trials capability and stakeholder activities across SA. This will lead to a significant stakeholder forum where all interested parties from ethics committees to researchers and industry partners will come together to develop a Road Map for Clinical Trials Success for SA. It is anticipated that this will include the identification of 3-5 tangible activities that will make the most difference in progressing clinical trials in the state and gaining commitment for stakeholders to support short, medium and long-term progress.



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> RESEARCH > ACTION > IMPACT

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