La Trobe University

Research Impact Report

Academic & Research Collaborative in Health

July 2025

This report was prepared by the ARCH Site Directors with assistance from the La Trobe University Impact Team.
For queries or corrections please contact impact@latrobe.edu.au

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Acknowledgement of Country

La Trobe acknowledges that our campuses are located on the unceded lands of many traditional custodians in Victoria and NSW. We recognise their ongoing connection to the land and value their unique contribution to the University and wider Australian society.

La Trobe University is committed to providing opportunities for Aboriginal and Torres Strait Islander people, both as individuals and for communities, through learning and teaching, research and community partnerships across all our campuses.

We pay our respects to Elders past and present and thank them for their ongoing care of the land, skies, and waterways of this beautiful country.
We acknowledge our Indigenous staff for their valuable contributions, dedication and ongoing support of our strategic objectives.

ARCH EXECUTIVE DIRECTOR REPORT

Professor Meg E. Morris, FACP

Welcome to the ARCH 2025 Impact Report. Together with our industry partners, consumers, the public, policy makers and the community we have co-designed, implemented, evaluated and translated into clinical practice and health policies research projects to improve the health of Australians. The La Trobe University ARCH was conceptualised and introduced in 2019, just before the COVID19 pandemic. Since that time, we have conceptualised, designed, implemented, evaluated, conducted analytics and implemented into policy and practice 95 research projects with impact on knowledge, health and wellbeing, social care and economics in Australia and across the globe. The ARCH is a collective effort between La Trobe University and leading Victorian healthcare providers, including Alfred Health, Austin Health, Eastern Health, Healthscope, Mercy Health, Northern Health, The Royal Melbourne Hospital, and The Women's. These partnerships combine clinical research, health services research and qualitative research with education and training to create a unique learning ecosystem that facilitates translational outcomes. The research conducted within ARCH spans various areas, such as health services safety and quality, health workforce re-design, the care economy, application of artificial intelligence and mixed reality, aging and aged care, chronic disease management, falls and fractures, maternal and child health, and rehabilitation. Consumers who are care recipients, patients or family members co-partner in ARCH research projects, evaluation and implementation of research findings into policy and practice. The ARCH also has a vibrant training program for research and higher degree students who are embedded in ARCH sites to ensure that projects are relevant to the needs of partners and the end-users of knowledge and interventions generated by our teams.

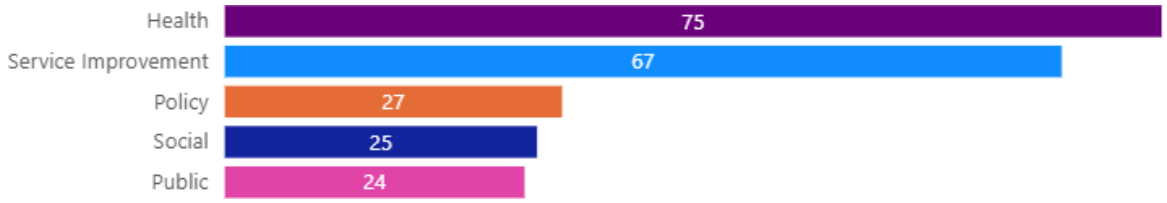
Please see our website at:

