Integrated care is the provision of seamless, effective and efficient care that responds to all health care needs of a patient.
## CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Integrated care project</td>
<td>3</td>
</tr>
<tr>
<td>Paper published</td>
<td>3</td>
</tr>
<tr>
<td>Presentation at Repatriation General Hospital</td>
<td>3</td>
</tr>
<tr>
<td>European agenda</td>
<td>4</td>
</tr>
<tr>
<td>Clinical fellowship and clinical leadership</td>
<td>4</td>
</tr>
<tr>
<td>Latrobe Valley Express article</td>
<td>5</td>
</tr>
<tr>
<td>Foundation secures funding for Clinical Fellowship Program</td>
<td>5</td>
</tr>
<tr>
<td>Human resources update</td>
<td>5</td>
</tr>
<tr>
<td>Publication agreement</td>
<td>6</td>
</tr>
<tr>
<td>Cochrane Nursing Care Field</td>
<td>6</td>
</tr>
<tr>
<td>Upcoming events</td>
<td>7</td>
</tr>
<tr>
<td>Marketing, support and training resources available from Wolters Kluwer</td>
<td>11</td>
</tr>
<tr>
<td>HDR Matters</td>
<td>14</td>
</tr>
<tr>
<td>August Research School</td>
<td>14</td>
</tr>
<tr>
<td>Academic Panels</td>
<td>14</td>
</tr>
<tr>
<td>A word from commencing student Tom Gieroba</td>
<td>14</td>
</tr>
<tr>
<td>3 Minute Thesis Competition</td>
<td>15</td>
</tr>
<tr>
<td>A word from commencing student Bruce Becker</td>
<td>15</td>
</tr>
<tr>
<td>Alumni Matters</td>
<td>16</td>
</tr>
<tr>
<td>Overcoming the barriers to change in healthcare</td>
<td>16</td>
</tr>
<tr>
<td>Alumni Breakfast</td>
<td>18</td>
</tr>
</tbody>
</table>

## Collaboration Matters

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre changes</td>
<td>12</td>
</tr>
<tr>
<td>53rd Committee of Directors Meeting</td>
<td>13</td>
</tr>
<tr>
<td>Joanna Briggs Institute International Methodology Symposium</td>
<td>13</td>
</tr>
<tr>
<td>Accommodation</td>
<td>13</td>
</tr>
<tr>
<td>Centre output for collaborative systematic reviews</td>
<td>13</td>
</tr>
</tbody>
</table>
Integrated care project

NSW Health has provided a grant to JBI to undertake a rapid review, titled ‘Providing integrated care: experiences of healthcare providers’.

Integrated care is the provision of seamless, effective and efficient care that responds to all health care needs of a patient, including physical and mental health, and occurs in partnership with the individual, their carers and their family. Depending on local circumstances, integrated care may be strengthened through joint governance arrangements, shared financial incentives to encourage collaboration, and IT systems and tools that allow for better communication between providers from different sectors, such as between a GP and a specialist.

The rapid review will provide a synopsis of surveys, tools and instruments used to measure clinician engagement, experiences and satisfaction with provision of integrated care. It will also inform the development and conduct of a survey designed to increase understanding of clinician engagement, experiences, and satisfaction with provision of integrated care to aid the evaluation of the provision of integrated care in NSW.

The project team comprises JBI Director Synthesis Science Assoc Prof Aromatais (Chief Investigator), and Research Fellows Dr Matthew Stephenson (Project Lead), Dr Jared Campbell and Vincent Chu. Work on the project has already commenced.

Paper published

A paper written by staff of JBI and the Wardliparingga Research Unit at the South Australian Health and Medical Research Institute (SAHMRI) has been published online. The paper is titled, ‘Enablers and barriers to the implementation of primary health care interventions for Indigenous people with chronic diseases: a systematic review’. Authors from JBI were Dr Karolina Lisy, Assoc Prof Ed Aromataris, Assoc Prof Craig Lockwood and former JBI staff member Dagmara Riitano. The systematic review had been jointly conducted by Wardliparingga Research Unit and JBI last year.

