

WAIKATO DISTRICT HEALTH BOARD

RESEARCH ANNUAL REPORT 2017-2018



Health equity
for high need
populations
Oranga



Safe, quality
health services
for all
Haumaru



People centred
services
Manaaki



Effective and
efficient care and
services
Ratonga a iwi



A centre of
excellence in
learning, training,
research, and
innovation
Pae taumata



Productive
partnerships
Whanaketanga



Forward

Waikato District Health Board (DHB) has supported research for many years. More recently a greater emphasis on research has resulted in a specific research office and a focus on being able to report on the research undertaken at Waikato DHB.

One of the key priorities in Waikato DHBs Strategic Framework is – *A centre of excellence in learning, training, research and innovation* so it is very exciting to see our first research report for Waikato DHB published.

Waikato DHB is aiming to cement its position as a centre of clinical excellence, a teaching hospital, with links to University of Auckland and University of Waikato. Key stakeholders also include Wintec and primary health organisations (PHOs). The aim for coming years is to draw the various strands together, promote and celebrate research, encourage committed staff to reduce inequity and to improve the health and wellbeing of all our patients/population.

We are looking to grow research, while remaining safe and effective.

The wishlist for future years includes the ability to assist researchers in writing grant submissions, access to a biostatistician to assist researchers, improving the transparency and visibility of research within the DHB and the much anticipated development of a research hub.

The establishment of a Research Advisory Group at Waikato DHB to provide leadership, strategic direction and operational oversight of research at Waikato DHB is the first step in this new direction.



Mo Neville
Director
Quality and Patient Safety



Derek Wright
Interim Chief Executive



Contents

| | |
|---|----|
| Forward | 2 |
| Introduction | 4 |
| Highlights | 5 |
| New Zealand Health Research Strategy | 6 |
| What does it mean for Waikato region? | 6 |
| Research at Waikato DHB | 8 |
| Research governance | 8 |
| Research Advisory Group | 8 |
| Current year | 8 |
| The future | 9 |
| Research processes at Waikato DHB | 9 |
| The role of the research office | 9 |
| Māori consultation at Waikato DHB | 9 |
| Research statistics | 10 |
| Profiles of researchers/research units | 12 |
| Profiles of researchers | 12 |
| Profiles of research units | 15 |
| Mental Health and Addictions | 15 |
| Surgical and Cardiovascular | 15 |
| Medical | 17 |
| Anaesthetics and ICU | 18 |
| Oncology | 19 |
| Older Persons and Rehabilitation | 19 |
| Women and Children | 19 |
| Māori Health research | 20 |
| Nursing | 20 |
| Allied Health | 20 |
| Primary Care, Rural Health, and Telehealth | 20 |
| Collaborations | 21 |
| Honours, awards and grants | 21 |
| Health Research Council grants | 21 |
| Summer studentships | 22 |
| Kudos Awards | 23 |
| Waikato DHB Master's Scholarship: Healthy People. Excellent Care | 23 |
| Heart Foundation | 23 |
| Cancer Research Trust NZ (previously Genesis Oncology Trust) | 23 |
| Waikato Medical Research Foundation | 24 |
| New research underway | 24 |
| Research partners | 24 |
| Research projects registered | 24 |
| List of publications | 24 |
| Appendix A | 25 |
| Studies Registered 1 July 2017 – 30 June 2018, Service – with PI name listed | 25 |
| Appendix B | 35 |
| List of publications 2017 | 35 |



Ross Lawrenson
Chair
Research Advisory Group

Introduction

For many years research has been something that has set Waikato DHB apart from other DHBs in the region. Despite a lack of central support from Government agencies we are active in clinical trials and health services research that makes a difference to our patient outcomes. Having a great research environment helps us attract excellent clinicians and keeps our staff engaged by continually questioning “how can we do better?”.

This annual report shows the breadth and quality of the research that goes on within Waikato DHB. In the last year we have registered over 150 studies and published 130 plus peer reviewed papers. We have contributions from medical staff, nurses and allied health – from researchers in our hospitals and the community. A focus on inequities in the outcomes for Māori has been an important part of our research. The Research Advisory Group is going to continue to encourage research within the DHB and will make sure the annual report properly reflects the achievements of our researchers.



Highlights

A number of exciting and innovative research projects are underway at the Waikato DHB, some of which are mentioned later in this report. These projects include collaborative studies involving key stakeholders from other institutions such as the universities.

The establishment of the Research Advisory Group, along with the national Health Research Strategy document, highlight the importance of health research both within Waikato DHB and nationally. The Waikato DHB Strategy published in July 2016 increases the emphasis on health equity for high need populations. The Waikato DHBs Māori Research Review Committee (MRRCC) will continue to review research submissions with a focus on equity of access, timeliness and quality of care; and will encourage researchers to collect ethnicity and encourage Māori participation in research studies.

In the 2017-2018 financial year

- 169 research projects were registered at Waikato DHB. These projects encompassed clinical drug trials, investigator led research and research for attainment of a qualification
- 168 clinical trials were underway
- There were over 4000 participants in these clinical trials to date
- There were almost 700 Māori participants on clinical trials to date.

Priority areas for the coming year include

- Developing a set of Key Performance Indicators and a dashboard for research activity
- Developing a strategy for eliminating health inequity through research
- Embedding the new financial review processes for research
- Continuing to develop the research office functions
- Supporting the development of a research, improvement and innovation hub.

New Zealand Health Research Strategy

The Ministry of Health (MoH) and Ministry of Business, Innovation and Employment (MBIE) produced a New Zealand Health Research Strategy 2017-2027 document in June 2017. As they work through implementing the strategy and setting health research priorities that will address the needs of all New Zealanders, they have undertaken a public consultation focused on the best process for setting these priorities. The next stage is likely to be an opportunity to provide input on the priorities themselves.

What does it mean for Waikato region?

The vision is: By 2027 New Zealand will have a world-leading health research and innovation system that, through excellent research, improves the health and wellbeing of all New Zealanders.

The four principles which will guide the priorities are:

- Research excellence
- Transparency
- Partnership with Māori
- Collaboration for impact.

The document outlines how the MoH, Health Research Council (HRC) and MBIE will work together to achieve these goals at the high level.

The supporting actions mention things we have discussed – research that advances the priorities of New Zealand Health Strategy; improves outcomes and addresses the burden of disease, improves the understanding of the various determinants of health, contributes to health equity.

These strategic priorities and the vision align closely with the priorities and vision the Waikato Region Research Advisory Group has outlined. The table below summarises the Government actions outlined in the strategy and lists actions that Waikato DHB can take to align with the strategy.

| | Action to be taken by Government | Action to be taken by Waikato region |
|-----------------------------|--|--|
| Strategic Priority 1 | Invest in excellent health research that addresses the health needs of all New Zealanders. | |
| Action 1 | Prioritise investments through an inclusive priority-setting process | |
| | The HRC will develop a priority setting process to advise MoH on health research priorities in NZ. This will involve wide consultation (consumers, health researchers, iwi...). The priorities identified will form the basis of the HRC's three yearly investment plan and will guide other areas of government funded research | Waikato will develop priorities for research from Annual Plan, Māori Health Plan and input from PHOs and Māori stakeholders. (Research Advisory Group). These will be communicated to Researchers. |
| Action 2 | Invest in research for healthy futures for Māori | |
| | The Government and Māori will work in partnership to improve Māori health outcomes through investments in research. | Waikato DHB will continue to strengthen its research connections with Te Puna Oranga and external Māori stakeholders and researchers. The new Consumer Council will also assist in strengthening connections. |
| Action 3 | Invest in research that results in equitable outcomes for Pacific peoples and helps them to lead independent lives | |
| | The Government and Pacific peoples will collaborate to improve health of Pacific peoples through investments in research | Strengthen connections with the Consumer Council to link with local Pacific peoples. |

| | Action to be taken by Government | Action to be taken by Waikato region |
|-----------------------------|--|--|
| Action 4 | Develop and sustain a strong health research workforce | |
| | The Government will put appropriate mechanisms in place to support, attract and retain the health research workforce (HRC will take the lead) | Waikato will develop ideas on what would assist the region to attract and retain this workforce (Research Advisory Group) |
| Strategic Priority 2 | Create a vibrant research environment in the health sector | |
| Action 5 | Strengthen health sector participation in research and innovation | |
| | MoH will consider funding models and infrastructure requirements – investment in infrastructure and effective governance of research is needed | Waikato can prepare information to contribute this process. |
| Action 6 | Strengthen the clinical research environment and health services research | |
| | MoH will work with DHBs and others to strengthen the clinical research environment and health services research | Waikato can prepare information to contribute to this process (Research Advisory Group). |
| Strategic Priority 3 | Build and strengthen pathways for translating research findings into policy and practice | |
| Action 7 | Enable and embed translation across the health sector | |
| | Government will ensure work is well-coordinated across relevant institutions; mechanisms for translating knowledge from offshore work well, data assets are linked, accessible and well governed, investment plans for funding agencies reflect the importance of translation. | Waikato research office can focus on following up on research completed, share results of the research projects, and assist to determine whether outcomes from research can/should be translated. Investigate funding for adoption and sustaining of innovative ideas / research findings |
| Strategic Priority 4 | Advance innovative ideas and commercial opportunities | |
| Action 8 | Support transformative and innovative ideas | |
| | The Government will increase the share of funding for supporting transformative and innovative ideas across the research spectrum; and will ensure appropriate support and effective governance for big data and genomics | Investigate funding for adoption and sustaining of innovative ideas / research findings |
| Action 9 | Create more industry partnerships | |
| | The Government will seek to increase the number of partnerships between industry, research institutes and health sector agencies. They will also seek to form partnerships with iwi, hapu and communities and others to address Māori health needs | Waikato has commenced work in this area with the create of the Research Advisory Group. A Research Manager would also be able to focus on this area. |
| Action 10 | Strengthen platforms for commercialising innovations | |
| | The Government will strengthen platforms for commercialising new innovations and strengthen connections internally to tap into capital and specialist expertise | |

HRC has completed a consultation on the process for setting New Zealand’s health research priorities. Later in 2018 they will seek input on the priorities themselves.

Research at Waikato DHB

Research governance

Most research at Waikato is driven from the clinical services and by the clinicians. There are some very research active departments and teams covering a wide spread of topics. The director for Quality and Patient Safety has the executive oversight for the research portfolio in the DHB.

Research encompasses a wide variety of studies – including clinical drug trials sponsored by pharmaceutical companies, investigator led studies, studies reviewing notes retrospectively, university studies/theses involving interviewing staff and/or patients.

The number of participants on most trials is less than 100, with larger numbers often involved in retrospective reviews. Clinical drug trials often only involve 2-4 patients at Waikato DHB, as they are usually world-wide studies. Ethnicity of participants is collected for all clinical trials and for most other research studies. The MRRC has a focus on improving our ethnicity data collection within the organisation and on eliminating inequity.

Most disciplines and services within Waikato DHB undertake research. A summary of the various research units is included below.

Research Advisory Group

In 2017 Waikato DHB established the Research Advisory Group, its purpose being to:

- provide high level leadership, governance, strategic direction and oversight of research activity at Waikato DHB
- promote and develop Waikato DHBs research culture by ensuring a transparent, supportive and appropriate research environment and infrastructure; and by nurturing and enhancing research capability, capacity and performance
- promote and develop a centre of excellence for Māori health and health equity research and innovation which will build close and enduring relationships with Māori health researchers and Māori organisations and community in the Waikato
- ensure research undertaken within Waikato DHB is scientifically valid, is carried out in a co-ordinated manner, follows policy and has the potential to improve service delivery, personal health outcomes or population health
- ensure results of research undertaken is disseminated appropriately
- increase the focus on translational research (research into practice); service delivery research.

