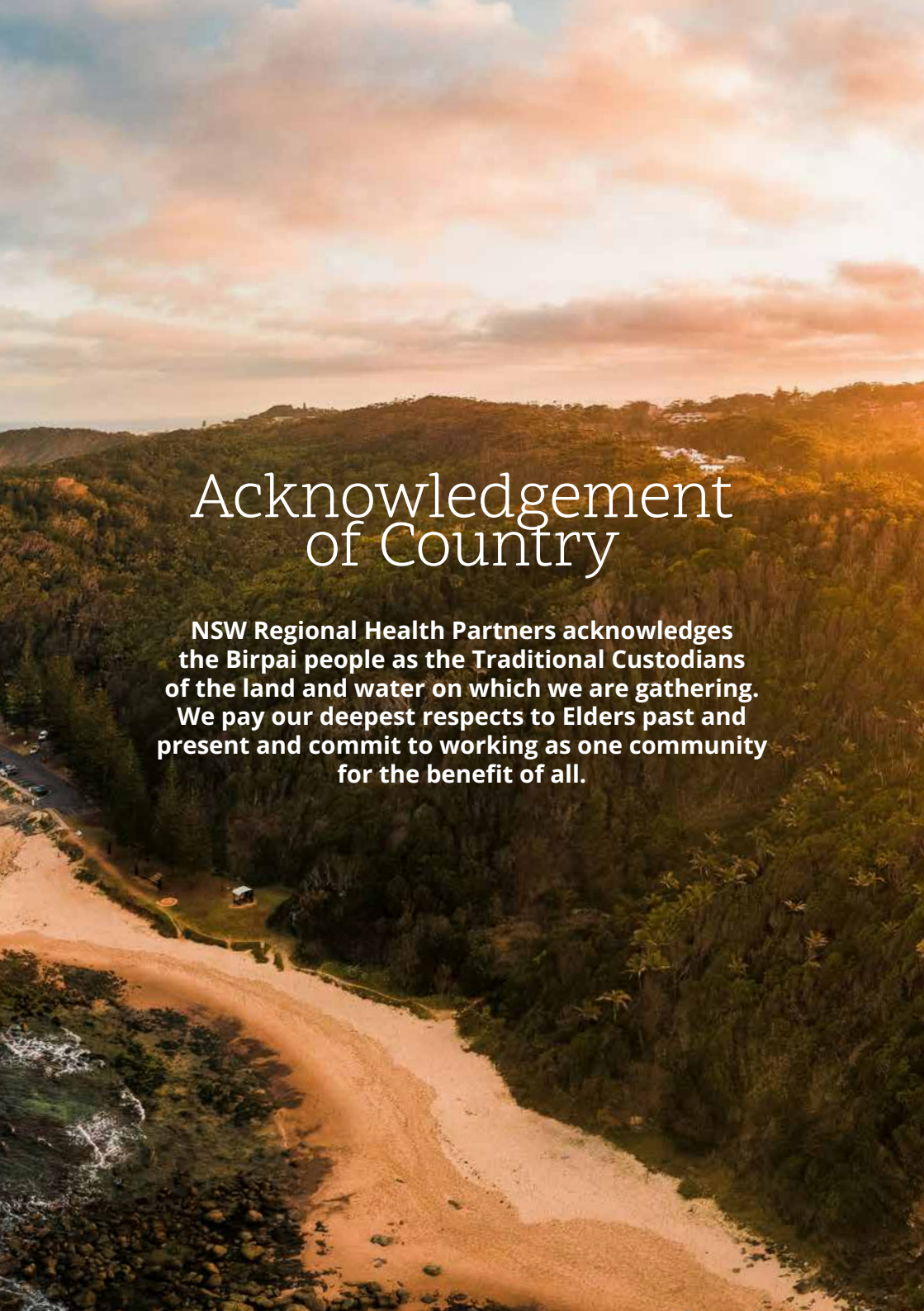
NSW Regional Health Partners

2026 Research Translation Symposium

Port Macquarie



Acknowledgement of Country

NSW Regional Health Partners acknowledges the Birpai people as the Traditional Custodians of the land and water on which we are gathering. We pay our deepest respects to Elders past and present and commit to working as one community for the benefit of all.

Welcome

I am delighted to welcome you to NSW Regional Health Partners' inaugural Research Symposium.

This event celebrates the dedication of the healthcare workers and academics who are working together to improve the health and wellbeing of regional, rural and remote communities by accelerating the translation of evidence into practice.

As Chair of the Governing Board of NSW Regional Health Partners, it is exciting to hear, first-hand, about the wonderful research we have been able to fund, and to meet the people driving this work.

Take a moment to congratulate yourself on your success and embrace this opportunity to learn from others, meet your research translation colleagues and enjoy our hospitality.

I hope this symposium inspires and encourages you in your research, and that you find new connections and partners that will help you with your current project, and into the future.

This is a great celebration for NSW Regional Health Partners, and I'm thrilled you can be a part of it. Enjoy!