Presentation at Repatriation General Hospital

On Thursday May 7, JBI Implementation Science Research Fellow Alexa McArthur presented at a staff education session at the Repatriation General Hospital regarding JBI resources and tools. They were interested to learn more about undertaking multi-site organisational audits, similar to the one conducted last year across directorates of the Central Adelaide Local Health Network (CALHN), of which JBI is a member.
European agenda

From early to mid May, JBI Acting Executive Director Assoc Prof Zoe Jordan and JBI Director Implementation Science Assoc Prof Craig Lockwood undertook a hectic business trip to Europe. Assoc Prof Lockwood Craig attended the Cochrane Fields Executive Group mid year meeting in Athens, Greece, for discussions on the strategic review of Cochrane Fields, metrics and KPI data standards for Fields, and activity/funding.

Assoc Prof Jordan attended the regional meeting of the Joanna Briggs Europe Region, which was very constructive and positive. They both then travelled to London to meet with the Executive team of the Cochrane Collaboration. The meeting opened up opportunities for strategic collaborations between the two organisations.

As part of the trip, both of them also ran a very successful Comprehensive Systematic Review Train the Trainer program in Nottingham, United Kingdom. Five participants (three from Nottingham, one from Scotland and one from Switzerland) attended the training.

Clinical fellowship and clinical leadership programs

Participants of the May 2015 cohort of the JBI Evidence Based Clinical Fellowship program commenced their Week 1 residency training at the JBI headquarters in Adelaide on 11 May. Three were from Fudan University, with the others from the Royal Darwin Hospital, Royal Adelaide Hospital and Alfred Health.

Mid week, they were joined by six other participants for the Clinical Leadership Program, run by James Koch from Proteus. These participants were from University of Tasmania, University of Adelaide, Calvary Wakefield Hospital, Royal Adelaide Hospital and Regis Playford.

The clinical fellows presented their topics on the Friday, which ranged from nasogastric tube management, to assessment of acuity among cardiothoracic patients in an acute care facility, to higher acuity cardiothoracic care.
Latrobe Valley Express article

The work of Centre for Chronic Disease Management: a Collaborating Centre of the Joanna Briggs Institute was featured in an article in La Trobe Valley Express, the local newspaper of the Latrobe Valley, Victoria, Australia. Its Director, Dr Hanan Khalil, was quoted extensively in the article.

Foundation secures funding for Clinical Fellowship Program

The Joanna Briggs Foundation (JBF) is delighted to announce the very generous support of the Lang Foundation for JBI’s Evidence Based Clinical Fellowship Program. The Lang Foundation will provide funding for three Clinical Fellowship participants from over the next three years.

Lang Foundation Director Kirsty Roderick said she was very impressed with the Clinical Fellowship Program for developing countries and was keen to assist the work of the Foundation.

Through this support, the Joanna Briggs Foundation is able to sponsor health professionals from developing countries, enabling them to travel to Adelaide to learn JBI’s evidence-based approaches to health care.

The Clinical Fellowship Program is tailored to the individual needs of participants, depending on the health care priorities of communities. The program provides health professionals with access to JBI tools and resources to undertake best practice implementation projects back in their home countries/local settings.

Some of these evidence-based best practice improvements are as simple as encouraging participants, particularly those in developing countries, to move away from limiting traditions and practices. Importantly, the program equips health professionals to transfer their new learnings and knowledge gained in Adelaide to their home countries/local environments.

Both the Joanna Briggs Institute and Foundation would like to thank the Lang Foundation for their support and look forward to keeping them updated of their participants’ progress.

Human resources update

Paul Malyschko joined the IT Team of JBI as a Senior IT Programmer on Monday 25 May. Paul will be working on the redevelopment of SUMARI.

Paul was previously running his own business, and in addition to this he has six years’ experience building IOS applications. He has delivered 11 diverse applications and enjoys working with teams to build a range of applications from games through to enterprise applications and has worked closely with design and digital organisations.
Publication agreement

The Agreement between JBI and WK Health to allow authors who have published in the JBI Database of Systematic Reviews and Implementation Reports (JBISRIR) to publish in another journal is now finalised.

Moving forward, authors of systematic reviews and implementation reports published in the JBISRIR have the standing permission to submit work based on their published manuscript to another journal of their choice providing the following criteria are met:

- Articles may only be submitted to another journal a minimum of six months after publication in the JBISRIR.
- The editors of the journal in which the individual author proposes to publish are notified in writing that the publication has been derived from a manuscript already published in the JBISRIR.
- The final manuscript submitted to and published by the proposed journal includes appropriate reference to the relevant, original publication in the JBISRIR and acknowledges that it is either an abridged version or a co-publication with a statement that “This article is based on a report first published in the Joanna Briggs Institute Database of Systematic Reviews and Implementation Reports, located at http://joannabriggslibrary.org”.