https://www.latrobe.edu.au/research/arch

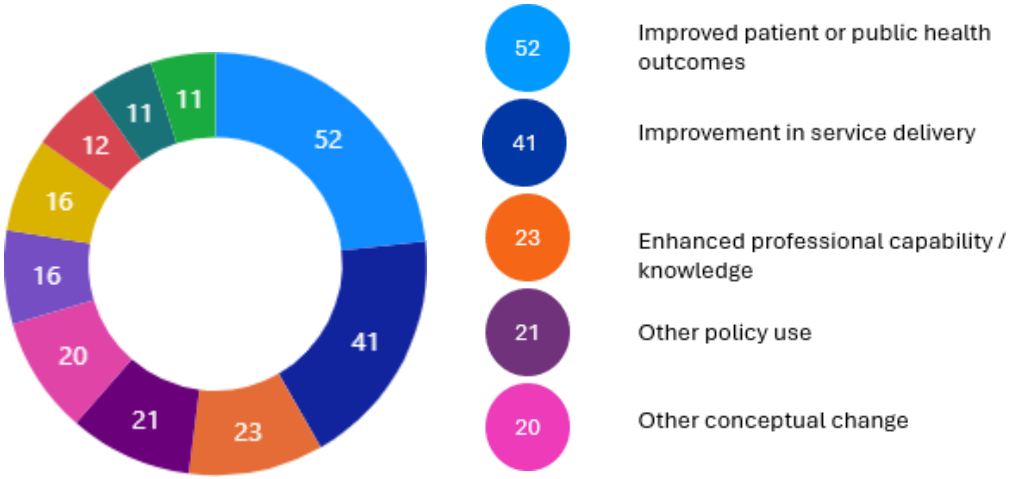
ARCH: TYPES OF IMPACT

Our research makes a difference across many different areas of health, wellbeing and society. Our greatest impact has been in health and improvements to health and social care services.

Top 5 impact types for ARCH research projects



Our top 5 indicators of impact are:



SUSTAINABLE DEVELOPMENT GOALS

Our contribution is most evident in the area of good health and wellbeing.

IMPACT HIGHLIGHTS: EASTERN HEALTH

Case study:

Provision of weekend allied health rehabilitation services

This health services research resulted in a large increase in the provision of weekend inpatient rehabilitation services. We secured funding from the National Health and Medical Research Council for the key randomised controlled trial providing evidence for the clinical, health service and cost effectiveness of providing weekend inpatient rehabilitation. There have been over 15 publications in this research program, and 2 PhD students, 1 Master's by Research student and 1 honours student have completed theses on this program of work.

Prior to this program of health services research only around 30% of rehabilitation centres in Australia provided weekend inpatient rehabilitation services. Findings of a randomised controlled trial on provision of weekend rehabilitation found providing an additional day of rehabilitation on a Saturday improved functional outcomes and reduced length of rehabilitation stay at a cost saving to the health service. These findings have been incorporated into the 2019 Australasian Faculty of Rehabilitation Medicine (Royal Australasian College of Physicians) standards for the provision of inpatient adult rehabilitation. **The proportion of Australian hospitals providing a weekend rehabilitation service increased** from 30% prior to our trial to 53% in the following five years.

Case study:

Reducing waiting for health services

A program of health services research called STAT (Specific Timely Assessment and Triage) has led to sustained reduction in waiting time in community and outpatient health services of 30 to 40%. Led by Professor Katherine Harding, we secured funding for the only randomised controlled trial in the field of waitlist management (National Health and Medical Research Council (NHMRC) Partnership Project Grant) in community and outpatient health services. This initial funding led to further funding from the NHMRC, a Medical Research Future Fund TRIP Fellowship and the Victoria Department of Health with total funding > $1.9M. This research program has resulted in over 28 publications. Two PhD students have completed theses on the STAT program and two PhD students are currently enrolled.

Waiting for community rehabilitation and outpatient health services can have negative health effects and is frustrating for patients. The STAT program of research developed a data-driven approach to reducing waiting by investigating supply and demand to estimate protected appointments. The STAT approach was borne out of the insight that many health services historically have consistent wait times, suggesting a balance of supply and demand, which raised the question of why patients are waiting at all.

STAT has been applied across many types of health services, including in a stepped wedge cluster randomised controlled trial, and has consistently **reduced waiting time by 30 to 40%** at minimal cost. Key principles of STAT have been included in the policy "Managing referrals to non-admitted specialist services in Victorian public health services" (2023) and the STAT model is recommended within the 2023 Department of Health "Management Toolkit for community health". More than 500 clinicians across Australia and New Zealand from more than 100 community-based services have been trained in the STAT model with access to freely available training resources.