Professor Megan Smith
Executive Dean, Faculty of Science & Health,
Charles Sturt University
Chair, NSW Regional Health Partners

General Information

Name Badges

Please wear your name badge throughout the symposium and dinner. Name badges can be returned after the dinner for re-use.

Symposium Dinner

The symposium dinner will be held in the Rooftop Room & Terrace, commencing at 6.00pm. There is no need to change for dinner.

WiFi

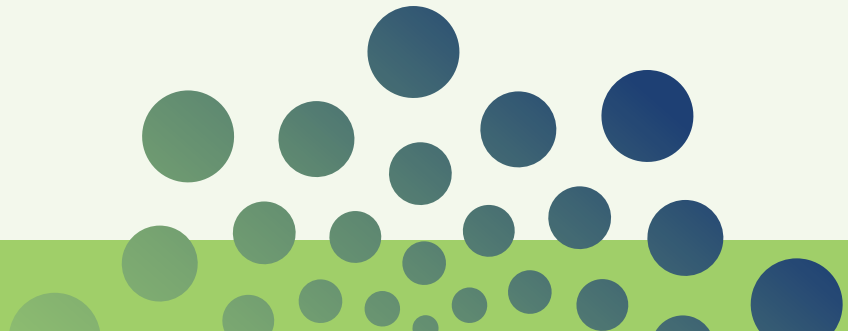
Hotel Wi-Fi is available for all symposium attendees:
Network: Mercure Guest
Password: townbeach

Mobile phones

Please be respectful of speakers and other participants and turn your phone to silent.

Symposium Evaluation

An evaluation survey will be emailed to all participants after the event. Your prompt feedback will help us deliver further events and opportunities.



Program

12.30pm	**Lunch on arrival**
1.00pm	Welcome and introductions
1.10pm	Welcome to Country
1.20pm	Vaccination Innovation for Transforming Aged Care Lives - VITAL
1.35pm	Testing a digital tool to support people waiting for outpatient orthopaedic consultations to make healthy lifestyle choices
1.50pm	Implementing ALICE across the Central Coast: A Program Evaluation
2.05pm	New England Primary Care Research Network – from little things...
2.20pm	Finding Our Way Through Pain: an Aboriginal-Led Approach to Chronic Pain Management in Regional Communities
2.35pm	Evaluating the feasibility and acceptance of a Pain Management Educator and Coordinator in Hastings/Macleay
2.50pm	**Afternoon Tea**
3.20pm	Co-designing and testing a John Hunter Hospital general neurologist led telehealth in-reach service to Manning Base Hospital to improve quality and efficiency of care for inpatients with neurological disorders
3.35pm	DAY-TRIPPER: Feasibility of rapid-access single-fraction stereotactic ablative radiotherapy for cancer patients in regional and rural NSW
3.50pm	LIVER-CARE – Liver Innovation and Vital Enhancements for Regional Clinical Access and Research Excellence
4.05pm	Digital Transformation of Acute Dizziness Assessment: Implementation and evaluation of the EVESTA tool in the Emergency Department.
4.20pm	Building a Clinician-Led Network to Bridge the Research-Practice Gap in Musculoskeletal Care
4.35pm	Re-imagining F.A.S.T.: A Dunghutti stroke survivor initiative
4.50pm	Wrap up, summary and thanks
5.00pm	**Close**

Wednesday 6 May 2026
1.00pm – 5.00pm

	Ian Skinner, *Research Director, NSW Regional Health Partners*
	Uncle Bill
	Robin Auld, *Mid North Coast Local Health District*
	Simon Davidson, *Hunter New England Local Health District*
	Rita Hitching & Fiona Morrison, *Central Coast Local Health District*
	Joy Bowles, *University of New England*
	Sophie Florance and Kylie Rice, *University of New England*
	Roberta Power, *Mid North Coast Local Health District*
	Thembelihle Mathe, *Hunter New England Local Health District*
	Benjamin Zwan, *Central Coast Local Health District*
	Jennifer Melsness, *Mid North Coast Local Health District*
	Hemal Patel & Prue Neely, *Central Coast Local Health District*
	Nicole Manvell, *Musculoskeletal Research in Practice Network*
	Heidi Lavis, *Mid North Coast Local Health District*
	Ian Skinner, *Research Director, NSW Regional Health Partners*

Speakers

Robin Auld

Mid North Coast Local Health District

Robin Auld is the Associate Director of North Coast Population and Public Health, NSW Health. Robin has worked for 15 years in public health service management, epidemiology and policy, principally with NSW Health and the Commonwealth government. Robin currently takes carriage of communicable disease, immunisation, epidemiology and environmental health portfolios within the public health unit.

Joy Bowles

University of New England

Dr Bowles (PhD, BSc Hons) has been working as the Coordinator of the New England Primary Care Research Network since 2022. She assisted with the Network's first research project looking at the efficacy of ibuprofen-enriched dressings on pain management of small lesions vs ordinary dressings. Prior to joining the Network, she was the project manager for an ARC-funded project investigating the views of people with intellectual disabilities regarding possible life-choices as they age. Her other research involvements looked at the use of telehealth for medical training, and the evaluation of GP opinions of best practice in management of chronic kidney disease.