Cochrane Nursing Care Field

The Cochrane Nursing Care Field (CNCF) has recently received positive feedback from the International Journal of Nursing Studies (IJNS) interested in the publication of our Cochrane review summaries. The IJNS provides a forum for original research and scholarship about health care delivery, organisation, management, workforce, policy and research methods relevant to nursing, midwifery and other health related professions. The IJNS aims to support evidence informed policy and practice by publishing research, systematic and other scholarly reviews, critical discussion, and commentary of the highest standard.

The IJNS is a highly respected journal with a global readership and is indexed in major databases. It is anticipated this journal will significantly increase the profile of the CNCF and the Cochrane Library to international nurses and related healthcare professionals.
Evidence-Based Clinical Fellowship Program

Learn about clinical leadership and how to implement evidence in practice to improve patient outcomes.

The Evidence-Based Clinical Fellowship Program is a six-month workplace, evidence-based, implementation program involving two five-day intensive training workshops in the Joanna Briggs Institute, and a workplace evidence implementation project in the intervening months.

Program dates for 2015:

March intake
Week 2: 17–21 August

May intake
Week 2: 12–16 October

June intake
Week 1: 15–19 June
Week 2: 16–20 November

Clinical Leadership Program

The Clinical Leadership Program is open to all clinical leaders and leaders-to-be in all health care disciplines. Dates for 2015 are now available for this one-day program delivered by Proteus Leadership:

June intake
Tuesday 16 June

July intake
Tuesday 7 July
Enrol by 12 June

Comprehensive Systematic Review Full Training Program (Modules 1, 2 and 3)

Five days
Learn how to conduct reviews using qualitative and quantitative data.

Program dates for 2015:

20–24 July
7–11 September

For information and to enrol contact jbieducation@adelaide.edu.au.

CSR Module 1: Introduction to Evidence-Based Healthcare and the Systematic Review of Evidence

One day (Mandatory pre-requisite for Modules 2 and 3)

Program dates for 2015:

20 July
7 September
CSR Module 2: The Systematic Review of Quantitative Data from Experimental and Non-experimental Studies
Two days
Program dates for 2015:
21–22 July
8–9 September

CSR Module 3: The Systematic Review of Evidence Generated by Qualitative Research, Narrative and Text
Two days
Program dates for 2015:
23–24 July
10–11 September

OVID Subscriber Training

Dates: 24 June 2:00pm–6:00pm
Venue: JBI, Level 1, 115 Grenfell Street, Adelaide, South Australia

Allan Finn, Senior Training Manager at Wolters Kluwer Health, will be delivering Ovid Subscriber training in Adelaide.

The training has a direct correlation with increased usage of resources. Ovid customers who participated in training saw their annual usage increase by 21% compared with the previous year, and customers who have received Ovid training have usage seven times higher than average.

The training can be tailored to your subscriber needs. It can be either a train-the-trainer session or a group session with training provided to all relevant end users. Training can be product specific or can cover all your Ovid resources.

Basic courses:
Targeted at new Ovid users, and cover introduction to the interface; types of searches; saving, printing, emailing results; database structure and content; fulltext linking and searching; saved searches and AutoAlerts.

Advanced courses:
Aimed at more experienced searchers and those with knowledge of the Ovid interface already. They cover principles behind 'mapping', multifile searching and deduping, command line searching, setting up AutoAlerts and expert searches and using Books@Ovid and Journals@Ovid. They also give an opportunity for participants to raise and discuss general searching and training issues with the trainer.

Joanna Briggs databases and tools:
As the importance of evidence-based practice continues to be stressed, health professionals are increasingly relying on their libraries to provide them with access to the most relevant literature. Learn how you can use the JBI databases and tools on OvidSP in your searching.

To enquire and enrol, please email Allan.Finn@wolterskluwer.com.

2015 JBI International Methodology Symposium

The 2015 JBI International Methodology Symposium will be held from 3–4 September 2015 at the Crowne Plaza Adelaide.

The symposium will focus on the unique approaches developed by JBI and its Collaboration to evidence synthesis and implementation. Aimed at the evidence-based healthcare enthusiast and methodologist, it is a must for anyone interested in the varied approaches to conducting systematic reviews across the broad spectrum of methodologies, including, but not limited to, effectiveness, diagnosis, mixed-methods and qualitative review.

Submit an abstract and register now.
UCSF Center for Evidence-Based Patient and Family Care

Comprehensive Systematic Review Training Program for 2015
12 June
10–14 August
14–18 September
26–30 October

View the flyer for further information and registration.