Professor Nicholas Taylor
ARCH Eastern Site Director

IMPACT HIGHLIGHTS : THE WOMEN'S

Case study:

Baggarrook Yurrongi: Improving the health of First Nations mothers and babies through continuity of midwife care

The Women's ARCH team has been instrumental in implementing and evaluating a culturally responsive continuity of midwife model of care for First Nations women and babies. We started with a large NHMRC Partnership project in 2015, where we worked with the Victorian Aboriginal Community Controlled Organisation and three tertiary maternity services to develop and offer First Nations women (and non-Indigenous women having a First Nations baby) antenatal, intrapartum and postpartum care from a known midwife (caseload care) with one or two antenatal visits conducted by a 'back-up' midwife.

This translational study found 90% of women wanted care within the model, leading to a 21-fold increase in First Nations families accessing this 'gold standard' model of care (~700 women). Women reported positive aspects of the culturally responsive care as knowing their midwife, feeling emotionally safe and supported, reassured and safe in the relationship, feeling clinically safe. Women also viewed the care as accessible, flexible and personal and said the model helped them feel comfortable & safe to seek care.

There was improved identification and documentation of Aboriginal and Torres Strait Islander status for mothers and babies in the services through staff education and modifications to procedures and systems. Clinical outcomes improved as a result of receiving the model of care, and all services have continued and expanded the model, with well **over 1000 families having received the culturally tailored care** now, and at least four First Nations midwives are working in the models. **We received $3M MRFF funding to expand the model to five more sites** and have already started the process now at Bendigo Health and Peninsula Health. We expect another ~1600 families will receive this care over the project period, with the impact expected to help further Close the Gap across a range of outcomes.

Philanthropic funding was also attracted for further rollout (~$650k), with our vision being that all 2,000 women having a First Nations baby in Victoria each year have access to this care. We are also increasing First Nations research capacity through the project, with 1PhD and 1 Mid completion already, and another PhD candidate in progress, and are prioritising providing opportunities for First Nations employment, as well as over half of the current MRFF team being First Nations (including Aunty Gina Budle, co-leading the project with CIA Forster).

Professor Della Forster
ARCH The Women's Site Director

IMPACT HIGHLIGHTS : THE WOMEN'S

Pathway to impact:

Asking women aBout disabiLitiEs (ABLE) study

It is estimated that nine percent of women of childbearing age (between the ages of 15 and 44) in Australia have a disability. The ABLE study explored disability identification within maternity services in Australia, as well as exploring clinical outcomes and experiences of care for women who identify as having a disability. We found that women with a disability are at increased risk of poorer perinatal outcomes, with higher rates of caesarean section births, and their babies are more likely to be born early, be of a low birthweight and be admitted to a neonatal intensive care unit. The study also demonstrated that data on disability status for women accessing public maternity services in Australia are not routinely collected and data collection processes are inconsistent. An example of the experience of one woman who participated in our study was:

"I needed help with reading things – which I didn't tell them because I felt it was too late to say something … [so for example] I couldn't read consent forms"

The ABLE study has resulted in a large body of ongoing research (one component funded by the Victorian Nurses and Midwives Trust, $93k) exploring **how to improve care for women with disabilities** accessing maternity care (mABLE).

Case study:

The FUCHSIA Study: Future proofing the midwifery workforce in Victoria

In the wake of the COVID-19 pandemic, a team of clinicians, academics and midwifery researchers identified an urgent need to map the midwifery workforce in Victoria and identify factors that affect sustainability of the current and future workforce. We conducted an online cross-sectional survey distributed to midwives and midwifery managers employed in public and private maternity services, privately employed midwives and midwifery students enrolled in 2021. This study was the largest study of midwives in Victoria and included over 1,000 midwives.

The main findings were there is a significant workforce shortage in Victoria of experienced midwives. High levels of burnout and stress were experienced by midwives. Midwives reported being 'worn out' and many were thinking of leaving the profession. Recommendations include improvement of working conditions and implementation of flexible work options. A report was compiled of the major findings in 2022 and disseminated to every maternity service in Victoria and to a media audience of 3.3 million. The data from the FUCHSIA study was provided to state government bodies to assist with **midwifery workforce planning**.