Membership includes executive staff from Waikato DHB plus representatives from key stakeholders: University of Waikato, University of Auckland, Wintec and PHOs.

Current year

A number of exciting and innovative research projects are underway at the Waikato DHB, some of which are mentioned later in this report. These projects include collaborative studies involving key stakeholders from other institutions such as the universities.

The establishment of the Research Advisory Group, along with the national health research strategy document, highlight the importance of health research both within Waikato DHB and nationally.

The 2017-2018 financial year saw 169 studies registered at Waikato DHB and 122 studies completed the approval process at Waikato DHB.

The future

Priority areas for the coming year include:

- Developing a set of Key Performance Indicators and a dashboard for research activity
- Developing a strategy for eliminating health inequity through research
- Embedding the new financial review processes for research
- Continuing to develop the research office functions
- Supporting the development of a research, improvement and innovation hub.

Research processes at Waikato DHB

All research undertaken at Waikato DHB is to be registered with the Research Office. This can be done on the Waikato DHB internet site, allowing for studies to be registered by non DHB staff.

The Research Office reviews the information provided, gives guidance on the requirements for ethics approval, and ensures that researchers apply for Māori Consultation. Approval or endorsement from the relevant services and departments is then sought. Legal agreements are reviewed by legal services. Once all these things are in place, the study and the legal agreements are approved by the Director Quality and Patient Safety on behalf of the Waikato DHB.

The role of the research office

The research office currently provides a limited service, but includes registration of research projects, advice on whether studies require ethical approval, coordination of the Māori Research Review Committee (MRRC) process, and collection of data on studies registered at Waikato DHB.

In time we would anticipate the role to expand, and to be able to offer assistance to researchers with grant applications, HDEC applications, and access to a biostatistician, for example.

Māori consultation at Waikato DHB

Te Puna Oranga (Māori Health service), Waikato DHB is responsible for providing Māori consultation for researchers and leads the Māori Research Review Committee (MRRC). In alignment with the Waikato DHB Strategy which has an increased emphasis on health equity for high need populations, the MRRC encourages researchers to consider how they can maximise the potential for Māori health gain from their research. This includes oversampling of Māori participants if possible to get equal or adequate explanatory power. The Māori Research Review Committee (MRRC) seeks to ensure that ethnicity is collected and recorded appropriately for all clinical trials and stipulates that the census ethnicity question is used correctly. Guidance on research questions and analyses is provided on an as required basis.

The Waikato DHB Strategy published in July 2016 increases the emphasis on health equity for high need populations. The MRRC will continue to review research submissions with a focus on equity of access, timeliness and quality of care; and will encourage researchers to collect ethnicity and encourage Māori participation in research studies.

Research statistics

Research at Waikato DHB encompasses clinical drug trials, investigator led research and research for attainment of a qualification. Research evaluates practice or compares alternative practices, with the purpose of contributing to a body of knowledge by asking what you should be doing.

Research proposals are classified into one of four categories:

| | |
|----------------------------------|---|
| Audit or evaluation | Audit or evaluation are studies where the investigator reviews results against a standard. Most clinical audits will be done through Clinical Audit Support Unit; however occasionally they fit under research. |
| Clinical / interventional | In an intervention study, the investigator intervenes and then studies the effects of the intervention. This is usually done before a new intervention is approved for clinical use. A clinical trial of a new blood pressure medicine is an example of an intervention study. Through intervention studies, investigators can exercise the sort of critical thinking, innovation and evidence-based development of practice that improves patient care. This means that high-quality intervention studies are good for patient care. |
| Observational | Observational studies give us vital evidence about our health and how best to protect and improve it. They do this by using personal information for public good. To do it well they must meet high ethical standards. In these studies, the investigators observe and analyse information about health or disability but do not alter the care or services that people receive. |
| Other | Do not fit any of the above categories, but generally believed to be research. |

Clinical audit is a way of finding out whether you are doing what you should be doing by asking if you are following guidelines and applying best practice.

10

| | Calendar year | | | Financial year | | |
|--|---------------|------|------|----------------|---------|---------|
| | 2013 | 2014 | 2015 | 2015-16 | 2016-17 | 2017-18 |
| Number of research projects registered | 104 | 123 | 135 | 141 | 169 | 169 |

In 2015 we started capturing the actual date a study was registered; and moved to reporting for the financial year.

The majority of studies have less than 100 participants (102 out of 169). 36 of the 169 studies had less than 10 participants.

The table below shows the registered studies divided into the above categories, by service:

| Studies registered 01/07/17-30/06/18 | Audit or evaluation | Clinical/ interventional: drug/device | Observational: qualitative/ epidemiological | Other | Total |
|---|------------------------|---|---|-------|-------|
| Allied Health | 3 | | | | 3 |
| Community and Clinical Support | 3 | 1 | 3 | | 7 |
| Corporate | 2 | | 2 | 2 | 6 |
| Emergency Department | 1 | | 2 | 1 | 4 |
| Medicine | 5 | 15 | 10 | 4 | 34 |
| Mental Health and Addictions | 1 | | 8 | 1 | 10 |
| Nursing and Midwifery | | | | 1 | 1 |
| Older Persons Rehabilitation and Allied Health | 4 | 1 | 2 | 3 | 10 |
| Oncology | 3 | 9 | 5 | | 17 |
| Surgical and Critical Care | 11 | 18 | 31 | 4 | 64 |
| Tairāwhiti DHB | | 1 | | | 1 |
| Virtual Care | 1 | | | | 1 |
| Women's and Child Health | 2 | 2 | 7 | | 11 |

| | | | | | |
|--------------------|-----------|-----------|-----------|-----------|------------|
| Grand total | 36 | 47 | 70 | 16 | 169 |
|--------------------|-----------|-----------|-----------|-----------|------------|

The process of registering research includes requiring approval from various clinical support services, to ensure they are aware of the commitments of research projects. Improved methods of capturing this information mean we are moving to be able to report on the number of studies using these clinical support services. Generally the clinical support services will be required for Clinical/Intervention trials.

For a number of the clinical trials sponsored by pharmaceutical companies, the laboratory and radiology tests are to be performed by external agencies, in some cases, overseas.

| Pharmacy | Number of participants per trial | | | | | |
|--------------------------------|----------------------------------|----------|----------|----------|----------|----------|
| | 4 | 5 | 8 | 20 | 750 | Total |
| Community and Clinical Support | | | | | 1 | 1 |
| Medicine | 1 | 1 | | | | 2 |
| Oncology | | 1 | 2 | | | 3 |
| Surgical and Critical Care | | | | 1 | | 1 |
| Grand total | 1 | 2 | 2 | 1 | 1 | 7 |

| Laboratory | Number of participants per trial | | | | | | | |
|----------------------------|----------------------------------|----------|----------|----------|----------|----------|----------|----------|
| | 5 | 8 | 10 | 20 | 30 | 60 | 80 | Total |
| Medicine | | | | 1 | | | | 1 |
| Oncology | 1 | 2 | | | | | 1 | 4 |
| Surgical and Critical Care | | | 1 | 1 | 1 | 1 | | 4 |
| Grand total | 1 | 2 | 1 | 2 | 1 | 1 | 1 | 9 |

| Radiology | Number of participants per trial | |
|----------------------------|----------------------------------|----------|
| | 200 | Total |
| Surgical and Critical Care | 1 | 1 |
| Grand total | 1 | 1 |

Māori Research Review Committee (MRRC)

A total of 105 studies (of the 169 registered) were reviewed by the MRRC. Studies not reviewed include those involving staff members only; evaluating products, extension studies, or those given ethical consideration by the research office – there were 36 in this category. The remaining 28 studies are either yet to be reviewed, did not proceed, and two proceeded without completing the approval process.

Clinical Trials

Pharmaceutical company sponsored clinical trials account for approximately one third of research registered. Waikato DHB has ten clinical trials units, which employ clinical trial nurses/coordinators. In addition, an agreement is in place with Clinical Trials NZ to undertake trials at Waikato DHB in cases where the Principal Investigator is employed by Waikato DHB. The 10 clinical trials units are: Breast Cancer Research, Cardiology, Respiratory and Gastroenterology, Cancer and Blood, Diabetes, Neurology, Rheumatology, Critical Care, Anaesthetic and Renal research. In the 10 clinical trials units at Waikato DHB there are almost 40 FTE involved in these clinical trials units. The clinical trials cover the cost of the salaries of most of these staff. Clinical trials units report that there were 78 clinical drug trials open at the end of the 2017-2018 financial year; 25 studies closed to recruitment, but patients on active treatment and 24 studies in follow up, patients off active treatment. There were also two studies which were closed to recruitment, but patients remain on compassionate supply.

Recruitment to Clinical Trials

| Year | Number of clinical trials active during the year | Number recruited | Number of Māori recruited | Number withdrawn | Number declined | Screening failure |
|-------------|--|------------------|---------------------------|------------------|-----------------|-------------------|
| 2016-2017 | 166 | 3419 | 181 | 50 | 140 | 363 |
| 2017-2018 * | 168 | 4091 | 690 | 12 | 422 | 466 |

Note: *Latest figures include Anaesthesia, previous year did not.

These figures do not include Renal service trials. Also four large registry studies (involving 15,466 patients) have been excluded from the table above.

Profiles of researchers/research units

Research at Waikato DHB covers a range of activities from post-graduate descriptive studies to large clinical trials funded by international pharmaceutical companies. They involve a variety of staff from across many departments.

As evidenced in the list of research at the end of this report, there are a number of researchers within the Waikato DHB. Many of these researchers are experienced, well-known researchers in their field, and there are a number of emerging researchers.

There are a number of dedicated clinical trial research units within Waikato DHB

- Anaesthesia
- Critical Care/ICU
- Respiratory and Gastroenterology
- Cardiology
- Neurology
- Rheumatology
- Cancer and Blood
- Breast Cancer
- Diabetes
- Renal

In addition to those units listed above, research is undertaken across the breadth of the services at Waikato DHB.

Profiles of researchers



Below are profiles of a few of our staff who have undertaken research in the last year.

Dr Nina Scott

Dr Nina Scott (Waikato, Ngāti Whatua, Ngāpuhi) is a public health physician and is Clinical Director of Māori Public Health at Waikato DHB. Nina gained her medical degree from the University of Otago and her public health qualifications through the University of Auckland. She is the current Chair of Hei Āhuru Mōwai, the national Māori Cancer leadership board, and a member of Waikato DHB's MRRC. Nina is a strong advocate for both accurate ethnicity data collection and for eliminating inequities in healthcare for Māori and takes an active role in supporting researchers to develop Māori research expertise. Previous research areas that Nina has been involved with include prostate and breast cancer and rheumatic fever.

In 2017 Nina was awarded an HRC grant for her project "Does a Whānau Ora approach improve outcomes for hospitalised tamariki?". One of the drivers



From left to right: Doctors Polly Atatoa Carr, Nina Scott and Bridgette Masters-Awatere, working to improve health outcomes for tamariki Māori.

for the development of the Harti Hauora tool was the recognition that a large proportion of the tamariki Māori admitted to hospital were being readmitted – usually with similar illnesses, within months of going home. The mixed methods randomised controlled trial will test what difference the Harti Hauora tool makes to readmission rates and other endpoints. Nina is also co-principal investigator of a National Science Challenge study that has developed and tested a



Māori implementation science framework – He Pikinga Waiora, to co-design and implement a Māori whānau and community based diabetes prevention programme.

Dr Matthew Phillips, MSc, FRACP

Matt works as a full-time staff neurologist at Waikato Hospital.