Simon Davidson

Hunter New England Local Health District

Simon Davidson is a Research Fellow at Hunter New England Population Health and the University of Newcastle, working in the field of chronic disease prevention and musculoskeletal pain. Simon has worked as a physiotherapist in the public health systems of Australia and the UK, primarily in orthopaedics and musculoskeletal physiotherapy. Simon's PhD investigated ways to improve the Australian public health system for people living with musculoskeletal conditions. His research areas include chronic disease prevention, digital health interventions, the relationship between chronic diseases and musculoskeletal conditions and optimising the management of musculoskeletal conditions, particularly in hospital Emergency Departments and rural settings.

Sophie Florance

University of New England

Sophie Florance is a key researcher on the Aboriginal-led Finding Our Way Through Pain project in Armidale, contributing to this project as part of her Honours degree. Sophie is an Accessibility and Wellbeing Advisor at the University of New England and a Research Assistant in the School of Psychology. She has extensive experience working with local Aboriginal community members through previous roles. Sophie is committed to community-engaged research and brings deep connection to the Armidale community to this integral project.

Rita Hitching

Central Coast Local Health District

Rita Hitching (PhD) is Research Project Lead for ALICE and an experienced clinical researcher and interjurisdictional policy-facing evaluator, in Australia and the US. Her research and translational impact have been recognised by multiple awards, including the award for Outstanding PhD Research from the University of Newcastle. Her commitment to public service and equitable access to evidence-based mental health information has been recognised by the American Association for Behavioral and Cognitive Therapies for her role as editor of Briefing Books. She is the founder of the award-winning mental health website TeenBrain.info and host of the Healthy Minds podcast.

Heidi Lavis

Mid North Coast Local Health District

Heidi is an Occupational Therapist with 28 years' experience. For the past 14 years she has worked with the acute stroke service at Port Macquarie Base Hospital (PMBH). In 2023 Heidi was awarded her doctorate, having completed a qualitative research project exploring the experiences of stroke survivors, caregivers and therapists following their participation in an upper limb restorative intervention. Whilst continuing to work in a clinical capacity at PMBH, Heidi also works in a Clinical Teaching and Research Academic role with the University of Newcastle Department of Rural Health.

Nicole Manvell

Musculoskeletal Research in Practice Network

Nikki is an APA-titled Musculoskeletal Physiotherapist with a passion for bridging the worlds of clinical practice, research, and education to close the research-to-practice gap in musculoskeletal care. She currently serves as Chair of the Musculoskeletal Research in Practice Network (RIPN), a collaborative network of over 400 clinicians, researchers, and educators across the Newcastle and Hunter Region dedicated to delivering high-quality, evidence-based care. Alongside her clinical and leadership roles, Nikki teaches clinical reasoning in the University of Newcastle's physiotherapy program and is undertaking her PhD, exploring how professional networks can serve as platforms for improved knowledge translation in musculoskeletal healthcare.

Thembelihle Mathe

Hunter New England Local Health District

Ms T. Mathe is a Project Officer with more than 16 years of combined experience across nursing, quality improvement, and patient flow leadership roles within Hunter New England Local Health District. She has led and contributed to major acute service transformation initiatives, including the NSW Telestroke Service implementation, the Manning Base Hospital Fast Track Project, and the John Hunter Hospital Neurology In-Reach Project. Ms Mathe holds a Master of Public Health and a Master of Philosophy in Health Behaviour Science. Her research focuses on implementation models of care that improve access, equity, and health outcomes for rural and regional populations.

Jennifer Melsness

Mid North Coast Local Health District

Jenn is a registered nurse with a background in Child and Adolescent Mental Health and clinical experience across Canada, the United States, New Zealand and Australia. She has recently joined the LIVER-CARE project, led by A/Prof Vincent Cornelisse and is looking to strengthen her ability to translate research into practice in real time. She holds a Master of Public Health and is committed to advancing evidence-informed practice and improving health outcomes in regional communities. Jenn is confident that research will remain a central part of her career and is committed to continuing to develop her skills in this space.

Fiona Morrison

Central Coast Local Health District

Fiona is the Research Engagement Officer for the program evaluation of the ALICE pilot implementation and focus on all-inclusive care for older people. Fiona has proven experience in community development, engagement and co-creation across the youth, community and health services sectors. She has worked with and led programs in government agencies, not-for-profit organisations and private businesses with consistent commitment to improving people's wellbeing through community engagement and education. Fiona's previous research focused on individual's capacity to engage with education and ancillary services in Educational Psychology, Institute of Education (MSc Hons.), London and University College London (BSc Hons.).

Prue Neely

Central Coast Local Health District

Prue is an advanced practice emergency physiotherapist with over 15 years' experience in public and private health services. She is currently working in the Wyong Emergency Department and has her own specialised Vestibular Physiotherapy Clinic. For the past eight years Prue has focused on vestibular medicine with a special interest in acute dizziness. She works alongside emergency physicians to facilitate timely diagnosis and treatment of vertigo and dizziness among traditional MSK caseloads. Prue has published multiple peer reviewed papers on the acute management of BPPV within the emergency department and developed a diagnostic algorithm for emergency physicians to utilise in acute dizziness presentations.