Czech Republic (Middle European) Centre for Evidence-Based Health Care

Five day workshop
Dates: 1–5 June 2015, 7–11 September 2015
Cost: 1050 EUR
Venue: Palacký University Olomouc, Faculty of Medicine and Dentistry, Hněvotínská 3, 775 15 Olomouc, Czech Republic

This training program is designed to prepare researchers and clinicians to develop, conduct, and report comprehensive systematic reviews of evidence using the Joanna Briggs Institute SUMARI software.

These Modules are titled as follows:

Module 1: Introduction to Evidence Based Health Care and the Systematic Review of Evidence (day 1)

Module 2: The appraisal, extraction and pooling of quantitative data from experimental, non-experimental, diagnostic and prognostic studies (days 2-3)

Module 3: The appraisal, extraction and pooling of qualitative data from qualitative studies, narrative and text from opinion papers (days 4-5)

View the flyer below for further information and registration details:

CSRT-Flyer.pdf
The Czech Republic Centre for Evidence-Based Health Care website

The Queen’s Joanna Briggs Collaboration CSRT

Kingston, Ontario, Canada
6–10 July 2015

The Queen’s Joanna Briggs Collaboration hosts an annual one-week, comprehensive systematic review training (CSRT) workshop featuring the Joanna Briggs Institute methodology.

The comprehensive, five-day program is designed to prepare health sciences researchers, clinicians, librarians, graduate students and other individuals involved in quality and practice portfolios to develop, conduct and report systematic reviews of evidence. The theme used to illustrate the methodology is patient safety.

See the Queen’s Joanna Briggs Collaboration website for full details.

Portugal Centre for Evidence Based Practice CSRT

Nursing School of Coimbra, Portugal
6–10 July 2015

Modules 1, 2 and 3 – accredited by the Joanna Briggs Institute

The JBI Comprehensive Systematic Review Training Program (CSRT) is designed to prepare researchers and clinicians to develop, conduct and report comprehensive systematic reviews of evidence using the JBI-System for the Unified

June: 2015  JBI Matters  9
Management, Assessment and Review of Information (SUMARI).

For any questions or additional information please contact:
Telephone: +351 239 487 217
E-mail: jbiportugal@esenfc.pt
web: http://www.esenfc.pt/ui/
See the flyer for further details.

Summer Institute for Comprehensive Systematic Review

Examining Quantitative and Qualitative Evidence in Health Care
CSRTP at the Northern Institute for Evidence Synthesis and Translation (NEST)
13–17 July 2015 in Newark, New Jersey, USA
See the flyer for further details.

The Queensland Centre for Evidence Based Nursing and Midwifery CSRTP

Dates: 14–16 July 2015
Venue: Mater Health Services in South Brisbane, Australia.

The Queensland Centre for Evidence Based Nursing and Midwifery will be conducting Modules 001-002 of the JBI Comprehensive Systematic Review Training
These Modules are titled as follows:
Module 1: Introduction to Evidence Based Health Care and the Systematic Review of Evidence (1 day)
Module 2: Module 0002: The Appraisal, Extraction and Pooling of Quantitative Data for Reviews of Effects (2 days)
Please register early as places are limited.
View the flyer for further information and registration details.

UCSF Centre for Evidence-Based Patient and Family Care

Clinical Fellowship Program
Week 1: 12–16 October 2015
Week 2: 12–18 March 2016
View the flyer for further information and registration.

3rd NUS-NUH International Nursing Conference and 20th Joint Singapore-Malaysia Nursing Conference

Transforming nursing education and practice in meeting the future needs of the community
18–20 November 2015, Singapore
Call for abstracts: 17 July, 2015
See flyer and website for more information.
Marketing, support and training resources available from Wolters Kluwer

As we reach the mid-way point of 2015, we take the opportunity this month to remind the Joanna Briggs Collaboration where they can find free resources from Wolters Kluwer designed to help them make the most of JBI at their location.

To request JBI marketing materials for use at any JBC location globally, and mailed out at no cost, visit www.ovid.com/jbiccmktg

For technical or customer support, including difficulties with searches, we have 24/7 multi-lingual assistance at support@ovid.com.