He earned his bachelor's and master's degrees in biology at Queen's University in Kingston, Canada, before moving overseas to pursue a medical degree at Flinders University in Adelaide, Australia. Matt then

commenced basic physician training at the Queen Elizabeth Hospital in Adelaide, where he developed a keen interest in neurology, following which he relocated east to pursue his advanced neurology training, including a neurophysiology fellowship, at the Royal Melbourne Hospital.

Matt's foremost passion is to develop clinically effective metabolic strategies that enhance the cell energy metabolism that may underly many disabling chronic neurological conditions. Currently, his research aims to explore the potential feasibility, safety, and efficacy of sustained dietary modification in the creation of alternative metabolic states, such as physiological ketosis, and whether they lead to improvements in

symptoms, function, and quality of life for people with degenerative conditions such as Parkinson's disease and Alzheimer's disease.

John Parsons

John Parsons is Associate Professor at the University of Auckland. John has wide experience in research and consultancy and has contributed to service development models across New Zealand, UK and Australia. He has active research links with UK, US, Canada, Japan, Korea and India and has been successful in obtaining funding for research across these groups. John is well published, and is committed to the translation of research into clinical practice. He has generated over \$10 million in research and consultancy contracts in this area. He has published 64 peer-reviewed articles, book chapters, commissioned reports and electronic media training resources.

John has recently undertaken the role of the inaugural Bupa Fellow in Allied Health Research, a three-year appointment that involves initiating leading edge

research programmes that support the advancement of care delivery for both Bupa Care Services NZ and the Waikato DHB. In addition, he has a role as Clinical Lead (Rehabilitation) within the Institute of Healthy Ageing (IHA), Waikato DHB. The Institute provides a research framework for best clinical and management practice so that healthy ageing is promoted and supported within the Waikato and Midland regions, as well as nationally and internationally. The Bupa funding also employs Laura Stratton as the Bupa Allied Health Research Associate to work alongside John. Laura is an experienced physiotherapist who is in the process of completing her masters at the University of Auckland. She has held management and leadership positions in Waikato and overseas and brings a wealth of expertise to the role.

John and Laura are actively encouraging allied health research within Waikato DHB, looking at topics such as Developing Communicatively Accessible Environment for People with Aphasia; Clinician knowledge of amputee rehabilitation; factors associated with length



of stay of bariatric patients; and physiotherapy practice in ICU.

Deborah Harris

Deborah Harris is a neonatal nurse practitioner practicing in the Newborn Intensive Care Unit and also holds an honorary clinical academic role at the Liggins

Institute at the Auckland University. She received her PhD awarded in 2013. Deborah's areas of research interest include randomised and observational clinical trials. Her primary focus has been the diagnosis, treatment of neonatal hypoglycaemia, including the follow-up of the baby and family. Deborah led the Sugar Babies Study in the use of oral dextrose gel in the management of newborns at high risk of hypoglycaemia. Trial results have changed the management of neonatal hypoglycaemia internationally.

More recently she has lead the Glucose in Well Babies Study (GLOW) along with the research team in the Newborn Intensive Care Unit, Phil Weston and Alana

Cumberpatch. GLOW will describe the normal glucose, lactate and beta-hydroxybyrate profiles of babies during the first five postnatal days, which has not been previously done.

Deborah is the Research Chair of the Council of International Neonatal Nurses (COINN). COINN is made up of 70 countries (develop and developing) with 5000 neonatal nurses. Deborah is conducting international surveys to determine the Global Priorities for Neonatal Nursing Research. This initiative is the first opportunity of Neonatal Nurses to identify the most important future research topics with the understanding that priorities may differ within and between countries.

She has received a total of 16 distinctions and awards for the recognition of research achievement. Among the seven received since 2013, it included the University of Auckland Research Excellence Medal (Team Award 2018), Best manuscript of the Year Award, Waikato Medical Research Foundation (2014), Finalist Next Magazine New Zealand Woman of the Year Award (2014), Gallagher Medical Science Award, Hamilton, New Zealand (2014), Best PhD Thesis Award, University of Auckland (2013) and Young Investigator Award, Imperial College London (2013).

Deborah has published 19 of her 39 manuscripts since receiving her PhD in 2013.

Dr Alvin Tan, MBChB (Otago), FRACP

Alvin is a consultant medical oncologist at Waikato Hospital. He achieved his Bachelor of Medicine and Surgery at the University of Otago, Dunedin and completed his basic physician training at North Shore Hospital in Auckland. He then commenced his advanced medical oncology training at Auckland City Hospital where he developed particular interest in genitourinary cancers and participation in oncology clinical trials.

He is the primary site investigator for a number of

collaborative phase three oncology trials being conducted at Waikato Hospital, and has previously participated in the Australia and Asia Pacific Clinical Oncology Research Development (ACORD) Workshop. He is a member of the Waikato Cancer and Blood Research Governance Board, whose main goals are to promote a culture of innovation and quality assurance, supporting research as a core component of clinical practice and being an integral part of the Regional Cancer service. He is actively supportive of trainee-led audits/research projects and is currently working on a retrospective review of the management of advanced kidney cancers in the Waikato region in the era of tyrosine kinase inhibitors, with the aspiration of

establishing an advanced kidney cancer registry database in New Zealand.

Profiles of research units

Mental Health and Addictions

The Mental Health and Addictions service has an extensive research track record led by Professor Graham Mellsop and supported by Associate Professor David Menkes. The department have published widely on a number of inpatient topics. The department have also supported the academic development of researchers. Currently Dr Inoka Wimalaratne undertaking a PhD through the University of Auckland on "A cross-cultural comparison of general hospital specialists' attitudes toward management of psychological/psychiatric problems"

Surgical and Cardiovascular

The Department of Surgery is active in a number of areas of research themes for including breast surgery, endocrine surgery, vascular, cardiothoracic surgery, trauma and paediatric surgery.

Vascular Department

There have been several exciting projects in the department of vascular surgery in the last few years. Mr Thodur Vasudevan has been the academic lead and has worked with a national team looking at outcomes from Abdominal Aortic Aneurysms with a particular focus in equity issues. He has been supported by research fellow Aasim Khan.

Nathaniel Chiang, a former researcher at Waikato DHB, was awarded his PhD on wound healing in vascular patients in 2018.

Cardiothoracic Department

The Waikato Cardiothoracic Surgical Department is the busiest unit in New Zealand. It has been active in a number of research collaborations and the leader Mr Adam El Gamel has recently been appointed as Honorary Professor at the University of Waikato. Mr David McCormack has been leading research in the unit with a particular interest in education. Mr Paul Conaglen is leading on thoracic surgical research and the team have recently have been joined by Mrs Felicity Meikle.



From left to right: Adam El Gamel, Navneet Singh, medical student, and David McCormack, cardiothoracic surgeon.



Breast Surgery

The Waikato Breast Surgery unit is the leading research group in New Zealand led by Associate Professor Ian Campbell. The unit has been successfully in attracting significant research funds and has an impressive research publication list. Mr Campbell also has had a track record of supporting surgical research fellow including a Commonwealth Scholar from Sri Lanka, Mr Sanjeeva Seneviratne and currently Ms Melissa Edwards who is undertaking a PhD on "The effects of comorbidity on early breast cancer treatment and outcomes in New Zealand".

Undertaking inequities for Māori women with breast cancer has been a main focus of the unit's research – this work has been ably supported by Dr Nina Scott.

Endocrine Surgery

Mr Win Meyer-Rochow has developed Waikato as a centre of excellence for endocrine surgery and his research activities are closely aligned with the endocrinology group.

Colorectal Surgery

Mr Ralph van Dalen is the regional head for colorectal cancer. In conjunction with Clinical Nurse Specialist, Judy Warren they have developed the Waikato Colorectal cancer database and supported a number of HRC research projects on identifying ways to improve the diagnosis of colorectal cancer.

Trauma

The Midland Trauma System is managed by Waikato trauma surgeon Mr Grant Christey. The unit has not only revolutionised the management of trauma care in the region but the Midland trauma register has allowed a greater understanding of the causes of admissions to hospital in the region due to injury. Mr Christey's research has led to a number of publications and the service is being seen nationally and internationally as a centre of excellence. The register is used by a number of external researchers, and studies are completed in collaboration with external companies such as New Zealand Transport Agency.

Paediatric Surgery

The Paediatric Surgical department run a tertiary regional service for the Midland region with an extensive outreach service. The department has a special interest in Neonatal Surgery, Paediatric Urology and Minimal Access Surgery. They also have a particular interest in congenital abdominal wall defects and chest wall anomalies.

Ophthalmology

The Waikato Hospital Eye Department has a well-established clinical research ethic with several members of the consultant staff publishing regularly.

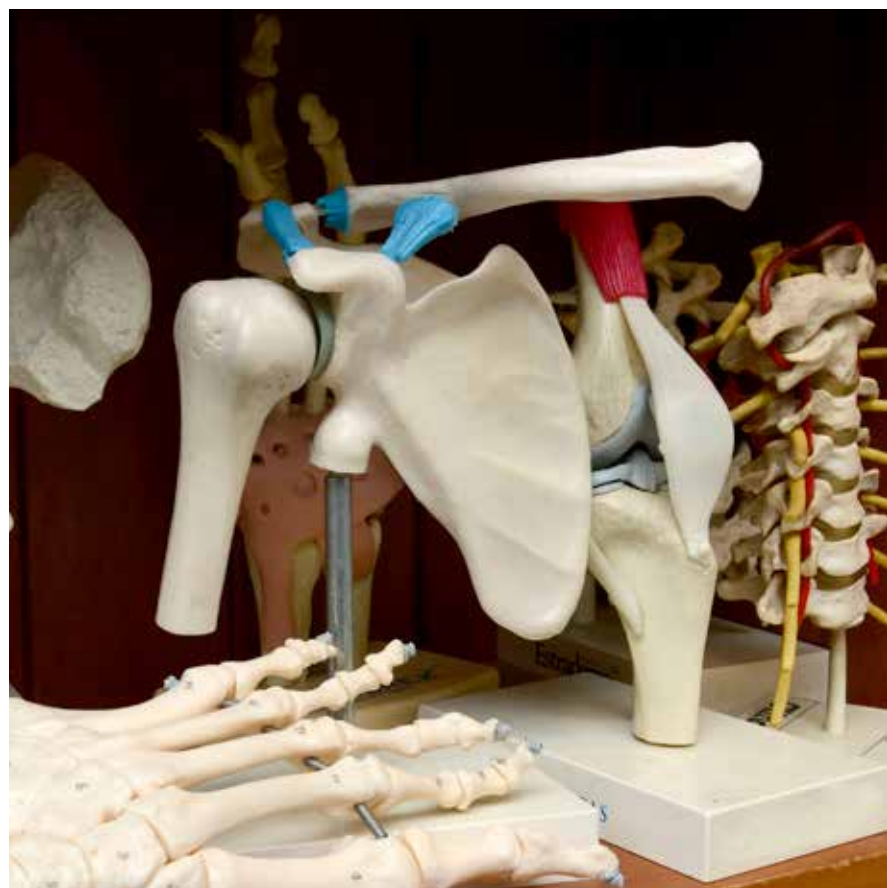
They are looking forward to welcoming Dr James McKelvie who will join us as a consultant in December 2018. He will bring a strong academic focus to the department and will have a University of Auckland appointment.

The department have been applying pre-operative risk analysis to cataract patients to determine the risk of complications based on a UK data set. They can then compare our complication rates with international standards which can be benchmarked for our unique case mix.

Mr Ben Hoy has completed a review of follow-up times in the eye clinic for glaucoma patients and published a paper. This led to the involvement of a clinical nurse specialist in the glaucoma clinics which reduced overdue follow ups considerably.

Orthopaedics

The Orthopaedic Department has had a busy year however it has managed to institute a number of research activities. Mr Joseph Baker has published on outcomes from lumbar spine surgery and Mr Sandeep Patel has been supporting a research fellow David Lees in his research. The department have published a number of papers and look forward to continuing their research developments.