Hemal Patel

Central Coast Local Health District

Dr Hemal Patel MBChB FACEM is a Staff Specialist in Emergency Medicine at Central Coast Local Health District, Associate Director of Medical Services with NSW Ambulance, and Program Convenor for the Joint Medical Program at the University of Newcastle and University of New England. A UK-trained graduate, he works across clinical care, system leadership and medical education in regional NSW. His research focuses on patient safety, clinical reasoning and translating evidence into practice. At the NSW Regional Health Partners symposium he is presenting a project on the high-value management of acute dizziness, using digital decision support to reduce unnecessary investigations and unwarranted variation in care.

Roberta Power

Mid North Coast Local Health District

Roberta Power is an experienced physiotherapist with over 25 years' clinical practice. She has a special interest in the assessment, management and recovery of chronic pain and was a key developer of the Coffs Harbour Chronic Pain Service, contributing to the design and implementation of a multidisciplinary approach to chronic pain management. Roberta works within a multidisciplinary team delivering an outreach clinic for individuals with osteoarthritis pain, is a clinical trial research physiotherapist for the Healthy Lifestyle for Pain project, and is providing peripheral support for two projects aiming to improve access to care and outcomes for people living with persistent pain in rural and regional communities.

Benjamin Zwan

Central Coast Local Health District

Dr Benjamin Zwan is a Senior Medical Physics Specialist and Lead Physics Researcher at Gosford Hospital, specialising in Radiation Oncology. He completed a Bachelor of Mathematics and Science (Honours, Class I) at the University of Newcastle, receiving the University Medal and Faculty Medal in 2013, and later earned a PhD in Physics in 2020. Dr Zwan is also a Senior Lecturer at the University of Newcastle and supervises PhD and Masters students. He has published over 25 research articles, holds several active research grants and is passionate about translating radiation physics research into practice to improve outcomes for cancer patients.

Abstracts

Vaccination Innovation for Transforming Aged Care Lives - VITAL

Presenter: Robin Auld
Lead Partner: Mid North Coast Local Health District

Introduction: Residents of aged care facilities (RACFs) in NSW experience a disproportionate burden of vaccine preventable diseases, alongside highly variable vaccination coverage across facilities. Local data from the Mid North Coast (MNC) show marked interfacility variation in vaccination coverage, indicating ongoing gaps in immunisation delivery and opportunity to improve vaccine uptake.

Objective(s): To improve vaccination coverage among RACF residents in the MNC by implementing an adapted nurse-led, outreach immunisation model; and to evaluate its feasibility, effectiveness, and cost implications.

Methods: This mixed-methods translational study will involve:
- Adapting a school-based immunisation model by providing nurse-led, on-site vaccination clinics to selected residential aged care facilities in MNCLHD
- Undertaking qualitative focus groups with RACF staff, general practitioners, pharmacists, and consumers to identify barriers and enablers to immunisation
- Post-intervention surveys to assess acceptability and feasibility of the model
- Cost analysis of the model.

Results to date: Ethics approval is imminent. A multidisciplinary Advisory Committee comprising representatives from general practice, pharmacy, and industry has been established. We have prioritised 20 aged care facilities for participation, informed by reanalysis of influenza and COVID19 vaccination coverage and Advisory Committee input. RACF recruitment will commence shortly. Implementation planning, workforce modelling, data access pathways, and REDCap data collection are in place.

Expected impact: This project will generate real-world evidence on a coordinated model to support vaccination delivery in RACFs. The model seeks to strengthen collaboration between aged care, primary care, and state public health services, supporting improved vaccination coverage and informing scalable approaches that may be replicated across other regions.

Next steps: Following ethics approval, facilities will be recruited and baseline data collected. Feedback from RACFs and stakeholders will be used to refine vaccination clinic delivery, which will be followed by post-intervention evaluation.

Testing a digital tool to support people waiting for outpatient orthopaedic consultations to make healthy lifestyle choices.

Presenter: Simon Davidson
Lead Partner: Hunter New England Local Health District

Introduction: Modifiable health risks like smoking/vaping, poor nutrition, alcohol misuse, physical inactivity, and weight gain (SNAP-W) are a major cause of morbidity and contribute to the development of chronic diseases. While guidelines recommend preventive care for SNAP-W risks, many patient groups receive sub-optimal preventive care. A study of orthopaedic outpatients found that 74.6% had three or more SNAP-W risks, but only 24.2%-49.7% received advice, and 12.2%-14.9% were referred to a support service.

Objective(s): To assess if a digital model of care is more effective than usual care on the delivery of preventive care addressing SNAP-W risks for people awaiting orthopaedic outpatient consultation.

Methods: A randomised controlled trial comparing a digital model of preventive care (digital support tool (DST)) versus usual care. We will recruit 1,200 people currently on the orthopaedic outpatient waiting list at John Hunter Hospital and Tamworth Hospital. We will use three co-primary outcomes, the percentage of participants receiving: i) assessment of all SNAP-W risks, ii) advice for relevant SNAP-W risks, and iii) referral to at least one support service for a relevant SNAP-W risk.