The team is now in the final year of a five-year longitudinal cohort study that started with ~ 500 midwives and students from the original FUCHSIA study who were willing to participate, and this has provided ongoing data to inform policy makers, professional bodies and health services. This aspect attracted Australian Nursing and Midwifery Federation (ANMF) (Vic Branch) funding, demonstrating the value the industry sees in this work, and the biggest grant for research to date ANMF (Vic Branch) has every provided. The ANMF main national body has commissioned us to undertake a national study of midwives, student midwives, maternity managers and university midwifery education providers.

Professor Della Forster
ARCH The Women's Site Director

IMPACT HIGHLIGHTS: THE ROYAL MELBOURNE HOSPITAL

Case study:

Award-winning disability identification initiative

Disability Liaison Officers (DLOs) play a vital role in improving healthcare experiences for people with disabilities and their carers. However, a critical gap existed; patients with disabilities were not being systematically identified, limiting tailored care. In response, a co-designed, evidence-based Disability Identifier questionnaire was developed—the first of its kind in Australian hospitals. This initiative won the 2024 Victorian Public Healthcare Award for partnering with consumers to improve patient experience.

Developed with input from consumers, carers, and hospital staff, the Disability Identifier is based on international frameworks and allows patients or carers to self-report disabilities via the patient portal or through staff-assisted entry. Responses are integrated into the Electronic Medical Record, where a disability symbol now alerts clinicians to individual needs, enabling timely adjustments to care. Since implementation 23 months ago, 27,627 patients (as of March 2025) have completed the Disability Identifier with 19% of responders self-identified as having a disability (up from 2% identified by staff pre-implementation). Now clinicians can make informed, timely adjustments, while DLOs continue to assist patients with complex needs. **This award-winning initiative has transformed how disability is identified and addressed in healthcare**, setting a new benchmark for inclusive practice.

Case study:

Embedding standard outcomes into practice to evaluate standard allied health care

Clinician-researchers at RMH are working to embed standardised outcome measures into the Electronic Medical Record (EMR) system. This work aims to enable rigorous evaluation of healthcare interventions and improve predictions of patient discharge destinations. Assessment tools provide a standardised, evidence-based approach to determining discharge destinations. However, selecting the right tool requires consideration of feasibility, validity, reliability, and responsiveness within the clinical specialty.

Through seminal systematic reviews, Dr Aruska D'Souza has evaluated the appropriateness, meaningfulness, and reproducibility of assessment tools related to discharge destination, helping to inform the selection of outcome measures in practice. The research program focuses on developing **a core outcome measure set for general medicine** to standardise care, reduce disparities between hospitals, and improve outcomes for older adults. Supported by the Australian Association of Gerontology's RM Gibson Grant and Melbourne Ageing Research Collaboration Seed Funding, she is collaborating with RMH clinician-researchers to implement and assess the effectiveness of mobility measures in general medicine. Additionally, measures of functional independence and activities of daily living have been selected and integrated using implementation science principles to enhance adoption.

Associate Professor Casey Peiris
ARCH The Royal Melbourne Hospital Site Director

IMPACT HIGHLIGHTS: AUSTIN HEALTH

Case study:

Clinical supervision education intervention delivered to nursing and midwifery managers and educators

The health and wellbeing of nurses are critical to sustaining high-quality healthcare delivery. One health promotion and prevention approach is clinical supervision, a practice traditionally confined to settings such as mental health and palliative care. This organisation-wide service improvement initiative introduced clinical supervision as a proactive strategy to support Nurse Unit Managers (NUM) across diverse clinical environments at Austin Health.

In 2023–2024, 50 NUMs participated in a tailored clinical supervisor training program followed by peer group clinical supervision. A convergent parallel mixed methods evaluation assessed the program's impact, combining longitudinal surveys and in-depth interviews. Of the participants, 39 completed the survey, revealing statistically significant improvements in flourishing, job satisfaction, work relationships, work pride, and overall life satisfaction. Higher clinical supervision scores correlated with increased happiness and work vitality.

Qualitative findings underscored the transformative effect of peer supervision on participants' professional and personal lives, fostering a stronger sense of connection and community across the organisation. Key enablers included authentic organisational and structural support for the training and subsequent practice. Requirements for sustainability included the embedding of expectations and governance processes into standards of practice.