Medical

As a tertiary referral centre, Waikato Hospital provides a comprehensive range of medical subspecialties. Staff are recognised for their expertise in their field and a number of the units are involved in research. The Division of Medicine is very active in undertaking clinical trials and always has a number of patient trials being undertaken.

Cardiology

Waikato Hospital has been a leading centre for cardiology research led by Associate Professor Gerry Devlin who has recently moved to Tairāwhiti DHB. Associate Professor Devlin has been the Regional Cardiology lead and Medical Director of the NZ National Heart Foundation. Dr Martin Stiles has lead research in electrophysiology of the heart and is intermittently active in a number of studies.

Endocrinology and Diabetes

The endocrinology research team at Waikato Hospital are led by Associate Professor John V Conaglen (University of Auckland) supported by Dr Marianne Elson, and endocrine surgeon Mr Wynne Meyer Rochow. The team have published widely on thyroid and adrenal diseases. Their research fellow has been successful with Dr Jade Tamatea recently joining the team.

Since the recent retirement of Dr Peter Dunn, the Waikato Regional Diabetes team are now led by Dr Justina Wu, who has carried on the research agenda for the service. Dr Ryan Paul has taken the role of research lead and is working with Dr Lynne Chepulis for the University of Waikato. Their interests include research into the “Changes in the gut microbiome in gestational diabetes; post birth follow-up”.

Rheumatology

During 2017-18, work has continued on the Unit's research themes of rheumatoid arthritis, gout, spondyloarthritis, vasculitis and systemic sclerosis, led by Dr Doug White (University of Auckland). The unit has contributed to development of preliminary remission criteria for use in gout clinical trials and to a national audit of benzbromarone use as well as data on the impact of smoking on gout treatment.

Work on systemic sclerosis has been well received at the World Scleroderma Congress in where three Waikato posters were presented. Dr Kate Gregory, registrar, is working on a project on outcomes in lupus nephritis.

The Spondyloarthritis, Genetics and the Environment Study (SAGE) has continued to prove a valuable collaborative research effort with analysis of novel genetic markers. Work is underway on a Health Economic analysis of spondyloarthritis in New Zealand,

for which the service was awarded a grant from the New Zealand Rheumatology Association. In addition to the above, the Department participates in industry-sponsored clinical trials.

Respiratory

Respiratory Medicine continues to run an active research unit. Research is led by Dr Cat Chang (University of Auckland). The unit are lucky to have the expertise from Associate Professor Bob Hancox, (University of Otago) who is available on a regular basis.

Research projects include COPD, bronchiectasis, lung cancer and asthma. The Unit also has an interest in sleep apnoea. The respiratory department maintains the regional lung cancer register and this has led to the intervention of a larger regional study of barriers to diagnosis for Māori at risk of lung cancer.

Gastroenterology

The Gastroenterology service has a number of clinical trials underway.

Dermatology

The Department of Dermatology at Waikato Hospital is noted for its research and publications on medical dermatology, teledermatology and teledermoscopy. Many medical students from the University of Auckland have contributed to the recent teledermatology research as well as elective students from the UK. They are supervised by Adjunct Associate Professor Amanda Oakley (Honorary Associate Professor Marius Rademaker resigned from Waikato Hospital in May 2017). Several posters have been presented at international conferences. The studies have evaluated current and previous electronic referrals to dermatology. The team are planning to expand the research to evaluate the process economics of the diagnosis and management of skin lesions, in collaboration with Dr Karyn Rastrick of the University of Waikato (Waikato Management School).

Associate Professor Amanda Oakley has continued to expand the popular online dermatology resource, DermNet New Zealand (www.dermnetnz.org). Waikato DHB is a partner in this venture, by providing a substantial proportion of its clinical images. DermNet is currently preparing the images for machine learning research with the hope of creating a diagnostic

support or educational tool for health practitioners. A small set of skin lesion images were provided to Prof Bernhard Pfarhinger at the University of Waikato (Computer and Mathematical Science) for a summer studentship 2017/18 and another set to a PhD student at Manchester Metropolitan University, with an expectation that joint publications will eventuate.

During 2018, Associate Professor Oakley was honoured with Companion of the New Zealand Order of Merit, Honorary Fellowship of the Royal New Zealand College of General Practitioners, the Peter Rothwell Clinical Teacher award, the New Zealand Dermatological Society's Excellence Award for Exceptional Service to Dermatology.

Associate Professor Oakley was awarded the Ministry of Health's Clinician's Challenge award at the HINZ meeting, for a skin disease image recognition tool idea. She was a finalist for 2017 Kudos awards and Women of Influence awards.

Neurology

In 2017, the Neurology Department conducted the world's first-ever randomized controlled trial to compare a low-fat diet with a ketogenic diet in Parkinson's disease. The study has recently been published in the highly reputable Parkinson's disease journal, *Movement Disorders*, and Dr Phillips and Dr Lynch will be presenting the study findings to Parkinson's disease experts from around the world at the annual International Congress of Parkinson's Disease and Movement Disorders in Hong Kong in October, 2018.

Recent research in the Neurology Department has also branched out into other areas. In 2017 a study involving Dr Asztely was published which sought to

find better ways of diagnosing whether a patient with autoimmune disease has an underlying cancer; this is important, as finding and removing the cancer often improves the autoimmune condition. In 2018, a study involving Dr Lynch was published which sought to find better ways of assessing small-fiber neuropathy; this can be a painful, debilitating condition, and for the moment our methods for assessing and treating it are quite limited.

The unit's research staff, including both nurses and medical students, are also working on large collaborative projects involving other New Zealand hospitals. The general aim of these studies is to assess the nation-wide impact of stroke and multiple sclerosis. The service is also taking part in a number of pharmaceutical company sponsored clinical trials for conditions such as epilepsy and multiple sclerosis.

Currently, the Neurology Department is teaming up with members of the Dietetics, Older Persons and Rehabilitation, and Mental Health Services for Older People Departments to conduct a trial that will compare a Mediterranean-style, low-fat diet with a coconut-based, ketogenic diet in Alzheimer's disease. For now, people with this difficult condition can only be offered a handful of minimally-effective medications, such that the cornerstone of management often relies largely upon carer support; further treatment options are desperately needed. Recently, the study proposal was reviewed and supported by a \$25,000 NZD grant from the Waikato Medical Research Foundation.

Renal

The Waikato Renal Unit provides a regional service. Dr Kannaiyan Rabindranath (PhD) is been to develop research within the department and has been exploring research publications using the extensive Australia/NZ

Renal data base.

Anaesthetics and ICU

The Anaesthetic Department has a strong research structure, academic lead by Professor Jamie Sleight supported by Dr Logan Voss and Dr Kelly Bryne, and an active clinical trials unit. Research in the department of Anaesthesia and Pain Medicine continues steadily, funded by various multicentre trials, a renewal of the JSMF grant, and the Shrimpton fund. From this funding they have been lucky to employ Dr Rebecca Pullon to handle multichannel EEG data collection and analysis. At present the department has two PhD students (Amy Gaskell and Xavier Vrijdag). A number of presentations have been made at national and international conferences.

Dr Scott Robinson is currently working on a comparison between TEG5000 and TEG6s – this study is complete and is in the write up stage. The team are also running a study at the moment in ICU looking at the use of TEG6s to manage post cardiac surgical bleeding patients.

Oncology

Radiation and Medical Oncology, Haematology, Palliative Care

The Oncology Department at Waikato Hospital has been active in many clinical trials as well as collaborating in clinical research. The academic lead is Associate Professor Michael Jameson (Assistant Dean, Waikato Clinical Campus, University of Auckland). Associate Professor Jameson has recently been awarded a HRC funded study "More gain, less pain from chemoradiation for rectal cancer by adding simvastatin".

Dr Marion Kuper, Clinical Director has been active in her research on metastatic breast cancer in conjunction with Associate Professor Ian Campbell and Professor Ross Lawrenson.

The department have an excellent active adult clinical trials unit led by Wendy Thomas. It is well known that clinical outcomes are better in units where a high proportion of cancer patients are enrolled in clinical trials – so the involvement of the clinical trials team in research helps improve patients outcomes.

Older Persons and Rehabilitation

Waikato DHB have identified research into ageing as an important point of the strategy of improving services for older persons. The Unit has internationally recognised researcher Professor Matthew Parsons as its lead, and recently employed Dr John Parsons as BUPA fellow in rehabilitation.

The Institute of Healthy Ageing is a collaborative venture between Waikato DHB, the University of Auckland and the University of Waikato, and was launched in 2013. Its purpose is to facilitate the sharing of research and clinical expertise, and the development of research initiatives in the field of ageing, older people's health and rehabilitation. The governance group of the institute includes representatives from Waikato DHB, University of Auckland, Bupa NZ, Wintec and the community. Part of the Institute's focus is translational and applied research. The Institute has a clear research strategy developing expertise in rehabilitation (Dr Michael Kaplan) health services recognition and in dementia care (led by Dr Colin Patrick and Dr Etu Mau), and is well placed to help OPRS become one of the leading centres for education/training and research in the country.

Women and Children

Obstetrics and Gynaecology

The Women's Health team is involved in a number of clinical trials and evaluation studies. Dr Narena Dudley is involved in clinical trials looking at high grade cervical anomalies and the management of CIN3; Dr Joy Marriott is involved in a study looking at induction of labour (OBLIGE) There are also a number of nursing/midwifery led studies being undertaken in the service.

The OBLIGE (Outpatient Balloon vs Inpatient Gel) study is a New-Zealand wide multi-centre trial comparing two methods of preparing the cervix for labour, outpatient balloon catheter versus current inpatient prostaglandin practice. The trial is being facilitated by the Liggins Institute at The University of Auckland. Waikato is one of 8 participating. This will be the first large study in New Zealand that examines women going home with a balloon catheter as part of their induction – over 1500 women will take part in OBLIGE. This study has the potential for making significant changes to the delivery of maternity care for the future. If the OBLIGE study confirms safety, effectiveness and acceptability of the balloon method, women will be able to be at home with their family/whānau for part of their induction of labour.

Paediatric

Paediatric research at Waikato Hospital has been led though its association with the University of Auckland. Dr Alex Wallace is the Senior Lecturer with Waikato Clinical Campus while Dr Deborah Harris works closely with Professor Jane Harding for the Liggins Institute.

Drs Harris and Weston have continued to contribute to clinical evidence surrounding the treatment and management of neonatal hypoglycaemia. Dr Harris received the University of Auckland Research Excellence Medal (Team Award) for her work on the Sugar Babies and CHYLD studies.

In General Paediatrics, research continues undertaken by a group of Year 6 medical students, supervised by Dr Wallace, regarding medical and nursing staff knowledge of spacer and inhaler technique for the management of asthma, was presented at the Paediatric Society of New Zealand annual scientific meeting in November. The student who presented this work, Annelies Watson-Holmes, was awarded the Paediatric Society's New Investigator's prize for 2017."



Māori Health research

A focus on Māori health inequity is an important strategy for the Waikato DHB.

Dr Nina Scott has worked with Te Puna Oranga for a number of years and has been involved in research in the prostate cancer inequities, breast cancer and rheumatic fever. She was recently awarded a HRC funded project grant “Does a Whānua Ora approach improve outcomes for hospitalised tamariki? to research and develop the Harti Hauora Tamariki tool and progress child health outcomes. Dr Scott is also an advisor on the National Bowel Screening Programme.

Te Puna Oranga are also investigating other key areas of health inequities which will lead to further research activities.

Nursing

Nursing research platform has a methodological underpinning that of a Qualitative Kaupapa Māori Co-Design, although a more general qualitative expertise to projects is available when requested.