If you are looking for self-paced training or a quick answer:

Ovid Support and Training Center:
- Click ‘Ovid’ (top left)
- Click ‘Product Info’, which lists reference materials you can print, especially if you scroll down to Ovid Quick Reference Card and My Projects Quick Reference Card
- Click ‘Online Training’ and scroll down to select Brainshark tutorials on various topics
- JBI Resource Center
- Click ‘Training Videos’ for Brainshark tutorials about the JBI Database and Tools
- Click ‘Reference Cards’ for JBI Tools User Manuals

Knowledgebase - find answers to your Ovid questions
- Type a question

Videos on YouTube

On the Wolters Kluwer Heath – Ovid YouTube page, you can also find a variety of videos including in-depth tutorials on JBI tools, overviews of evidence-based practice (EBP) from leading practitioners, real-world advice on how to roll out EBP products successfully to clinical teams, making the most of the Ovid platform, and more.

Comprehensive training is also available. Don’t forget that we provide free training via WebEx® (and on-site in most global locations) to assist you and your colleagues search effectively in Ovid across the databases to which you have access, as well as any of our applications to which your institution subscribes.

Please contact support@ovid.com or your Ovid Sales Representative to request a training session, or enquire about additional databases, e-journals, e-books, and applications, including JBI, which might be useful and beneficial for your organisation.
Centre changes

The Beijing University of Chinese Medicine Centre for Evidence-Based Nursing: an Affiliate Centre of the Joanna Briggs Institute

The JBI and JBC welcome The Beijing University of Chinese Medicine (BUCM) Centre for Evidence-Based Nursing to the Collaboration. The BUCM Centre is dedicated to evidence generation, synthesis, transfer and application of both scientific research and clinical practice. The Centre aims to combine the concepts and patterns of evidence-based nursing (EBN) with the characteristics of traditional Chinese medicine (TCM) nursing, to instruct the TCM nursing personnel to apply the best evidence for clinical practice, to improve the effectiveness of TCM nursing practice and healthcare outcomes both locally and internationally.

The BUCM Centre will focus on evidence synthesis and evidence implementation. JBI welcomes Associate Professor Liu Hongxia, Director of Research, School of Nursing, as the incoming Centre Director, and Dr Ma Xueling and Dr Su Chunxiang as the Centre Deputy Directors.

The Kobe Linguistic Translation Centre (KOBELT), Hyogo University of Health Sciences, Japan: an Affiliate Centre of the Joanna Briggs Institute

The JBI and JBC welcome The Kobe Linguistic Translation Centre (KOBELT), Hyogo University of Health Sciences, Japan to the Collaboration. The KOBELT Centre aims to provide evidence-based practice and research products and services to healthcare agencies in the Japanese language.

The Centre also provides an opportunity for vibrant, collaborative learning and research by faculty and postgraduate students interacting with real world healthcare practice problems through faculty experts who serve as evidence-based practice and research consultants to local healthcare organisations.

The KOBELT Centre will focus on evidence synthesis and linguistic translation, specialising in midwifery, acute and critical care, cancer, chronic diseases, disaster nursing and infection control. JBI welcomes Professor Emiko Suzui as the incoming Centre Director and Professor Hizuru Amijima as the Centre Deputy Director.

University of Newcastle Centre for Evidence Based Healthcare Informing Research (CEBHIR): an Affiliate Centre of The Joanna Briggs Institute

The JBI and JBC welcome The University of Newcastle Centre for Evidence Based Healthcare Informing Research (CEBHIR) to the Collaboration.

The CEBHIR Centre was formerly a JBI Evidence Synthesis Group (ESG) with 46 trained JBI reviewers who are academic staff and research higher degree candidates from three schools in the Faculty: School of Nursing and Midwifery, School of Health Sciences and School of Medicine and Public Health. The ESG was established in 2009 when the first 16 members were trained and the group was affiliated with the NSW Centre for Evidence Based Health Care, University of Western Sydney. Since its inception the group continued to recruit and train members for the ESG and have been highly productive.

The CEBHIR Centre will focus on evidence synthesis, specialising in the areas of health professional education, mental health, disability, older person care, chronic disease, acute care, transitional care, health services research, nutrition and dietetics, e-health, health promotion, public health, addiction, academic performance and cognition, and workplace safety.
Collaboration Matters

JBI welcomes Associate Professor Ashley Kable, Deputy Head of School (Research), School of Nursing and Midwifery, as the incoming Centre Director, and Professor Clare Collins, Dr Melinda Hutchesson and Dr Tracy Burrows as the Centre Deputy Directors.