This service-improvement initiative demonstrates that **systemic reform through clinical supervision can build resilient, connected leadership communities** within healthcare organisations. The project was funded by the Care Economy Research Institute at La Trobe University, with further research proposed via a pilot RCT grant application to the Rosemary Bryant Foundation, and a scoping review submitted for publication.

Dr Jacqueline Johnston
ARCH Austin Health Site Director

IMPACT HIGHLIGHTS: MERCY HEALTH

Case study:

Auditing routinely collected data to provide feedback and demonstrate change

Mercy Health regularly reviews clinical care, including post-partum haemorrhage and severe perineal trauma. Auditing routinely collected data helps assess trends and the impact of improvement initiatives. The Mercy-La Trobe ARCH enhances these audits, with Prof East providing deeper analyses of patient characteristics and outcomes. For instance, risk factors for post-partum haemorrhage were developed for two maternity services with differing populations and complexity. Findings were shared in working groups, presented nationally and a related analysis made available on La Trobe's Open Access portal.

Induction of labour is offered when continuing a pregnancy poses risks to the health of the mother or baby. Shared decision-making is crucial, requiring knowledge of likely clinical outcomes. We reviewed caesarean rates following induction, noting increased odds as pregnancy advances. Findings have been presented at national and international conferences. A related project examines women's perspectives on the information provided about induction.

Going forward, we have now accessed five years of routinely collected statewide data to undertake these data analyses beyond the local hospital level. An understanding of the risk factors for post-partum haemorrhage and the odds of birth by caesarean following induction will provide **valuable resources for clinicians and childbearing women**. An abstract has been submitted for an international conference.

Case study:

The PRIMROSE Project: Understanding Physiological Birth in the Contemporary Australian Setting

Brooke Henshall is a midwife at Mercy Hospital for Women. With the supervisory support of Prof Christine East, A/Prof Jenny Davis and Dr Heather Grimes at La Trobe University, Brooke led a PhD project to understand physiological birth as both a process and a concept. This is important to those giving birth, but it is also a fundamental issue for the midwifery profession. The PRIMROSE Project unfolded in four parts. The foundation stage reviewed existing literature on physiological birth.

Stage I involved obstetricians, midwives, doulas, women/birthing persons, and support people completing a quantitative questionnaire to assess perceptions of physiological birth and common birth interventions. Stage II employed a qualitative descriptive design to further explore the understanding of physiological birth. Stage III used the Delphi method to create a consensus statement on physiological birth in a contemporary Australian context. It was concluded that the concept of physiological birth is complex and contentious in Australia. The findings emphasised a shift away from a medically centric definition towards **a holistic understanding of physiological birth** that acknowledges the individual's experience, shared decision-making and woman-centred care.

Professor Christine East
ARCH Mercy Health Site Director

IMPACT HIGHLIGHTS: ALFRED HEALTH

Case study: Digital-enabled care delivery for people with chronic conditions

The Non-Communicable Diseases and Implementation Science Lab, led by Professor Brian Oldenburg at La Trobe University and the Baker Heart and Diabetes Institute, under La Trobe's ARCH partnership, has made sustained, high-impact contributions to the development and implementation of digital health innovations to improve outcomes for chronic conditions, particularly diabetes and heart disease. The lab's flagship programs include the evaluation of AI-enabled digital social prescribing models, a national trial of digital therapeutics for heart failure management (in partnership with Cardihab Pty Ltd), and a series of co-designed studies focused on digitally supporting diabetes self-management in vulnerable populations.

The team currently supports seven PhD students, several Honours students and mentors several early- and mid-career researchers in Australia and internationally, contributing significantly to translational research capacity. Major funding has been secured through the NHMRC, most notably, a Centre for Research Excellence in Digital Technology to Transform Chronic Disease (Connected Health CRE), as well as funding from international bodies such as the Danish Diabetes and Endocrine Academy. To date, the lab has produced over 20 relevant publications in the last 12 months, including implementation-focused systematic reviews in *BMJ Public Health*, outcomes of trials in *PLOS Medicine*, and evidence syntheses of digital therapeutics in *JACC: Advances and Diabetes Care*. Several team members have presented at leading (inter)national conferences, including the European Society of Cardiology Congress, European Association for the Study of Diabetes, the American Diabetes Association, the US Society for Behavioral Medicine and the Australasian Society for Behavioural Health and Medicine. Learnings about hybrid care delivery are also being incorporated into workforce development and training for nursing, allied health and other health professionals in Australia and internationally.