There are currently a number of research projects underway, led by Nursing and Midwifery staff. A large number of the research projects are undertaken for attainment of a qualification (Masters, PhD). The studies cover a wide variety of services/disciplines across the health sector. majority of this research is aligned to priorities as identified via the DHB Strategic Imperatives and Nursing at Waikato DHB 2017-2021.

Dr Deborah Harris is a leading exemplar for nursing research – further detail on research she has undertaken is outline elsewhere in this report. Waikato DHB is also fortunate to have a number of up and coming researchers working across the DHB.

Allied Health

Allied Health research projects are coordinated through RARE – Waikato DHB’s Rehabilitation and Allied Health Research and Education centre. Since late 2016 the BUPA Research Fellow (Allied Health) John Parsons and the BUPA (Allied Health) Research Associate Laura Stratton have been actively engaged in fostering a research culture within allied health through facilitating and conducting research projects and promoting research amongst Allied Health clinicians. There are a number of research projects being undertaken within allied health across a number of disciplines including social work, acute medical physiotherapy, speech language, occupational therapy.

Primary Care, Rural Health, and Telehealth

Primary Care and Rural Health research within Waikato Hospital has been rather fragmented. The Waikato Medical Research Group led by Prof Ross Lawrenson has been investigating in studies of bowel and lung cancer in conjunction with clinicians from Waikato Hospital. This work has been supported by Dr Rawiri Keenan who is employed by the Royal NZ College of General Practitioners. Other Honorary appointments in general practice include Dr Steven Lillis and Dr Liza Lack.

Pinnacle Midland Health Network are developing a research strategy and ways to use their extensive computerised records capacity to improve rural health outcomes.

Hauraki PHO have also been active in research including a study of the “Geographical access to GP services in the Waikato DHB” with a PhD student from the University of Waikato, Jesse Whitehead. A goal for 2018/2019 is to develop rural research with new technologies in conjunction with Dr Ruth Large.



Collaborations

Some of the research undertaken at Waikato DHB is done in collaboration with other organisations, key examples being:

- University of Waikato
- University of Auckland
- University of Otago
- University of Wellington
- Institute of Healthy Aging
- Wintec
- BUPA

As we set the strategic direction for research going forward, we will grow our collaboration space.

Honours, awards and grants

Health Research Council grants

Dr Nina Scott received a HRC grant for her research project *“Does a Whānau Ora approach improve outcomes for hospitalised tamariki?”* \$933,933, 36 months

We like to think that hospital staff will ensure their patients can stay well. Unfortunately staff do not have the right tools, and 1/2 of hospitalised tamariki Māori aged 0-4 are readmitted within months of going home. This led us to develop the Harti Hauora Tamariki tool, which we modeled on a whānau ora approach.

The tool is a set of health screening questions. It was gifted the name Harti Hauora Tamariki and piloted in 2015. Resources were developed by a Māori artist and the tool is still in use at Waikato Hospital. A review found that use of the tool increased screening documentation dramatically, (from almost 0 for many measures). Using Māori health research processes this study aims to show the effect of follow up actions from Harti Hauora Tamariki screening and effects on child health outcomes, including readmission rates and whānau satisfaction with care.

The following HRC grants were given to researchers who work closely with Waikato DHB:

Professor Ross Lawrenson, University of Waikato

- *Improving early access to lung cancer diagnosis for Māori and rural communities*, \$1,194,260, 36 months
- *Reducing delay and increasing access to early diagnosis for colorectal cancer*, \$1,195,378, 36 months

Associate Professor Michael Jameson, University of Auckland (and consultant at Waikato DHB)

- *“More gain, less pain from chemoradiation for rectal cancer by adding simvastatin”* 60 months, \$1,399,054

Summer studentships

Each year Waikato DHB funds 10 summer studentship scholarships through the Waikato Clinical School to support hypothesis-driven research projects that can be undertaken in a 10 week period over the student's summer break are encouraged.

An important part of the project is to encourage the student to develop an interest in research. The supervisor must be available over the time-frame of the studentship to ensure direct regular supervision. Students will work under the supervision of a project supervisor who will take responsibility not only for the project's completion but also for completing the appropriate approval processes. The applicant/supervisor must obtain ethical approval through the Health and Disability Ethics Committee and have Waikato DHB authorisation.

Waikato Clinical School Summer Studentships 2017-2018

| Supervisor/s | Project title | Source of funding | Student name | Student source |
|---|--|-------------------|-----------------|------------------------|
| Dr Linda Peters Dr Marianne Elston Dr Ray Cursons | Investigation of the Physiological role of a rare germline genetic variant | Waikato DHB | Emily Grout | University of Waikato |
| Dr Kelly Byrne | Do Pectoral nerve blocks improve patient quality of recovery after breast surgery: a randomised controlled trial | Waikato DHB | Abbe Meads | University of Auckland |
| Dr Etuini Ma'u Lochanie Fonseka | Prevalence study on Young Onset Dementia in the Waikato area | Waikato DHB | David Wang | University of Otago |
| Dr Peter Kirk | The Assessment of a "Good Death" using quality indicators for registered palliative patients, at home, in Hospital or in a Hospice Inpatient Unit. | Waikato DHB | Clement Ooi | University of Otago |
| Dr Joe Baker | Validation of Prognostic scoring for Metastatic Spine Disease in the Local Population Undergoing Surgical Intervention | Waikato DHB | William Cook | University of Auckland |
| Dr Steve Bird | The Search for next-generation Novel Antibiotics in New Zealand Organisms | Waikato DHB | Cristal Bader | University of Waikato |
| Helen Clark Dr Wayne de Beer Yolinda Bullians | Junior Doctors Beliefs, Attitudes, and Approaches to Prescribing, how this can Inform and Improve Educational Approaches to Prescribing Training in New Zealand. | Waikato DHB | Bernard de Witt | University of Auckland |
| Dr Gregory Jacobson Dr Steve Bird | Are Patterns in the Gut Bacterial Microbiota associated with Coronary Artery Disease? | Heart Foundation | Iain Miller | University of Waikato |
| Dr Amy Gaskell Prof Jamie Sleight | Predicting delirium in elderly patients undergoing elective surgery at Waikato DHB: evaluation of a cognitive assessment tool | Waikato DHB | Ashleigh Brough | University of Auckland |
| Dr Jade Tamatea Dr John Goldsmith Dr Ryan Paul | The Epidemiology of Type 2 Diabetes Mellitus in the Waikato Region | Waikato DHB | Chris Wang | University of Otago |
| Dr Joe Baker | Retrospective analysis of spinal column infection at Waikato Hospital | Waikato DHB | Jeevan Vettivel | Monash University |

Kudos Awards

Dr Jade Tamatea won The Kudos 2017 Medical Science category sponsored by Waikato DHB. Dr Tamatea is an emerging leader in endocrinology and thyroid disease in the Waikato region.

She is completing her PhD on the epidemiology of thyrotoxicosis among Māori in the Waikato. Her research study involves one of the largest cohorts of patients ever gathered to provide better healthcare options for Māori. Thyrotoxicosis is a condition where an overactive thyroid produces an excess of hormones that can have a number of undesirable effects on a person's physical and mental health. Common treatment for an overactive thyroid is radioactive iodine.

Dr Tamatea's work has shown that this treatment is not as effective in Māori patients (as it is in other cohorts) who often require a second iodine treatment, which can increase their risk of cancer. Her research has improved the understanding of factors that influence thyrotoxicosis and considers the patients' journey to and through health services.

The two other finalists in this category were:

- Dr Amanda Oakley, dermatologist, has developed the internationally respected DermNet website accessed by more than two million dermatologists, health professionals, students and patients worldwide. Dr Oakley is passionate about using the latest virtual and artificial intelligence technology to provide quicker, cheaper, and accurate diagnosis and management of skin condition.
- Dr Jacquie Kidd, is focused on helping people to tell stories about their health and illness, and finding the personal meaning behind clinically important statistics. She believes in working in ways that include people from the researched communities as equal partners. Currently she is working on qualitative co-designed projects with Māori communities about improving the lives of people with prostate and lung cancer.

Waikato DHB Master's Scholarship: Healthy People. Excellent Care

Funded by Waikato DHB, the purpose of this scholarship is to provide support for Master's students conducting research with links to one or both of the Waikato DHB's strategic imperatives: (i) Health equity for high needs populations; or (ii) Effective and efficient care and services.

Heart Foundation

In July 2017 a Small Project Grant was awarded to Associate Professor Gerry Devlin, Department of Cardiology, Waikato DHB for his project "Does Peer Support improve Secondary Prevention of Ischaemic Heart Disease?"

Cancer Research Trust NZ (previously Genesis Oncology Trust)

2017 Research Project Grant:

Dr Navin Wewala, Oncology Department, Waikato Hospital, Hamilton received a research project grant in 2017 for his project "Phase Ib randomised, placebo-controlled, double-blinded trial of cimetidine to prevent the nephro-, neuro- and oto-toxicity of cisplatin in patients undergoing chemo-radiotherapy for head and neck cancer.

Waikato Medical Research Foundation

Studies registered at Waikato DHB:

| WMRF GRANT NO: | Surname | First name | Title | 2017 project title | Applicant address |
|----------------|---------|--------------|-------------------------|--|------------------------|
| WMRF #283 | HARRIS | Deborah | Nurse Practitioner / Dr | hPOD - hypoglycaemia Prevention in newborns with Oral Dextrose | NICU, Waikato Hospital |
| WMRF #289 | STARKEY | Nicola Jayne | Professor | Eight years later : Long-term outcomes from Traumatic Brain Injury in Adults | University of Waikato |
| WMRF #281 | EDWARDS | Timothy | Dr | Using Dogs for Lung Cancer Screening | University of Waikato |

Other studies in Waikato region:

| WMRF GRANT NO: | Surname | First name | Title | 2017 project title | Applicant address |
|----------------|----------|---------------|-------|--|---------------------------------|
| WMRF #284 | JACOBSON | Gregory | Dr | Identification of protein targets of novel ketamine-like drugs | University of Waikato |
| WMRF #287 | POPPE | Katrina | Dr | Systematic improvement in the detection of atrial fibrillation in primary care and assessment of evidence-based vascular risk management | University of Auckland |
| WMRF #290 | STEWART | Kevin William | Dr | The pathogenesis and treatment of lung oedema in critical illness | Waikato Institute of Technology |

New research underway

Further detail will be provided under this heading in future years.

Research partners

With the establishment of the Research Advisory Group, Waikato DHB is looking to work more closely with our research partners. Key partners are PHOs, Waikato Clinical Campus, Wintec, University of Waikato, University of Auckland, Institute of Healthy Aging.

Research projects registered

A list of research projects registered at the Waikato DHB Research Office between 1 July 2017 and 30 June 2018 is included as Appendix A.

List of publications

A list of publications follows as Appendix B. Please note that this list may be incomplete.

Appendix A

Studies Registered 1 July 2017 – 30 June 2018, Service – with PI name listed

The table below shows the titles of research registered in the period 1 July 2017 to 30 June 2018, by the Principal Investigator at Waikato DHB. These projects have not all received approval at this stage. A number of these Principal Investigators may be working on other research/trials that commenced before 1 July 2017 and are still underway.

Where the research is being done by a principal investigator outside of Waikato DHB, and there is no Waikato DHB investigator, these are noted as “External PI”.