Results to date: We have run two consumer co-design workshops with 18 people from Tamworth and Newcastle, which provided guidance on key features and information that the DST should include. A prototype version of the DST has now been built. We are now conducting 'Think-Aloud' interviews with 10 consumers to further test and refine the DST.

Expected impact: Addressing SNAP-W risks during the outpatient waiting time may: i) improve the person's orthopaedic condition, potentially helping them avoid unnecessary surgery, and reducing the waitlist (5kg weight loss can produce significant clinical improvements), and ii) improve surgical outcomes and reduce complications (e.g., infection).

Next steps: We will finalise the DST following further testing and consumer input. We will then begin the trial and the 12-week data collection period.

Implementing ALICE across the Central Coast: A Program Evaluation

Presenters: Rita Hitching & Fiona Morrison
Lead Partner: Central Coast Local Health District

Introduction: The number of older people living in the Central Coast region is increasing rapidly, representing 16% of the population but accounting for 23% of emergency department presentations, 44% of hospital admissions, 56% of acute bed days, 64% of long-stay admissions, and 52% of total admitted patient expenditure. By 2036, an additional 20,000 people aged 70+ years will reside in the region, reflecting a 39% increase. The All Inclusive Care for the Elderly (ALICE) program was developed to address these challenges. The ALICE model comprises Integrated Care Provision, Caring Communities, and Healthy Place Making.

Objective(s): This evaluation aims to assess the appropriateness, feasibility, acceptability, and early influence of the Minimum Viable Model version of ALICE implemented in mid-2025, as well as the social prescribing relational care model and co-design and co-creation processes that contributed to its development, whilst also identifying early signals of impact.

Methods: A formative, realist-informed mixed-methods design integrates document audit, content analysis, surveys, semi-structured interviews, focus groups, and fidelity observation. The evaluation focuses on three domains: (1) program logic, (2) effectiveness of co-design and co-creation, and (3) utility and impact of core components: the Health Connections Kiosk, Age Well and Live Well events, and the ALICE Community of Practice.

Results to date: Semi structured interview questions and surveys have been developed and tested on consumer representatives. Final documents have been submitted for low risk ethics approval. The document review has commenced to provide insight into the early codesign phase of the initiative. A coding framework for the qualitative data and the overarching evaluation matrix have been developed.

Expected impact: The evaluation will generate evidence on implementation conditions, partnerships, and community engagement, within a proof-of-concept context.

Next steps: Findings will inform refinement, scaling, and sustainability planning for ALICE, providing guidance for other initiatives seeking to include effective community and participatory initiatives. Results will be disseminated through stakeholder reports and presentations.

New England Primary Care Research Network – from little things...

Presenter: Joy Bowles
Lead Partner: University of New England

Introduction: Since the demise of the Primary Health Care Research and Information Service in 2012, Australian primary health care research has diminished. GP academics in UNE's School of Rural Medicine are keen to ensure the needs of rural communities are adequately represented in Australian medical research. Professor Michelle Guppy is the visionary behind the New England Primary Care Research Network (NEPCRN), encouraging the rebirth of effective rural primary healthcare research.

Objective(s): One of the main barriers to primary health care research is the lack of time for primary healthcare practitioners to take part in research. Another barrier is lack of knowledge in how to initiate and design projects and get funding for them. The NEPCRN aims to grow and enable research-ready primary care practitioners, collaborating with other research organisations around NSW, and conducting our own research projects on salient topics when possible.

Research activities so far:
- clinical trial on pain management and the need for post-surgical wound-occlusion in minor skin lesion surgery in general practice
- improving GP awareness of Q-Fever
- evaluating GP and patient awareness of Japanese Encephalitis Virus prevention
- multi-site study looking at the post-acute sequelae of COVID-19 ("long COVID")

Results to date: Our aim to grow research-ready primary care practitioners is on track, with over 60 participants at some of our awareness raising sessions, and eight surgeries involved in our clinical trial. We joined the NSW ACT Alliance of Practice-based Research Networks and the PHN/HMRI Research Community of Practice for Primary Health Care Professionals.

Expected impact: A research-ready rural primary care workforce will enable more Australian clinical research to include rural perspectives. This will help health policy makers to consider the unique needs of rural and regional Australians, and work towards a fairer, more equitable health system for all.

Next steps: "Long COVID" and zoonoses trials are our next steps... bigger things are growing!

Finding Our Way Through Pain: an Aboriginal-Led Approach to Chronic Pain Management in Regional Communities

Presenters: Sophie Florance and Kylie Rice
Lead Partner: University of New England

Introduction: Regional, rural and remote communities experience disproportionately higher rates of chronic pain and long-term opioid prescribing than their metropolitan counterparts. For Aboriginal people in these settings, access to specialist chronic pain services is severely limited, leaving many at risk of not accessing support—a priority concern flagged by GPs in NSW Aboriginal Medical Services.