This integrated program of research exemplifies the ARCH goal of embedding implementation science within clinical and community settings, generating **measurable improvements in care access, patient engagement, and chronic disease outcomes.** The team collaborates extensively with health services in Victoria and internationally.

Pathway to impact: Allied Health Workforce National Conference

The inaugural 'Innovations in Allied Health Hospital Workforce National Conference' was held at the Innovation and Education Hub Lecture Theatre (Alfred Hospital) and online, led by A/Prof Gilmartin-Thomas. This was a La Trobe University School of Allied Health, Human Services & Sport, and Alfred Health Event, supported by the La Trobe University Embedded Allied Health Research Network (LEARN). The Conference Organising Committee comprised La Trobe University Professors and Associate Professors: A/Prof Julia Gilmartin-Thomas (Chair, Alfred Health) and Prof Nicholas Taylor and Prof Katherine Harding (Eastern Health), Prof Adam Semciw (Northern Health), and A/Prof Casey Peiris (Royal Melbourne Hospital).

Over 500 people registered to attend the Conference, which aimed to understand challenges associated with the Australian Allied Health hospital workforce, and strategies working towards addressing related practice, knowledge and research gaps. Alfred Health CEO Adam Horsburgh and La Trobe University's Head of Clinical Education A/Prof Matthew Oates opened the Conference, which included 5 Chairs, 10 Speakers, and 12 Panel Members, representing health services and organisations across Victoria and Nationally. Presenters included both Australia's and Victoria's Chief Allied Health Officers, representation from Victoria's Department of Health, the CEO of the Victorian Healthcare Association, and Directors/Deputy Directors of Allied Health, Chief Allied Health Officers and Allied Health Discipline Managers from Alfred, Northern, Eastern, Barwon Health, Royal Melbourne and Royal Children's Hospitals and the Peter MacCallum Cancer Centre.

Research presentations covered topics including Allied Health Assistants, international workforce perspectives, the rural health workforce, and Allied Health clinical skills development and wellbeing. Feedback showed that over 90% of attendees agreed or strongly agreed that they would attend a follow-up conference, that they found the conference topics important, and that the presenters were engaging. The Conference led to **over 70 new members joining the Australian Allied Health Hospital Workforce Research Network.**

Professor Brian Oldenburg
ARCH Alfred Health Site Director

IMPACT HIGHLIGHTS: ARCH HEALTHSCOPE

Case study:

Falls prevention in hospitals

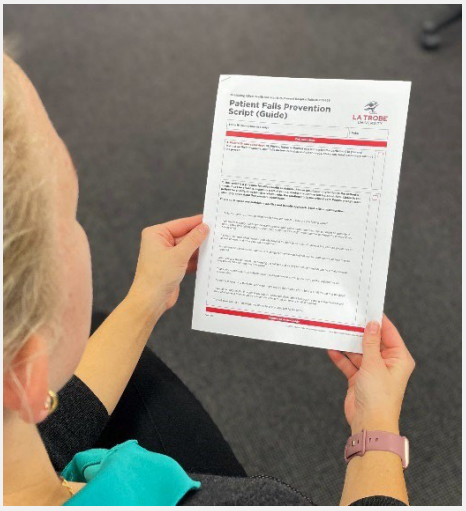
Falls are a major cause of injury, extended length of stay and death in hospitals across the globe. Professor Meg Morris has led teams of researchers locally, nationally and internationally to prevent and better manage hospital falls and associated injuries.

Locally at The Victorian Rehabilitation Centre, NHMRC research projects and quality improvement projects were implemented, based on a meta-analysis conducted by Morris and team. This included auditing patient files to map clinical practice against clinical guidelines and developing an action plan to improve patient and staff falls education, risk screening, fast responses to call bells and multi-factorial falls prevention interventions. This resulted in falls and falls related injuries decreasing in wards where implementation occurred. A novel intervention was also introduced whereby trained allied health assistants were supervised to deliver patient falls prevention education within the first 48 hours, lowering both falls risk and falls rates. **This approach has now been used by the UK NIHR in their guidelines for reducing falls** in frail older people.