Note: Some research undertaken by nursing staff is listed in the service in which the research was done, rather than under the heading ‘Nursing and Midwifery’.

| Allied Health |
|---|
| Emily Hunter |
| The New Zealand Deafness Notification Database – Children notified in 2010, what have we learned? Children diagnosed with permanent hearing loss in 2010, What are we learning? |
| Victoria Donoghue |
| Does involvement in a research project to increase mobility among ventilated ICU patients lead to a change in physiotherapy practice in ICU? |
| Factors associated with length of stay of bariatric patients in Waikato Hospital |
| Community and Clinical Support |
| Dr Felicity Dumble |
| The effect on vaccine uptake and views and experiences of women and health professionals of funded pharmacist-delivered pertussis and influenza vaccination of pregnant women (Vaccination in Pharmacy Study - VIP) |
| Mohammed Issa |
| Assessing changes in antimicrobial prescribing confidence and behaviour at Waikato DHB following implementation of an antimicrobial prescribing guidance app (Microguide) |
| Richard Vipond |
| Oral health practices and barriers to regular dental check ups in a cohort of Rheumatic Heart Disease adults on the bicillin programme |
| Ruth Large |
| Telehealth in the rural ED |
| Stephen du Toit |
| Blood gas syringe evaluation |
| Zaynel Sushil |
| Ka Pai Kai South Waikato |
| External PI |
| Risk factors for early childhood caries requiring dental treatment and extractions under general anaesthetic (Oh to be able to open wide and smile) |
| Corporate |
| Dr Nina Scott |
| Prevalence of latent tuberculosis infection in Māori people in the Waikato region |

Kelly Spriggs

Possibilities of the Maternity Package / Baby Box Concept in Enhancing Wellbeing around the World (“Thinking outside the box” Study)

Prof Ross Lawrenson

Improving early access to lung cancer diagnosis for Māori and Rural Communities

Salend Kumar

Identifying clinicians’ perspective on what makes patients unsuitable to use virtual mode for outpatient consult

External PI

Harti Hauora Tamariki tool trial implementation evaluation

Pasifika Prediabetes Youth Empowerment Programme (PPYEP)

Emergency Department

Dr Christine Brabyn

Australian Paediatric Head Injury rules Study: Assessing the gap prior to implementation (APHIRST Gap)

Georgia Collier-Carrington

Optimising Emergency Department Staff Resource Allocation by Identifying Nurse Workload Acuity

External PI

Characteristics of the adolescent population presenting to Waikato DHB Emergency Department with self-harming behaviours

Patterns of recovery from concussion in children and adolescents

Medicine

Ala Farah

A cross-sectional study on a cohort of patients at Waikato DHB with Systemic Sclerosis looking at Scleroderma renal crisis (SRC).

Dr Alan Doube

A randomised, double dummy, parallel arm, placebo and active controlled, double blind, study of the safety and efficacy of PRX167700 as monotherapy in adults with moderate to severe knee pain due to osteoarthritis who are inappropriate for oral non-steroidal anti-inflammatory therapy.

Dr Cat Chang

A multicentre, everolimus alone or in combination with BEZ235 on the immune response to influenza vaccination in the elderly at increased risk of influenza illness RTB-101-203 v02

A Phase 3 Randomized, Double-blind, Placebo-controlled, Multicenter Study to Evaluate the Efficacy and Safety of Pimodivir in Combination With the Standard-of-care Treatment in Adolescent, Adult, and Elderly Hospitalized Patients With Influenza A Infection (FLU 2018 – FLZ3001 Sapphire Study)

A Randomized, Double-Blind, Placebo Controlled, Parallel-Group, Multi-Center Study to Assess the Efficacy, Safety and Tolerability, and Pharmacokinetics of INS1007 Administered Once Daily for 24 Weeks in Subjects with Non Cystic Fibrosis Bronchiectasis (The Willow Study: INS1007201)

New Zealand and Australian Bronchiectasis Registry

Using Dogs for Lung Cancer Screening

Dr Christine Brabyn

Predicting Severe Pneumonia in the emergency Department: A global Study of the Pediatric Emergency Research Network (PERN)

| |
|---|
| Dr Douglas White |
| A multicenter, randomized, double-blind, placebo-controlled study evaluating the safety and efficacy of Upadacitinib in subjects with active ankylosing spondylitis (AS). (M16-098) |
| Isolated Antibodies Against Ro52 and their Significance in the Waikato Hospital Systemic Sclerosis Cohort |
| Dr Frank Weilert |
| A Phase 3 Clinical Study to Evaluate the Efficacy and Safety of the Combination Regimen of MK-3682B (Grazoprevir/Ruzasvir/Uprifosbuvir) in Participants with Chronic Hepatitis C Virus Genotype 3 Infection (MK3682B037:MK3682B) |
| A Phase 3, Double Blind, Randomized, Placebo Controlled, Multicenter Study to Evaluate the Efficacy and Safety of Obeticholic Acid in Subjects with Compensated Cirrhosis due to Nonalcoholic Steatohepatitis (REVERSE study) (747-304) |
| Spleen stiffness measurement for the non-invasive assessment of varices in patients with liver cirrhosis |
| Dr Fredrik Asztely |
| Telemedicine is an acceptable alternative to in-person clinics/phone call follow up for the provision of care to adults with epilepsy and improves access to healthcare |
| Dr James Brooker |
| A Phase 2/3 Randomised, Double-Blind, Placebo and active-Controlled, Parallel-group, Multicenter Protocol to Evaluate the Efficacy and Safety of Guselkumab in Participants with Moderately to Severely Active Crohn's Disease (GALAXI) |
| An Open Label Study to Assess the Efficacy and Safety of Fixed-Dose Combination RHB-104-04 (Anti-MAP) Therapy in Adult Crohn's Disease |
| Dr Jan Schepel |
| MS Base Database |
| Dr Janice Wong |
| Assessment of the in vitro effects of Citramel TM on sputum BE10-1002 |
| Dr Kannaiyan Rabindranath |
| Management and outcomes of critical limb ischaemia in dialysis patients |
| Dr Kate Gregory |
| Epidemiology and clinical outcomes of a New Zealand lupus population |
| Dr Marianne Elston |
| Assessment of the Safety of Anaesthetising Hyperthyroid Patients Undergoing Thyroidectomy |
| Characterisation of recurrent pancreatitis in Ehlers-Danlos syndrome |
| New Zealand Familial Endocrine Disorder Registry (FERNZ) |
| Retrospective review of aortic root diameters in patients with acromegaly |
| Dr Miriam Bennett |
| Do cardio selective Beta-Blockers Affect the Use of Beta-Agonist Inhalers in response to bronchoconstriction challenge in Asthma? |
| Dr Paul Huggan |
| Telepresence Double Doctor for Thames Infectious Disease Service |
| Dr Peter Dunn |
| A Randomized, Double-blind, Placebo-controlled, Parallel-group, Multicentre Study to Demonstrate the Effects of Sotagliflozin on Cardiovascular and Renal Events in Patients with Type 2 Diabetes, Cardiovascular Risk Factors and Moderately Impaired Renal Function |

Technical Assessment of a Low Powered Microwave Sensor for Monitoring Blood (Non Invasive Glucose Meter Evaluation)

Dr Peter Sizeland

Canadian-Australasian Randomised Trial of Screening Kidney Transplant Recipients for Coronary Artery Disease (CARSK Study)

Dr Ryan Paul

Sprinting during aerobic exercise to prevent hypoglycaemia in patients with type 1 diabetes.

The epidemiology of type 1 diabetes mellitus in the Waikato region

The influence of diabetes on the gut maternal and neonatal microbiome during and after pregnancy.

Matthew CL Phillips

Reducing Ethnic and Geographic Inequity to Optimise New Zealand Stroke Care (REGIONS care)

Wayne Bai

Visualisation rate of duodenal papilla with, versus without cap assisted wide viewing gastroscop – A prospective study

Mental Health and Addictions

Adam Stevens

A quantitative study of an opioid substitution programme to ascertain rates and consequences of concurrent substance misuse.

Dr Ashok Abhyankar

Autistic Spectrum Disorder: First time diagnosis at or after the age of 15

Dr Gerard Pauley

Facilitating health professional wellbeing following serious or critical incidents in Mental Health Services: An action research study

Mark Kingston

The experience of nurses working in the mental health area engaging in therapeutic conversations with patients

Sangeeta Dey

Compulsory Community Care and Outcome in People with Schizophrenia and related disorders

External PI

An exploration of the experience of registered nurses caring for people receiving compulsory care as care recipients under the Intellectual Disability (Compulsory Care and Rehabilitation) Act 2003

Health and Wellbeing of the Alcohol and Other Drug (AOD)/Addictions Workforce

Understanding the early psychosis intervention (EPI) services across New Zealand from multi-stakeholder perspectives

WAKA - a digital self-management tool for individuals living with schizophrenia

What works? Individuals' experiences and knowledge of suicide prevention interventions in Aotearoa / New Zealand.

Nursing and Midwifery

Jo Faulkner

Clinical Supervision with a multi disciplinary approach: a nursing perspective

Older Persons Rehabilitation and Allied Health

Jenny McCleery

Evaluation of the cancer psychological and social support services initiative

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| Rachel Emmitt |
| Dysphagia (swallowing disorders) in New Zealander Adults With Multiple Sclerosis |
| Sandra Cate |
| What matters to clients of a Waikato-based Fracture Liaison Service who are offered bone health and falls risk assessment as part of a nurse-led secondary prevention initiative? (We need to talk about your bones) |
| Sean Mathieson |
| A Formative Evaluation of the Non-Acute Rehabilitation Case-mix Project |
| Enhanced fractured neck of femur rehabilitation pathways (Fractured NOF Pathways) |
| Experience Based Design - Using the experience of consumers to re-design the Needs Assessment and Service Coordination of support services for Older People |
| Teddie van Pelt |
| Developing Communicatively Accessible Environment for People with Aphasia |
| Victoria Donoghue |
| A prospective randomised control trial evaluating the clinical efficacy and patient satisfaction scores of a novel adjustable wrist splint (ZeroCast) for the treatment of distal wrist fractures. |
| An exploratory study to examine the facilitators and barriers that influence patients with non –cystic fibrosis bronchiectasis attending the physiotherapy outpatient respiratory clinic |
| What is clinician's knowledge of amputee rehabilitation? |
| Oncology |
| Dr Archana Srivastava |
| A Phase 3, Randomized, Global Trial of Nivolumab and Epacadostat with Platinum Doublet Chemotherapy versus Platinum Doublet Chemotherapy in First-line Treatment of Stage IV or Recurrent Non-Small Cell Lung Cancer (NSCLC) (ECHO 309) |
| A Randomised, double-blind phase 2/3 study of Relatlimab combined with Nivolumab versus Nivolumab in participants with previously untreated metastatic or unresectable melanoma |
| Dr Deborah Barham |
| The role of Professional Supervision for New Zealand palliative care doctors - review of current experience |
| Dr Hugh Goodman |
| A Phase 3 randomized, openlabel, multicenter study assessing the clinical benefit of isatuximab (SAR650984) in combination with bortezomib (Velcade®), lenalidomide (Revlimid®) and dexamethasone versus bortezomib, lenalidomide and dexamethasone in patients with newly diagnosed multiple myeloma not eligible for transplant (IMROZ) |
| Dr Humphrey Pullon |
| A randomised controlled feasibility trial comparing the efficacy of prophylactic immunoglobulin with prophylactic antibiotics in patients with acquired hypogammaglobulinemia secondary to haematological malignancies (Rational) |
| Dr Marion Kuper |
| MonarchE Protocol I3Y-MC-JPCF A Randomized, Open Label, A Randomized, Open-Label, Phase 3 Study of Abemaciclib combined with Standard Adjuvant Endocrine Therapy versus Standard Adjuvant Endocrine Therapy Alone in Patients with High Risk, Node Positive, Early Stage, Hormone Receptor Positive, Human Epidermal Receptor 2 Negative Breast Cancer |
| Dr Michael Jameson |
| Sialyl Lewis antigen expression in melanoma |

SPAR: A randomized, placebo-controlled phase II trial of Simvastatin in addition to standard chemotherapy and radiation in preoperative treatment for rectal cancer

The Patient-Reported Outcomes - Cancer (PRO-C) Instrument: Confirmatory Factor Analysis

Dr Natalia Gavrilova

A Phase III, multicenter, randomized, double-blind, Placebo controlled trial comparing the efficacy and safety of Polatuzumab Vedotin in combination with Rituximab and CHP (RCHP) versus Rituximab and CHOP (RCHOP) in previously untreated patients with diffuse large b-cell Lymphoma (POLARIX)

Frank Po-Yen Lin

A comprehensive analysis of clinical prognostic factors in cancer patients by mining electronic medical records.