Objective(s): This project aims to co-design, with Aboriginal community members and local healthcare providers, a culturally responsive, strengths-based and community-led support pathway for pain management that integrates conventional and alternative therapies in line with contemporary evidence in pain management, along with traditional healing practices.

Methods: Using an Aboriginal Participatory Action Research (APAR) design, the co-designed pain management pathway will be grounded in the social and emotional wellbeing framework which recognises the interconnected physical, social, emotional, cultural and spiritual factors which have been shown to influence wellbeing for Aboriginal people. It will be informed by contemporary evidence supporting the bio-psycho-socio-spiritual approach to chronic pain management and best available evidence in relation to the implementation of these approaches with Aboriginal people.

Results to date: The first co-design cycle has been completed to determine the needs of people living with pain and their carers, map existing available services, and understand service provider perspectives and provider capacity to deliver culturally safe pain management supports in Armidale.

Expected impact: This initiative aims to deliver positive changes to chronic pain management options for Aboriginal people in Armidale and potentially other regional areas.

Next steps: We are now moving into the second co-design phase where community voices will directly shape the development of service approaches. The proposed pathway will be co-designed with community members and healthcare providers, and a set of resources will also be co-designed to support Aboriginal people living with pain and their carers.

The impact of a pain management facilitator on emergency department representations for chronic pain in a regional community: A pilot study

Presenter: Roberta Power
Lead Partner: Mid North Coast Local Health District

Introduction: Chronic pain affects one in five Australians and is a leading driver of avoidable emergency department (ED) visits, especially in regional areas with limited specialist access. Community consultations in the Port Macquarie–Hastings region found that people living with chronic pain often lacked awareness of available services, experienced fragmented care, and turned to the ED when they had nowhere else to go.

Objective(s): To pilot a co-designed Pain Management Facilitator (PMF) service to reduce repeated ED presentations and improve outcomes for people living with chronic pain in a regional community.

Methods: We are conducting a mixed-methods pilot feasibility study using a controlled pre-post design guided by the RE-AIM framework. The PMF is a non-clinical care navigation role delivered by an allied health professional providing foundational pain education, personalised care planning, and service navigation over an eight-week program of up to seven sessions. Outcomes include ED presentation rates, pain severity, pain interference, and healthcare utilisation. Qualitative interviews will explore acceptability, appropriateness, and feasibility, supported by an economic evaluation.

Results to date: Ethics approval is in its final stages. A PMF has been recruited and commences 4 May 2026. A comprehensive facilitator handbook and interactive patient-facing web resources have been developed; these resources are available to any clinician in the Port Macquarie region, extending the project's reach beyond study participants. Strong engagement has been established with the Mid North Coast Local Health District and the Port Macquarie Base Hospital ED.

Expected impact: We anticipate the PMF service will reduce repeat ED presentations, improve patient-reported outcomes, and demonstrate feasibility for embedding the model across the Mid North Coast LHD and other regional communities.

Next steps: Priorities include publishing the study protocol, commencing participant recruitment, and delivering the intervention through to November 2026.

Co-designing and testing a John Hunter Hospital general neurologist led telehealth in-reach service to Manning Base Hospital to improve quality and efficiency of care for inpatients with neurological disorders

Presenter: Thembelihle Mathe
Lead Partner: Hunter New England Local Health District

Introduction: Access to neurology services in Regional, Rural and Remote Australia is limited, with only 4% of neurologists practising outside metropolitan areas despite these regions comprising almost one-third of the population. John Hunter Hospital is the sole public neurology service for Hunter New England Local Health District (HNELHD) (131,785 km^2) and receives over 100 consultation calls per week from regional sites. Current ad hoc consultation processes contribute to delays, unwarranted variation in care, and potentially avoidable transfers. This project implements a structured, telehealth-enabled neurology in-reach model using standardised electronic referrals and scheduled virtual inpatient reviews to improve timely access to specialist care closer to home.

Objective(s): (1) To develop and implement a scalable inpatient general neurology in-reach service for regional hospitals without onsite neurology services, and (2) To reduce inpatient healthcare utilisation, including length of stay and inter-hospital transfers.

Methods: Mixed-methods implementation integrating co-design, iterative Plan–Do–Study–Act cycles, and structured evaluation. The electronic referral process, patient survey, and service workflows were co-designed with clinicians and consumers to ensure usability and patient-centredness. Evaluation includes quantitative measures (referral-to-review time, length of stay, avoided transfers, repeat investigations), patient-reported experience measures, clinician satisfaction surveys, and thematic analysis of qualitative feedback.

Results to date: The electronic referral system was piloted at Manning Base Hospital for one month. Thirteen referrals were submitted, with 100% attendance at scheduled virtual consultations. Referral-to-appointment time ranged from one to four business days, with consultations lasting 15–40 minutes. All clinicians who used the service (100%, n=5) rated it as very helpful. One inter-hospital transfer was avoided, and overall patient experience was rated 100% positive.

Expected impact: The model demonstrates early potential to improve equity, efficiency, and patient experience by enabling timely specialist input, reducing unnecessary transfers, and supporting sustainable specialist care delivery across regional NSW.