53rd Committee of Directors Meeting

31 August–2 September 2015, Freemasons Great Hall, Adelaide

A draft agenda for the 53rd Committee of Directors meeting has now been circulated to all Directors. Any questions or comments regarding the draft agenda can be made to jbc@adelaide.edu.au.

A reminder that all Directors and other core staff already attending the Committee of Director’s meeting still need to register and pay for the International Methodology Symposium, as it is a separate event to the 53rd CoD.

Directors do not need to register for the Pre-Symposium Workshop, being held at the Freemasons Hall on the 2 September, as this is part of the 53rd CoD meeting, with the last two sessions – PACES and SUMARI presentations – being open sessions. Anyone not already attending the CoD meeting must register for these sessions as there is limited seating.

Joanna Briggs Institute International Methodology Symposium

3–4 September 2015, Crowne Plaza Adelaide

A website with full details of the symposium, including sessions, speakers, registration details, accommodation options, etc. is now live.

A reminder that all Directors and other core staff already attending the Committee of Director’s meeting still need to register and pay for the International Methodology Symposium, as it is a separate event to the 53rd CoD.

Directors do not need to register for the Pre-Symposium Workshop, being held at the Freemasons Hall on the 2 September, as this is part of the 53rd CoD meeting, with the last two sessions – PACES and SUMARI presentations – being open sessions. Anyone not already attending the CoD meeting must register for these sessions as there is limited seating.

Accommodation

JBI has arranged special accommodation rates at two hotels for Directors, core staff and students attending the 53rd Committee of Directors meeting and the JBI Methodology Symposium.

There is limited availability, so we urge attendees to book promptly to secure these rates.

The Crowne Plaza Adelaide and the Ibis Hotel Adelaide are within walking distance to both events.

For further details on how to access these special rates please head to symposium website or email jbc@adelaide.edu.au.

Centre output for collaborative systematic reviews

Just a reminder to all Centres collaborating on systematic reviews that reviewers must notify the JBISRIR team about Centre output attribution at the time of submission of the systematic review manuscript to ensure that the correct output is attributed to each Centre. We ask that reviewers submit a cover sheet outlining nominated Centre output uploaded as a supplementary file with their submission. If we are not notified at time of submission, then output will be attributed equally to each contributing Centre listed on the review.

For any questions or guidance regarding collaborating on systematic reviews and dividing output, please email either jbi.library@adelaide.edu.au or jbc@adelaide.edu.au.
August Research School

Research School (5–7 August) is expected to be another highly engaging event in this year’s school calendar, with a diverse range of guest speakers, staff presentations, and several pre-planned debates scheduled to occur. Although the agenda has not been finalised, it is imperative students schedule the occasion in their calendar now to ensure attendance over this compulsory three-day symposium.

Academic Panels

The HDR team continues to progress with completion of Academic Panels for our latest group of students, with suitable external clinicians now identified and engaged to act as panel members for the varied research topics comprised within this group. The HDR team has planned for the five surgical based students to face their Academic Panels consecutively and present before selected members of the Royal Australasian College of Surgeons. This method will provide a more robust and consistent assessment process for these students.

A word from commencing student Tom Gieroba

Tom Gieroba is one of our new students from the February 2015 intake. He is currently employed as an Orthopaedic Service Registrar at the Queen Elizabeth Hospital, performing his second year of dedicated orthopaedic work, and his fifth year since graduating from Adelaide University in 2010. Tom’s research title is ‘Dynamic hip screw versus intramedullary nail fixation for pertrochanteric femur fractures’.

Tom writes, “The application of evidence to real-world practice is crucial to improve outcomes for our patients, but it is not always done. There are a lot of things that are done because ‘that’s just how we do things’. This is why I joined the Masters of Clinical Science program. The aim of my project is to identify the best way to treat tibiofibular syndesmosis injury; a common ankle injury. Many treatment options exist but there is no widely regarded best treatment. Even if the outcome of my project is that ‘all treatments are fine’ then it is worthwhile doing to have that evidence base to drive decision making.”

In relation to the commencement of his master’s degree with the School of Translational Health Science, Tom writes, “The core program taught me invaluable skills including statistics, searching and how to use EndNote. These are good things to know and will always be useful, whether or not I am doing the Masters program. Now that I have started my searching I have an idea about how to search as widely or narrowly as needed thanks to Maureen’s tips.”