Lana Ferguson

NFR communication teaching session

Lydia Shim

Exploration of expanding cancer treatment delivery services in the Waikato DHB region of New Zealand

Prof Ross Lawrenson

Reducing delay and increasing access to early diagnosis for colorectal cancer

Roger Huang

MDV310013: A Phase 3, Randomized, Efficacy and Safety Study of Enzalutamide Plus Leuprolide, Enzalutamide Monotherapy, and Placebo Plus Leuprolide in Men With High Risk Non metastatic Prostate Cancer Progressing After Definitive Therapy

Ziad Thotathil

TROG 15.02 ROAM: Radiation versus Observation following surgical resection of Atypical Meningioma: a randomised controlled trial

External PI

How can we improve time to diagnosis of colorectal cancer in symptomatic patients? Symptoms and patient characteristics as criteria for diagnosis of colorectal cancer in primary and secondary care in New Zealand

Surgical and Critical Care

Amanda Oakley

DermNet's Visual Skin Disease Clinical Decision Support Tool (DermNet's AI project)

Amy Gaskell

ConsCIOUS2

Damaris Dekker

The Pros and Cons of Focussed Assessment with Sonography for Trauma (FAST) scans for paediatric major trauma

Dr Annette Forrest

A phase III randomised controlled trial of continuous beta-lactam infusion compared with intermittent beta-lactam dosing in critically ill patients (BLING III)

Treatment of invasively ventilated adults with early activity and Mobilisation trial (the TEAM trial)

Dr David Becker

A simple method to colour balance digital photographs for remote assessment of burns depth

Dr Gerry Devlin

Do patterns of gut and oral bacteria associate with coronary artery disease in a Waikato hospital patient group? Linking oral and gut bacteria with inflammation and heart disease

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| Dr Grant Christey |
| Brain Injury Incidence and Outcomes New Zealand in the Community Adolescent and Later Childhood outcomes (BIONICAL) (Long Term Outcomes following TBI in childhood) |
| Data mining discovery of multiple factors to refine trauma interventions |
| Eight years later: Long-term outcomes from traumatic brain injury (TBI) in adults |
| Major Trauma: Financial Implications for Families |
| Paediatric trauma in the Midland Region of New Zealand, 2012-2017 |
| The Impact of Severity Scaling Systems on Patient Treatment, Cost, and Outcome of spinal injuries |
| Validating The Use Of The Optimising Recovery After Trauma (Orat) Programme Within The Midlands Trauma System |
| Dr Madhav Menon |
| A Phase 3, Multicentre, Double-Blind, Randomized, Placebo-controlled, Parallel-group Study to Investigate the Efficacy and Safety of CSL112 in Subjects with Acute Coronary Syndrome. (AEGIS-II) |
| Dr Magnus Cheesman |
| "Targeted Prophylaxis" and Ciprofloxacin Resistance in Patients for TRUS biopsy in a NZ setting (CRPT NZ) |
| Dr Manar Khashram |
| Clinical Utility of White Cell Scan in Aortic Graft infection (Management of Aortic Graft infection) |
| Dr Martin Stiles |
| AF Awareness Week |
| Dr Odette Hart |
| Determination of ongoing physiological abnormality in chronic venous disease post intervention |
| Dr Peter Gan |
| Creation of the Australasian Shunt Registry |
| Dr Raewyn Fisher |
| Long Term legacy effects of LDL C lowering with alirocumab: observational follow up of the ODYSSEY OUTCOMES study (Odyssey Legacy) |
| Dr Robert Martynoga |
| Randomized, Embedded, Multifactorial Adaptive Platform trial for Community-Acquired Pneumonia (REMAP-CAP): |
| Dr Sanjeevan Pasupati |
| Onyx ONE Study; A Randomized Controlled Trial with Resolute Onyx in One Month DAPT for High-Bleeding Risk Patients |
| Dr Sonia Tran |
| A simple method to colour balance digital photographs for remote assessment of burns depth |
| Dr TV Liew |
| Exploring the meaning of cardiovascular disease and access to services with Māori whānau |
| George Konstantinidis |
| An alternative method of fixing Ogawa type IIB meta-acromion fractures by using a reconstruction plate with a 90 degree twist. A Case series (retrospective review) |
| Grant Parkinson |
| Mode of Presentation of Patients with Potentially Curable (resectable) Lung Cancer. A Retrospective Review. |

Hamid Mohammed (email: mohammed shareef)

Emergency presentations of older people at Waikato Hospital Dental Unit

Hemisha Patel

Functional Outcomes of patients presenting to Waikato Hospital with a traumatic brain injury between Jan 2015 to Jan 2017.

Ian Campbell

A randomised phase III trial of adjuvant radiation therapy versus observation following breast conserving surgery and endocrine therapy in patients with molecularly characterised luminal A early breast cancer (EXPERT: Examining Personalised Radiation Therapy for low-risk early breast cancer)

Jane Creighton

A qualitative study of the experiences of female junior surgical trainees in New Zealand, and how these experiences influence their decisions to continue with, or abandon, surgical training

Jason Donovan

Surgical delay time for neck of femur fracture surgery in patients on dabigatran

Jason Ly

IMAGINE: Ileus Management International - An international, observational study of postoperative ileus and provision of management after colorectal surgery

Jhanvi Dholakia

Routine defunctioning in Low Anterior Resections

Joseph Baker

Origins of the pelvic incidence - contributions from the pelvic osseous architecture

Spinal Prosthetic Infection in New Zealand (SPINeZ)

Josephine Mak

An observational study: is there a difference in trace element levels between aneurysmal and non aneurysmal thoracic aortic tissue in humans?

Kelly Byrne

IV iron for the treatment of anaemia before cardiac surgery (ITACS)

New Zealand transfusion requirements in cardiac surgery - translation of research into practice study (NZ TRICS TRIPS)

Pilot randomised triple-masked placebo controlled trial evaluating efficacy of continuous erector spinae block

Mr Adam El Gamel

Aortic Valve Replacement - Platelets

Effect of warm humidified carbon dioxide insufflation on de-airing during aortic valve replacement. A randomized controlled trial.

Evaluation of Oxygenators

The Establishment of the New Zealand Rheumatic Heart Disease Registry (NZ RHD Registry)

What is the impact of body composition on operative outcomes in Cardiothoracic Surgery?

Mr Thodur Vasudevan

A Randomized Trial to confirm the Safety and Effectiveness of Chocolate Touch Paclitaxel Coated PTA Balloon Catheter, in the Above Knee Lesions

Multi Centre, Controlled Trial to Compare Best Endovascular versus Best Surgical Therapy in Patients with Critical Limb Ischemia (BEST-CLI Trial)

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| Prospective, non-randomized, multicenter pre-market feasibility study to evaluate subjects treated with the BlueLeaf System for the treatment of symptomatic CVI of the lower extremity. (Investigation of Femoropopliteal In Situ Valve Formation with the InterVene) |
| Nicole Yee |
| Audit of Maxillofacial Technical Laboratory at Waikato Hospital |
| Professor Jamie Sleigh |
| Gas narcosis in hyperbaric environments |
| Raewyn Fisher |
| A Randomized, Double-blind, Placebo-controlled, Parallel-group, Multicenter Study to Evaluate the Effects of SOtagLiflozin on Clinical Outcomes in Hemodynamically Stable Patients with Type 2 Diabetes POST Worsening Heart Failure (The SOLOIST-WHF Trial) |
| Rajesh Nair |
| Feasibility Study of the CardiAQ- Edwards Transcatheter Mitral Valve (TMV) System |
| Robert Martynoga |
| Clinical Investigation Plan : Gallus NIV mask usability assessment |
| Clinical Investigation Plan: Evatherm™ 2 Circuits Human Factors & Clinical Device Evaluation (F&P Evatherm) |
| Rowan French |
| Establishment of a bariatric surgery clinical quality registry |
| Sallie Malpas |
| Inhaled Anesthesia Climate Initiative: Project Drawdown (Inhaled Anesthetic 2020 Challenge) |
| Samantha Campbell |
| Improving the coordination of trauma patient care: Exploring the impact of a trauma coordination programme on health professionals working within the Midlands Trauma Service |
| Sanjeevan Pasupati |
| Prospective, Multi-Center, Single Arm Study of the XPro Suture-Mediated Vascular Closure Device System (Medeon closure device study) |
| TAVR in Low risk patients |
| Scott Robinson |
| Outcomes pre and post introduction of TEG in a cardiac surgical intensive care. |
| Tryptase in with cardiac surgery and protamine |
| Simon Lou |
| Oral squamous cell carcinoma - factors that affect outcomes in surgically treated patients |
| Swarna Baskar Sharma |
| The 2nd Sprint National Anaesthesia Project (SNAP-2): Epidemiology of Critical Care provision after surgery (EPICCS) |
| External PI |
| Geographical and ethnic disparities, and costs of osteoarthritis associated hip and knee replacement surgeries in New Zealand |
| Virtual Care |
| Ruth Large |
| SmartHealth after hours review |

Women's and Child Health

Arun Nair

Infant CPAP Interface-Product Evaluation Trial

Carolyn Aird

The use of Social media in the Paediatric Department

Dr Joy Marriott

Outpatient balloon induction of labour versus inpatient prostaglandins;a randomised controlled trial (Oblige Study)

Dr Pip Walker

Endometriosis Phenome and Biobanking Harmonisation Project (EPHect)

Eleanor Charmichael

The National Child Protection Alert System: a study of decision-making processes in DHB multi-disciplinary child protection meetings

Hamish McCay

BC Cannula DEHP free - Product Validation Trial

Narena Dudley

A prospective pilot study of observational management of CIN 3 in women under the age of 25

Trends in the diagnosis of high grade cervical abnormalities in young women in the post vaccination era

Sridharan Jayaratnam

Is the incidence of pyloric stenosis decreasing across New Zealand

External PI

How do midwives describe the experience of becoming prepared to confidently provide care to critically ill obstetric patients- a qualitative study

What gets in the way of child health nurses from undertaking child health specific postgraduate study in the Waikato.

Appendix B

List of publications 2017

Mental Health and Addictions

1. Wang J, Wang Q, Wimalaratne I, Menkes DB, Wang X. Chinese non-psychiatric hospital doctors' attitudes toward management of psychological/psychiatric problems. *BMC Health Serv Res*. 2017 Aug 22;17(1):576. doi: 10.1186/s12913-017-2521-8.
2. Tapsell R, Hallett C, Mellso G W (2017) The rate of Mental Health Service Use in New Zealand, analysed by ethnicity. *Australasian Psychiatry*, 26:290-3
3. Menkes, D. B., & Bijl, D. (2017). Credibility and trust are required to judge the benefits and harms of medicines.. *BMJ (Clinical research ed.)*, 358, j4204. doi:10.1136/bmj.j4204
4. Glue, P., & Menkes, D. B. (2017). Ketamine and suicidal ideation: Direct effect or epiphenomenon?. *Journal of Clinical Psychopharmacology*, 37(2), 282-283. doi:10.1097/jcp.0000000000000646
5. Gleeson, D., & Menkes, D. B. (2017). Trade Agreements and Direct-to-Consumer Advertising of Pharmaceuticals.. *International journal of health policy and management*, 7(2), 98-100. doi:10.15171/ijhpm.2017.124
6. Dharmawardene, V., & Menkes, D. B. (2017). Violence and self-harm in severe mental illness: inpatient study of associations with ethnicity, cannabis and alcohol.. *Australasian psychiatry : bulletin of Royal Australian and New Zealand College of Psychiatrists*, 25(1), 28-31. doi:10.1177/1039856216671650
7. Zhong S, Wang J, Mellso G, Chen C, Zhang S, Li Q, Wang Q, Zhou J, Wang X. Attitudes of Chinese community members and psychiatrists towards forensic psychiatric assessments. *Psychiatry Res*. 2017 Dec;258:283-288. doi:10.1016/j.psychres.2017.08.069.