To boost system-wide implementation, Professor Morris and co-chairs Profs Haines and Said established the Victorian Falls Prevention Alliance (VFPA), a virtual community of practice to reduce hospital falls, which has since been rolled out statewide. VFPA runs a bi-monthly community of practice meeting and annual hospital falls conference and in 2025 had 450 participants from Victorian Hospitals who were educated in how to more effectively prevent hospital falls. Led by Professor Morris, stakeholders used Delphi methods to develop a new **Reference Standard for Falls Prevention** in hospitals to reduce unwanted variations in how falls were tackled. This aims to be used by healthcare agencies and accreditors as a nation-wide checklist to ensure optimal service delivery.

Nationally, Professor Morris and team have also worked with Professor Anne-Marie Hill UWA to implement the **"Safe Recovery Program"**, funded by the MRFF to reduce hospital falls and injuries in older patients. This is now being rolled out across Victoria and Western Australia. Internationally, Professor Meg Morris co-authored the World Guidelines on Falls Prevention in Older Adults which has over 1000 citations since 2022 and is now incorporated into national hospital quality and safety standards internationally.

Professor Meg Morris
ARCH Healthscope Site Director



IMPACT HIGHLIGHTS: NORTHERN HEALTH

Case study:

Victorian Virtual Emergency Department

The Victorian Virtual Emergency Department (VVED) was launched at Northern Hospital during the COVID-19 pandemic to enable remote triage and reduce in-person visits to the emergency room. A team led by La Trobe researchers developed the system and evaluated its efficacy, resulting in widespread adoption.

VVED has since been rolled out statewide. In 2024 the service received approximately 200,000 calls, of which 83% were triaged to receive remote care, dramatically reducing pressure on frontline emergency health services. In 2025, it was announced that the VVED would become permanent, with a **$437m investment by the State Government** to further expand its operation and increase access.

Victorian State Premier, Jacinta Allen, comments that "The Virtual ED is a miracle… It has helped more than half a million people, and we're almost tripling its capacity so more families can get free, 24/7, world-class health care."

Case study:

A digital care pathway for patients presenting to the ED with back pain

There are approximately 300,000 emergency department visits in Australia per year as a result of back pain, costing over $178m. In collaboration with Northern Health, a team of La Trobe researchers led by Prof. Adam Semciw developed the BackTrAC initiative, a digital care pathway including animated resources co-designed with users and weekly outcome measures tailored to patients' needs.

Evaluation of the pilot conducted at Northern Health Emergency Department in 2024 showed that use of BackTrAC was able to document and benchmark the rapid improvement in symptoms, function and quality of life over a 12-week period following initial ED assessment. **BackTrAC was a finalist in the Victorian Public Healthcare Awards for 2024** and has been adopted for scaling-up statewide. Building on BackTraC's success, Northern Health have also now implemented advanced practice physiotherapy into their Virtual Emergency Department, representing the first-time physiotherapy has been embedded into a virtual emergency model of care.

Professor Adam Semciw
ARCH Northern Health Site Director

ARCH: 95 Projects to date demonstrating Impact

7-day allied health models of care

A feasibility study of the use of an innovative manual handling training program

Accelerating Research Translation: The ART of evidence-based care

Advanced Practice Dietitian (Paediatric Nasogastric Tube insertion and management)

Advanced Practice Physiotherapists in the Victorian Virtual Emergency Department

Allied Health Research Clinic

An evaluation of an innovative pregnancy and early parenting resource

Asking women aBout disabiLitiEs (ABLE) study

Auditing routinely collected data to provide feedback and demonstrate change

Award-Winning Disability Identification Initiative

Baggarrook Yurrongi: Improving the health of first nations mothers and babies

Barriers and enablers to accessing perinatal care for rural Australian women

Beyond the pandemic: evaluating the health care workforce's readiness for sustained use of virtual care after COVID-19