Tom is making good progress with his research degree and is ready to proceed with his academic panel. In relation to his continued studies, Tom writes, “I am looking forward to producing a good project which will hopefully make some useful recommendations and guide patient management into the future.”
3 Minute Thesis Competition

Registrations for the ‘3 Minute Thesis Competition’ will close 30 June 2015 and students are strongly encouraged to take part in this major event within the faculty. This competition is a skills development activity offered by the university that challenges HDR students to explain their research project to a non-specialist audience in just three minutes.

HDR students who are actively enrolled in a PhD or Masters by Research program (including thesis under submission) at the University of Adelaide will be eligible to participate in the competition. Competitors must also have completed their Major Review. Graduates are not eligible.

A word from commencing student Bruce Becker

Bruce Becker is another of our new students from the February 2015 cohort. Bruce is developing his research proposal for a systematic review of qualitative evidence on the experiences of people living with a disability (and their family carer) who receive individualised funding from government.

Bruce writes, “I am very pleased to take up the opportunity of a research Master’s degree with the Joanna Briggs Institute. For the last ten years, I have worked fulltime in various senior policy roles in the South Australian Government and have been the President of the national NGO, Physical Disability Australia, since 2013. To do this, I am fortunate to have the support of my partner and 15 year old daughter, along with friends and family in Adelaide, where I have lived for the last 19 years.

“I grew up in a remote region of central Queensland and my childhood provided for the great personal freedom and independence that is often associated with rural life. The visual backdrop to my earlier years was the open savannah plains of northern Australia – a barefoot kid riding a motorbike. As a 19 year old studying Economics at the University of Queensland, I experienced a C4/5 spinal cord injury during an ‘end of season’ college rugby game. In the time that immediately followed, my world view refocused into a life that I previously barely knew existed. In retrospect, it was perhaps the mindful psychological reflections from that time, and not the physical experiences, that have led me to be where and who I am today.

“Public policy debate has always interested me, and more recently, it is the public discourse that has coloured and reconceptualised the popular understandings of ‘disability’. Many are aware of a disjuncture between the life outcomes for people living disability and the claims of human rights based discourses, and perhaps not in an unrelated way, the emergence of economic and social policy, that has established and nourished the new disability industry.

In my time with JBI, I hope to shed more light on this line of inquiry as I conduct a systematic review of published papers in this area of theory and opinion.”
Overcoming the barriers to change in healthcare

As JBI Alumni members we know that you support our vision of using the best available evidence to inform practice close to your heart. But we also understand that when it comes to implementing change for better outcomes it can sometimes be a huge challenge and that even when successful, it can be tough making changes stick. I came across an article written by Carolyn Pexton the other day that I thought would be worth sharing with you and which I hope you find helpful ~ Sarah Silver

Research has shown that 95 percent of diets fail over the long term. Oddly enough, various studies show that 60 to 80 percent of major change initiatives also fail. In both cases, it is certainly not for lack of good intentions. For a person who has been on a successful diet, it is frustrating to see those pounds sneak back on. And it is just as frustrating for an organisation which has implemented a major improvement initiative to have costs, errors or inefficiencies creep in again. This is the short-term-gain, long-term-wane syndrome.

Why are both kinds of change not more successful? Often, the failures can be traced to a few missing ingredients:

1. A fundamental acceptance or realignment in thinking
2. Appropriate guidance or knowledge

The upside to past failures is that they usually provide some valuable lessons for the future. For instance, healthcare organisations currently contemplating Six Sigma or Lean as one aspect of transformation can learn from the experiences of others, both inside and outside the industry. While avoiding a “cookie cutter” approach to change initiatives, such examination can provide useful insight into what worked well, and what gaps may have been overlooked.

An industry in need of change

Though debate over specific solutions may continue, there seems to be widespread consensus for changes in healthcare in the United States to address inconsistencies in quality and efficiency. Some of the primary market forces serving as catalysts for change include the following:

Patient safety and clinical quality:
The emphasis on quality and patient safety has not abated since the release of the Institute of Medicine’s 1999 report on medical errors. Recent reports shine an even harsher light on a “Swiss cheese” healthcare system that allows nearly 200,000 people to die needlessly each year.

The move toward digitization:
Both for safety and efficiency improvements, the push to adopt information technology (IT) systems will continue, as patient care settings increasingly seek to go “filmless and paperless.” If this migration is to be successful, it must be accompanied by process adaptation and change management techniques that engender acceptance among staff and clinicians.

Demographic changes:
Shifting demographics and an aging population will continue to impact healthcare in the United States, particularly for specialties such as cardiovascular services. The US healthcare workforce also is aging, with only 9.1 percent of all registered nurses (RNs) under the age of 30, and the average age 45.2 years.