Surgical and Cardiovascular

Vascular

8. Khan A, Vasudevan T. Hybrid technique for the management of thoracoabdominal aortic thrombosis and symptomatic Trans-Atlantic Inter-Society Consensus "C" aorto-iliac disease. *Vascular*. 2017 Jan 1:1708538117718645. doi: 10.1177/1708538117718645
9. Chiang N, Rodda OA, Sleigh J, Vasudevan T. Effects of topical negative pressure therapy on tissue oxygenation and wound healing in vascular foot wounds. *J Vasc Surg*. 2017 Aug;66(2):564-571. doi: 10.1016/j.jvs.2017.02.050.
10. Chiang N, Jain JK, Sleigh J, Vasudevan T. Evaluation of hyperspectral imaging technology in patients with peripheral vascular disease. *J Vasc Surg*. 2017 May 22. pii: S0741-5214(17)30930-8. doi: 10.1016/j.jvs.2017.02.047.
11. Chiang N, Rodda OA, Sleigh J, Vasudevan T. Perioperative warming, oxygen, and Ilomedin on oxygenation and healing in infrainguinal bypass surgery. *J Surg Res*. 2017 Dec;220:197-205. doi: 10.1016/j.jss.2017.06.043.
12. Jones GT, et al Meta-Analysis of Genome-Wide Association Studies for Abdominal Aortic Aneurysm Identifies Four New Disease-Specific Risk Loci. *Circ Res*. 2017 Jan 20;120(2):341-353. doi: 10.1161/CIRCRESAHA.116.308765.
13. Leung B, Chiang, N, Baird S, Chong J, Vasudevan T. Preoperative nutritional status as a predictor of postoperative fatigue in patients undergoing cardiac or vascular surgery. *Journal of the American College of Nutrition*. UACN-2017-0254 Oct. 2017
14. Crichton J, Naidoo K, Yet B, Brundage S, Perkins Z. The role of splenic angioembolization as an adjunct to nonoperative management of blunt splenic injuries: A systematic review and meta-analysis. *Journal of Trauma and Acute Care Surgery*. 83(5):934-943, NOV 201
15. Khan A, Vasudevan T. Bridging stent repair of type III endoleak causing aortocaval fistula after branched aortic endovascular repair. *J Vasc Surg Cases Innov Tech*. 2016 Dec 27;3(1):4-6. doi: 10.1016/j.jvscit.2016.09.003.

Cardiothoracic

16. Hulme KR, van den Burg J. Does diathermy smoke contaminate processed salvaged blood in cardiac surgery? *Perfusion*. 2017 Nov;32(8):656-660. doi: 10.1177/0267659117715705

Breast Surgery

17. Edwards MJ, Campbell ID, Lawrenson RA, Kuper-Hommel MJ. Influence of comorbidity on chemotherapy use for early breast cancer: systematic review and meta-analysis. *Breast Cancer Res Treat*. 2017 May 20. doi: 10.1007/s10549-017-4295-4.
18. Tin Tin S, Elwood JM, Lawrenson R, Campbell I. Missing data on body mass index in a breast cancer register: how is it associated with patient characteristics and clinical outcomes? *N Z Med J*. 2017 Mar 3;130(1451):21-29. 3.

19. [Brown C](#), [Lao C](#), [Lawrenson R](#), Tin Tin S, Schaaf M, [Kidd J](#), Allan-Moetaua A, Herman J, Raamsroop R, [Campbell I](#), Elwood M. Characteristics of and differences between Pasifika women and New Zealand European women diagnosed with breast cancer in New Zealand. *Cancer Causes Control* DOI 10.1007/s10552-017-0969-9
20. Seneviratne S, [Campbell I](#), [Scott N](#), [Lawrenson R](#). A cohort study of ethnic differences in use of adjuvant chemotherapy and radiation therapy for breast cancer in New Zealand. *BMC Health Services Research* (2017) 17:64 DOI 10.1186/s12913-017-2027-4
21. Harvey V, [Brown C](#), Seneviratne S, Edwards M, Elwood M, [Kuper-Hommel M](#). The use of trastuzumab in New Zealand women with breast cancer. *Asia-Pac J Clin Oncol*. 2017;1–9. DOI: 10.1111/ajco.12766
22. [Lawrenson R](#), [Lao C](#), [Campbell I](#), Harvey V4, Seneviratne S, [Edwards M](#), Elwood M, [Scott N](#), Kidd J, Sarfati D, [Kuper-Hommel M](#). Treatment and survival disparities by ethnicity in New Zealand women with stage I–III breast cancer tumour subtypes. *Cancer Causes Control*. 2017 Dec;28(12):1417-1427. doi: 10.1007/s10552-017-0969-9.
23. Wetzig N, Gill PG, Espinoza D, Mister R, Stockler MR, Gebiski VJ, Ung OA, [Campbell I](#), Simes J. Sentinel-Lymph-Node-Based Management or Routine Axillary Clearance? Five-Year Outcomes of the RACS Sentinel Node Biopsy Versus Axillary Clearance (SNAC) 1 Trial: Assessment and Incidence of True Lymphedema. *Ann Surg Oncol*. 2017 Apr;24(4):1064-1070. doi: 10.1245/s10434-016-5669-2.

Endocrine Surgery

24. [Shawky MS](#), [Meyer-Rochow W](#). Aberrant Intrathyroid Tissue: a Report of Intrathyroid Lymph Node Metastasis and a Review of Literature. *Indian J Surg*. 2017 Apr;79(2):148-152. doi: 10.1007/s12262-017-1594-2

Paediatrics

25. [Harris DL](#), Gamble GD, [Weston PJ](#), Harding JE. What Happens to Blood Glucose Concentrations After Oral Treatment for Neonatal Hypoglycemia? *J Pediatr*. 2017;190:136-141.
26. McKinlay CJD, Chase JG, Dickson J, [Harris DL](#), Alsweller JM, Harding JE. Continuous glucose monitoring in neonates: a review. *Matern Health Neonatol Perinatol*. 2017 Oct 17;3:18.
27. McKinlay CJ, Alsweller J, Anstice N, Burakevych N, Chakraborty A, Chase JG, Gamble G, [Harris DL](#), Jacobs R, Jiang Y, Paudel N, San Diego R, Thompson B, Woules T, Harding J. Neonatal glycemia and neurodevelopmental outcomes at 4.5 years: a prospective cohort study. *JAMA Pediatrics*. Published online. 2017;171(10):972-983.
28. Scheans, P., Bennett, C., & [Harris, D.](#) (2017). Using Dextrose (Glucose) Gel to Reverse Neonatal Hypoglycemia. *Neonatal Network*, 36(4),233-238.
29. [Weston PJ](#), [Harris DL](#), Harding JE. Dextrose gel treatment does not impair subsequent feeding *Archives Diseases Childhood: Fetal Neonatal Ed*. Published online. 2017;0:1–3. doi:10.1136/archdischild-2017-31277.
30. Collins CT, Makrides M, McPhee AJ, Sullivan TR, Davis PG, Thio M, [Harris DL](#), et al. Docosahexaenoic Acid and Bronchopulmonary Dysplasia in Preterm Infants. *N Engl J Med*. 2017;376:1245-55.
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34. Hobbs MR, Morton SM, [Atatoa-Carr P](#), Ritchie SR, Thomas MG, Saraf R, Chelimo C, Harnden A, Camargo CA, Grant CC. Ethnic disparities in infectious disease hospitalisations in the first year of life in New Zealand. *J Paediatr Child Health*. 2017 Mar;53(3):223-231. doi: 10.1111/jpc
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36. Berry SD, Walker CG, Ly K, Snell RG, [Atatoa Carr PE](#), Bandara D, Mohal J, Castro TG, Marks EJ, Morton SMB, Grant CC. Widespread prevalence of a CREBRF variant amongst Māori and Pacific children is associated with weight and height in early childhood. *Int J Obes (Lond)*. 2017 Sep 20. doi: 10.1038/ijo.2017.230
37. Lai HK, Berry SD, Verbiest MEA, Tricker PJ, [Atatoa Carr PE](#), Morton SMB, Grant CC. Emergency department visits of young children and long-term exposure to neighbourhood smoke from household heating - The Growing Up in New Zealand child cohort study. *Environ Pollut*. 2017 Dec;231(Pt 1):533-540. doi: 10.1016/j.envpol.2017.08.035

Ophthalmology

38. Newlands, S.J, Hoy, B.M. Glaucoma patient follow-up time at Waikato Hospital, New Zealand. *Clinical and Experimental Ophthalmology* 2017 doi: 10.1111/ceo.13095
39. McKelvie J, Ferguson R, Ng SGJ. Eyelid reconstruction using the 'Hughes' tarsoconjunctival advancement flap: Long term outcomes in 122 consecutive cases over a 13-year period. *Orbit* 2017; April 2017. <http://dx.doi.org/10.1080/01676830.2017.1310256>
40. Tan E, Lin F, Sheck L, Salmon P & Ng SGJ. A practical decision-tree model to predict complexity of reconstructive surgery after periocular basal cell carcinoma excision. *Journal of the European Academy of Dermatology & Venereology* 2017.Apr;31(4):717-723. doi: 10.1111/jdv.14012.
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43. Lam L, Hoy B. Preoperative risk stratification of 646 cataract cases at Waikato Hospital, NZ *Clinical and Experimental Ophthalmology* 2017 doi: 10.1111/ceo.13039

Oral and maxillofacialsurgery

44. Singh T, Andi K. Fanconi anaemia and oral squamous cell carcinoma: management considerations. *N Z Med J.* 2017 Dec 1;130(1466):92-95.

Otolaryngology – Head and Neck Surgery

45. Sanders J, Cameron C, Dawes P. Gabapentin in the Management of Pain following Tonsillectomy: A Randomized Double-Blind Placebo-Controlled Trial. *Otolaryngol Head Neck Surg.* 2017 Nov;157(5):781-790. doi: 10.1177/0194599817719883

Orthopaedics

46. Baker JF, Gomez J, Shenoy K, Kim S, Razi A, Kim Y. A radiographic follow-up study of stand-alone-cage and graft-plate constructs for single-level anterior cervical discectomy and fusion. *J Spine Surg.* 2017 Dec;3(4):596-600. doi: 10.21037/jss.2017.11.06
47. Devitt BM, Hartwig T, Klemm H, Cosic FT, Green J, Webster KE, Feller JA, Baker JF. Comparison of the Source and Quality of Information on the Internet Between Anterolateral Ligament Reconstruction and Anterior Cruciate Ligament Reconstruction: An Australian Experience. *Orthop J Sports Med.* 2017 Dec 7;5(12):2325967117741887. doi:10.1177/2325967117741887
48. Lim CS, Lees D, Gwynne-Jones DP. Functional Outcome of Acute Achilles Tendon Rupture With and Without Operative Treatment Using Identical Functional Bracing Protocol. *Foot Ankle Int.* 2017 Dec;38(12):1331-1336. doi: 10.1177/1071100717728687.
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