Chronic pain intervention for ethnoculturally diverse adults

Clinical Supervision education intervention for nursing and midwifery

Clinical Supervision Practices with Australian Child and Family Health Nurses

Common mental disorders and perinatal outcomes in Victoria

Consumer involvement in rehabilitation

Dancing for Parkinson's disease

Digital capability of the care workforce

Digital-enabled care delivery for people with chronic conditions

Effects of a digitally enabled cardiac rehabilitation intervention on risk factors

Embedding standard outcomes into practice to evaluate allied health care

Enhancing quality and quantity of private practice physiotherapy placements

Establishing a falls clinic in the Victorian Virtual Emergency Department

Evaluation of hospital-based initiatives

Exercise for women with Parkinson's disease

Exercise-based tele-rehabilitation for older adults

Exploring midwives' intentions of leaving the profession in Melbourne, Australia

Exploring rural maternity clinicians' views of an interprofessional education program

Falls Prevention in Hospitals

Father and non-birth parent experience of child and family health services

FUCHSIA Future proofing the midwifery workforce in Victoria: A state-wide cross-

Grit, resilience and growth-mindset in health professional students

Health professionals' experiences and views on obstetric ultrasound in Victoria

Heat sensitivity in Parkinson's disease

Impact of community and social factors on physical activity after stroke

Impact of physical activity on metabolic syndrome

Implementation of My Therapy program in hospitals

Implementing gait speed and balance assessment to reduce falls in older adults

Improving physical activity after hip fracture

Increasing physical activity after Spinal Cord Injury

Increasing physical activity in hospitalised adults with cancer

Interventions for Workplace Violence in Emergency Healthcare: New Directions

Long-term benefits after oncology rehab

Management of Long-COVID

Measurement of outcomes in allied health acute care

Measurement of physiotherapy student performance on placement

Metabolic syndrome and osteoarthritis

Motivational interviewing to increase walking in community-dwelling older adults

Musculoskeletal Wellness Program: Web-web based resources for people undergoing

Non-motor symptoms of Parkinson's disease

ParkinSONG online: singing for Parkinson's disease

Perinatal outcomes of socially disadvantaged women in Australia

Physical activity measurement

Physiological birth

Physiotherapist-delivered motivational interviewing

Pilates for low back pain

Pilates in pregnancy

Powerlifting in early onset Parkinson's disease

Pregnancy and birth pathway after previous birth trauma

Preparing students to work with people with dementia

Process Evaluation of an Interdisciplinary Allied Health Program

PROMs for rehabilitation

Provision of weekend allied health rehabilitation services

Provision of culturally appropriate foods in hospital

Psychological impact of hip fractures

Recognising metabolic syndrome in community rehabilitation

Recognition and management of metabolic syndrome in private practice physiotherapy

Reducing hospital falls: workforce redesign

Reforming allied health service provision in residential aged care to improve the rehabilitation reach

Reported clinical practices in maternity care in Victoria during the COVID-19 pandemic

Resilience in healthcare workers

Scalability of an intervention to reduce waiting in non-admitted healthcare

Self-management in rehabilitation: My Therapy

Shared decision making for induction of labour

Speech Therapy Apps

Strategies to increase adherence to lifestyle interventions

Student led allied health clinics

Student-led interdisciplinary assessment clinic

Supporting Students to Access High-Quality Learning Experiences

Sustainability of the STAT model in an epilepsy outpatient clinic

Telehealth oncology rehabilitation

Telehealth use in the child health setting

The complexity question: exploring the meaning of, and changes in, complexity in allied health professional caseloads

The feasibility of psychosocial rehabilitation after hip fracture

The influence of rurality on women's decision making and pregnancy choices following unintended pregnancy

The prevalence of and factors associated with prior induced abortion among women who gave birth in Victoria

The PRIMROSE Project: Understanding Physiological Birth in Australia

Time trends and characteristics associated with abortion method used by young Australian women

Transdisciplinary model of allied health care

Victorian Virtual Emergency Department- Project Evaluation

WaitLESS: Waiting List Evidence to Support Specialist clinics

Workforce retention in aged care settings