Workforce issues:
Workforce shortages – especially acute in certain regions and specialties – continue to strain the system. An article in Healthcare Financial Management states, “Shortages of clinical staff,
including RNs, radiology technicians and many other professionals, not only severely limit the ability of healthcare providers to respond to increasing levels of demand, they also affect providers’ ability to maintain current levels of service, quality and profitability.” Hospitals will need to ensure they are operationally efficient and are able to create an optimal work environment in order to attract, develop and retain top talent.

Financial challenges:
Healthcare providers continue to feel financial pressures as they deal with rising demand and uncertainty in reimbursement and revenue collection. Projects that address revenue and cost management strategies will be crucial to maintaining quality services.

The quest for excellence:
According to the American College of Healthcare Executives, “the concept of competing on value, which includes both cost and quality dimensions of performance, has become a reality.” As this reality sinks in, healthcare providers are showing greater interest in exploring solutions that would enable them to not only survive, but to become centres of excellence or providers and employers of choice.

Overcoming unseen barriers
All of these factors are converging to create what some have called “a perfect storm” that will require new thinking and comprehensive solutions. Unfortunately, the speed and spread of change in healthcare have been hampered by a number of factors.

Often it is the unseen cultural barriers that can derail an organisation’s best-laid plans – especially if they are not identified and addressed early in the process. A few of these barriers and potential solutions are in the table below, which is based on input gathered from healthcare practitioners during the last few years. Any of these factors may hold back an organisation, but strong leadership cannot be overemphasized as one of the critical elements for effectively driving Six Sigma or other change initiatives in healthcare. To increase efficiency and close the chasm between optimal patient care and that which actually exists, leaders must abandon adherence to obsolete management models. In a recent article in Health Affairs entitled “A Deficiency of Will and Ambition,” Dr Don Berwick noted: “The capability that is key to the proper allocation of resources and development of the proper workforce is leadership, and that’s where we still lack traction. It’s not that we don’t have capable executives and committed boards. It’s that the capable executives are still devoted to maintaining the status quo.”

<table>
<thead>
<tr>
<th>Barriers to Healthcare Change and Potential Solutions</th>
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<tr>
<td><strong>Factors Inhibiting Change</strong></td>
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<tr>
<td>Lack of Leadership Support</td>
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<td>Resistance or Scepticism from Staff</td>
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<td>Hesitancy to Invest Time and Money</td>
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<td>Shortage of Internal Resources to Lead Change Initiatives</td>
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<tr>
<td>Waning Commitment or Flavour-of-the-Month Syndrome</td>
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<tr>
<td>Uncertain Roles and/or Lack of Accountability</td>
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The payoff for perseverance

Embarking on a major change initiative in healthcare may feel daunting at first, but there are a number of tools and techniques that can help to get an organization over the rough spots. There are now a growing number of Lean Six Sigma institutions which are successful and will attest to the value of persistence and commitment.

Successful improvement initiatives can yield a wide range of benefits that are both qualitative and quantitative, including:

- Fewer medical errors
- Increased revenue and improved reimbursement
- Better use of advanced technologies (and faster return on investment)
- Better accessibility and capacity for patient flow
- Improved organizational communication
- Better nursing and physician satisfaction
- Better patient satisfaction
- Shorter patient wait times
- Investment in staff expertise.

With expanding technology and treatment options, and the promise of personalised medicine on the horizon, healthcare stands on the threshold of a bright future – if the right infrastructure can be put in place to support it.

The US healthcare industry cannot afford to let current systemic inadequacies or cultural barriers keep it from fulfilling this promise. As Dr Martin Merry and Jeffrey Brown noted in their article, “From a Culture of Safety to a Culture of Excellence,” it is imperative to begin transforming the system and closing healthcare’s significant “sigma gap”. They ended with a salient observation: “Healthcare belongs to society as a whole, and we all have potential roles in the unfolding of its future. As we contemplate our individual roles in healthcare’s transformation, each of us might ask these simple questions: If not now, when? If not me/us, who?”

Conclusion: winning the ‘wait control’ battle

Change is undeniably hard, whether the subject is weight control for an individual or “wait control” in the emergency department. But even though it is easy to come up with excuses for allowing diets or change initiatives to slide, there are measurable rewards for adopting an approach that allows a person or an institution to set the right targets, achieve those goals and stay on track.”

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