Next steps: Pilot continues through September 2026, followed by evaluation. Findings will inform funding applications to scale the neurology in-reach model across HNE and Mid North Coast LHDs and sub-acute stroke referrals.

DAY-TRIPPER: Feasibility of rapid-access single-fraction stereotactic ablative radiotherapy for cancer patients in regional and rural NSW

Presenter: Benjamin Zwan
Lead Partner: Central Coast Local Health District

Introduction: Travel burden and associated costs are recognised contributors to poorer cancer outcomes in regional and rural Australia. Recent studies demonstrate that, for selected lung and bone cancers, radiotherapy can be delivered safely and effectively in a single session rather than multiple sessions over 2-4 weeks. This approach, known as single-fraction stereotactic ablative body radiotherapy (SABR), has not yet been widely adopted in regional/rural NSW.

Objective(s): The primary objective of this study is to evaluate the feasibility of single-fraction SABR as an alternative to multi-fraction radiotherapy in regional/rural NSW. Secondary objectives include assessing patient experience, travel time, machine utilisation, and verifying radiation delivery accuracy. Ultimately, this study aims to enable rapid-access, same-day radiotherapy treatment in the three participating sites.

Methods: DAY-TRIPPER is a multi-stage, multi-institutional T2 translational research project involving lung and bone cancer patients. In the first stage, mock single-fraction SABR plans will be retrospectively generated for 40 previously treated patients. Following this, 30 eligible patients will be prospectively recruited to receive single-fraction SABR at Gosford Hospital (lead site), Tamworth Hospital and Calvary Mater Hospital, Newcastle. Patient experience surveys, timing data, and technical radiotherapy data will be collected. Finally, automation techniques will be used to enable ten patients to complete both radiotherapy planning and treatment within 24-hours.

Results to date: Retrospective treatment planning has been completed for 20 patients in the first stage of the study. The study protocol, custom patient survey, and REDCap database have been developed and submitted for ethical review.

Expected impact: This project is expected to increase utilisation of single-fraction SABR in both CCLHD and HNELHD, reducing travel burden and healthcare resource use while maintaining treatment outcomes. Improved access may increase radiotherapy utilisation, particularly for patients facing substantial travel barriers.

Next steps: To complete the retrospective study and develop an implementation framework for single-fraction SABR. Following ethics/governance approval, patient recruitment and prospective data collection will commence across the three participating sites.

LIVER-CARE – Liver Innovation and Vital Enhancements for Regional Clinical Access and Research Excellence

Presenter: Jennifer Melsness
Lead Partner: Mid North Coast Local Health District

Introduction: Non-viral liver diseases, particularly metabolic dysfunction-associated fatty liver disease (MAFLD) and alcohol-related liver disease, are rising rapidly. MAFLD now affects approximately one quarter of Australian adults and is strongly associated with obesity, type 2 diabetes, and hypertension. National data show increasing MAFLD-related cirrhosis and hepatocellular carcinoma, with disproportionate impacts on Aboriginal and Torres Strait Islander peoples.

Both Mid North Coast Local Health District (MNCLHD) and Northern New South Wales Local Health District (NNSWLHD) hepatology services are funded only for viral hepatitis, limiting capacity to assess and manage non-viral liver diseases despite available FibroScan infrastructure.

Objective(s): To identify system-level gaps in non-viral liver disease care across MNCLHD and NNSWLHD and co-design a regional clinical care network translating the 2024 GESA recommendations to meet local context. The project aims to strengthen early detection, streamline referral pathways, and support consistent, evidence-based management for non-viral liver disease.

Methods: A mixed-methods co-design approach is being used. Stakeholders - including primary care clinicians, will participate in interviews informing service mapping, and comparison of current practices with the GESA guidance.
The expertise of Hunter New England Local Health District hepatology stakeholders will be leveraged. Thematic analysis will identify barriers and opportunities.
A review of system-wide resources and retrospective analysis of local data will support development of an integrated model of care.

Results to date: Preliminary findings indicate insufficient FibroScan access, unclear referral pathways, and limited specialist support for complex cases. Stakeholders support a coordinated regional framework outlining proposed pathways, roles, and resource integration.

Expected impact: Impacts include early identification of non-viral liver disease, enhanced clinician confidence, streamlined referrals, and reduced unwarranted variation. The model has potential scalability across regional NSW.

Next steps: Stakeholder interviews, data analysis, co-design processes, and development of implementation and evaluation framework.

Digital Transformation of Acute Dizziness Assessment: Implementation and evaluation of the EVESTA tool in the Emergency Department.

Presenters: Hemal Patel & Prue Neely
Lead Partner: Central Coast Local Health District

Introduction: Acute dizziness is a common emergency department presentation with low clinician confidence in bedside differentiation of peripheral and central causes. This drives substantial overutilisation of neuroimaging despite poor early diagnostic sensitivity for posterior circulation stroke and a very low diagnostic yield in isolated dizziness. The consequences include avoidable radiation exposure, contrast risk, financial cost and healthcare-related carbon emissions.

Objective(s): To evaluate the impact of system-level digital implementation of the Emergency Vestibular Assessment and Treatment Algorithm (EVESTA) on neuroimaging utilisation, diagnostic practice, resource use and environmental outcomes for adults presenting with acute dizziness.

Methods: This observational quasi-experimental study uses a staged interrupted time series design across two regional emergency departments. Digital EVESTA was embedded within the electronic acute stroke assessment pathway and linked to a mandatory imaging "nudge" within CT angiography ordering. Routinely collected electronic medical record data from pre-implementation and two post-implementation phases are analysed using segmented regression to estimate changes in imaging rates and trends. Secondary measures include EVESTA uptake, documentation of nystagmus, BPPV assessment and treatment, diagnostic yield, and modelled cost and carbon dioxide equivalents. .

Results to date: Baseline audits have characterised practice variation and confirmed low neuroimaging yield. Digital integration, clinician training and awareness activities have been completed, enabling prospective evaluation.

Expected impact: We anticipate a reduction in low-value neuroimaging without loss of diagnostic yield, improved adherence to evidence-based bedside assessment and measurable reductions in imaging-related costs and emissions, translating high-value care into routine workflow.

Next steps: Ongoing data accrual through 2026 will allow full interrupted time series analysis, site-level comparisons and dissemination to support scale-up across regional health services.

Building a Clinician-Led Network to Bridge the Research-Practice Gap in Musculoskeletal Care

Presenter: Nikki Manvell

Introduction: The gap between research evidence and clinical practice is a well-recognised problem in musculoskeletal (MSK) healthcare. Clinicians often lack the time, access, or connections needed to stay current with evidence, and researchers struggle to translate findings into real-world practice. In the Newcastle and Hunter Region, this gap motivated a small group of clinicians and researchers to ask: could a local network help?

Objective(s): This presentation describes how the Musculoskeletal Research in Practice Network (RIPN) was established, how it has grown and evolved, and what members say participation has meant for their practice, professional development, and research engagement.

Methods: RIPN was founded in 2019 and now includes over 400 clinicians, researchers, and educators across public and private MSK settings. As part of an ongoing PhD investigation, we surveyed RIPN members using a mixed-methods questionnaire examining the network's perceived impact on clinical practice, professional networking, education, mentoring, and research engagement.

Results to date: RIPN has delivered regular education events, developed clinical resources, and supported collaborative research projects. Member survey data demonstrate positive impacts across all five domains, with both quantitative findings and member-reported experiences highlighting the value of network participation for individual clinicians and the broader region.

Expected impact: We anticipate findings will support the case for clinician-led networks as a practical, scalable model for improving knowledge translation in MSK care across regional health settings.

Next steps: PhD data analysis is ongoing. Findings will inform RIPN's 2026–2027 strategic direction and contribute to broader recommendations for network-based knowledge translation in Australian healthcare.

Re-imagining F.A.S.T.: A Dunghutti stroke survivor initiative

Presenter: Heidi Lavis
Lead Partner: Mid North Coast Local Health District

Introduction: Dunghutti country is located within Australia's number one "stroke hotspot", with incidence almost double the national average. First Nations peoples are disproportionately affected by stroke, with higher incidence and hospitalisation rates, and a greater risk of dying compared to non-First Nations Australians. Early recognition of stroke symptoms is critical for people to access time sensitive medical interventions, which maximise recovery potential. To promote rapid recognition of stroke symptoms, an internationally recognised F.A.S.T. (face, arm, speech, time) message was developed, however community awareness of F.A.S.T. is limited.

Objective(s): To co-design a culturally responsive F.A.S.T. health message with and for Dunghutti peoples, thus increasing awareness of stroke symptoms and improving responses for seeking time-sensitive medical care.

Methods: Guided by a participatory action methodology, and the use of Yarning as method, this research project was a collaborative effort involving six Dunghutti stroke survivors, a Dunghutti artist, knowledge holder of local Dunghutti language, an Occupational Therapist/researcher and local health services (Durri Aboriginal Medical Service and Mid North Coast Local Health District), who reviewed the existing F.A.S.T. health message and re-imagined that message in a culturally relevant and meaningful way.

Outcomes: Our Yarning allowed us to explore key themes and elements of an existing F.A.S.T. health message to support better recognition and action when Dunghutti people experience stroke symptoms. Information was transformed into a re-imagined F.A.S.T. health message, shared amongst community via messaging means designed to maximise health message impact, including the production of a short film, artwork and clothing.

NSW Regional Health Partners

NSW Regional Health Partners is a partnership of six health and research organisations working together to improve health outcomes and healthcare services in rural and regional NSW. We are strengthened by our five Associate Partners who are supporting our transition to a truly rural and regional Research Translation Centre (RTC).

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NSW Regional Health Partners covers almost a third of New South Wales, from Cowra in the south to the Queensland border in the north, and west beyond Bourke and Cobar. The area encompasses 46 Local Government Areas representing large rural towns through to very remote communities. We serve a population of almost one million people, including 9% of Australia's Aboriginal population.

We have a small team of staff facilitating local research translation activities, strengthening consumer and community involvement in research, and providing research support, training and resources.

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