



MONASH
University

MONASH
PRIMARY
AND ALLIED
HEALTH CARE

REHABILITATION, AGEING AND INDEPENDENT LIVING (RAIL) RESEARCH CENTRE

Member eBulletin #12

A message from the Director

As Victoria slowly takes small steps out of its lockdown, with some very promising recent case numbers being reported, it is interesting to reflect on many of the significant changes we have all had to take on board, and how some of them may endure long beyond the distant memory of COVID at some point in the future. From a research perspective, we have changed the ways we meet and run meetings, we have adapted our international activities such as conferences to on-line, and we have at times had to re-think our research methods, recruitment, assessments, and interventions to enable where possible, for some of these to be able to continue. While I anticipate that some of these things will return to a “close to pre-COVID” in the future, there are definitely some of the enforced changes that will become the new norm, and may in fact be substantially better than before.

It has been pleasing to see a growth in profile and activity occurring with the National Centre for Healthy Ageing occurring in recent months. The new Director (Rami Kamel) has commenced, and been meeting with many people around the University, and Peninsula Health. The Living Labs first grant round for pilot projects has seen a flurry of grant writing activity, and many new collaborations being brought together. And the data platform component of the Centre is progressing well. We look forward to working with the National Centre for Healthy Ageing as it consolidates and strengthens its activities and outcomes going forwards. If you would like to see a little more information about the National Centre for Healthy Ageing, go to their website

- <https://www.monash.edu/medicine/enterprise/our-partnerships/national-centre-for->

healthy-ageing.

The RAIL team have continued our virtual drinks meetings, with a “hats and ties” theme in September. Some great creative costumes and conversation were shared.



Remember, if you have colleagues, or people new to Monash who would like to become a Member of RAIL, and thereby be on our email communications and e-bulletin distribution list, please complete the Member survey [online](#).

Stay safe and well.

Professor Keith Hill

Monash Partners Consumer and Community Involvement



Monash Partners have a Consumer and Community Involvement platform, that works to support the involvement of health care consumers and the community in research, health care improvement and innovation. Their philosophy is research and innovation in partnership with the community, rather than for the community. They have a range of information on their website to support researchers to better engage with consumers and community throughout all aspects of research – from concept through to completion, dissemination and translation – see <https://monashpartners.org.au/disciplines/consumer-and-community/>

A suite of new resources has been developed by the Monash Partners team to support researchers to successfully and meaningfully engage with consumers and community. There are six modules, which cover: (1) Introduction; (2) Planning; (3) Ethics; (4) Finding consumers; (5) Committees and groups; and (6) Working with consumers – see <https://monashpartners.org.au/education-and-training/cqi/>.

RAIL and its staff have a commitment to strong consumer and community engagement in all of our research activities. As part of this commitment, all RAIL staff will be completing this Monash Partners training over the coming 6 weeks.

Member profile

Dr Den-Ching Angel Lee

Dr Angel Lee is a Research Fellow at the School of Primary and Allied Health Care of Monash University. She is a registered physiotherapist. She completed her Graduate Diploma in Occupational and Environmental Health and her PhD both at Monash University.



Angel's PhD focussed on falls prevention education for older adults during the transition of care from hospital to the community. Her research interests are prevention of accidental falls, promotion of physical activity in older people with dementia, improving safety and quality of care in residential aged care facilities, and improving fieldwork placement

outcomes in CALD allied health students.

Angel is currently working on a project funded by the Dementia Australia Research Foundation that investigates the role of walking aids to improve stability and reduce falls risk for older people with dementia. She is also working on a project to co-design support services for fieldwork placement supervisors and CALD students. Her other projects include several reviews in physical and chemical restraint use in residential aged care facilities, and a review into the effects of walking aid training on improving gait function and reducing falls in older people.

“Ageing with lifelong accident injuries: Building a body of evidence” – Project completion

Led by Dr Christina Ekegren, the RAIL team has recently completed a project funded by the Transport Accident Commission (TAC) on **Ageing with lifelong accident injuries**. The project team included researchers from RAIL, the School of Public Health and Preventive Medicine and the Monash University Accident Research Centre.

This project, consisting of an evidence review and environmental scan produced a number of key insights, as follows:

- Two separate groups of people were identified in this report - those ageing with injury, who may experience accelerated ageing, and those who are older at the time of injury, whose pre-existing conditions may limit or delay their recovery;
- There is considerable evidence about the prevalence of age-related conditions in people ageing with spinal cord and traumatic brain injury but much of it is low-quality. Therefore, disentangling the effects of injury from the effects of ageing remains difficult;
- Outside of spinal cord injury, there are few evidence-based resources available for the prevention and management of age-related conditions in people ageing with injury; and
- There is a deficiency of injury-specific aged care providers in the community and residential aged care may not provide adequate support for people ageing with injuries, due to their complex needs.

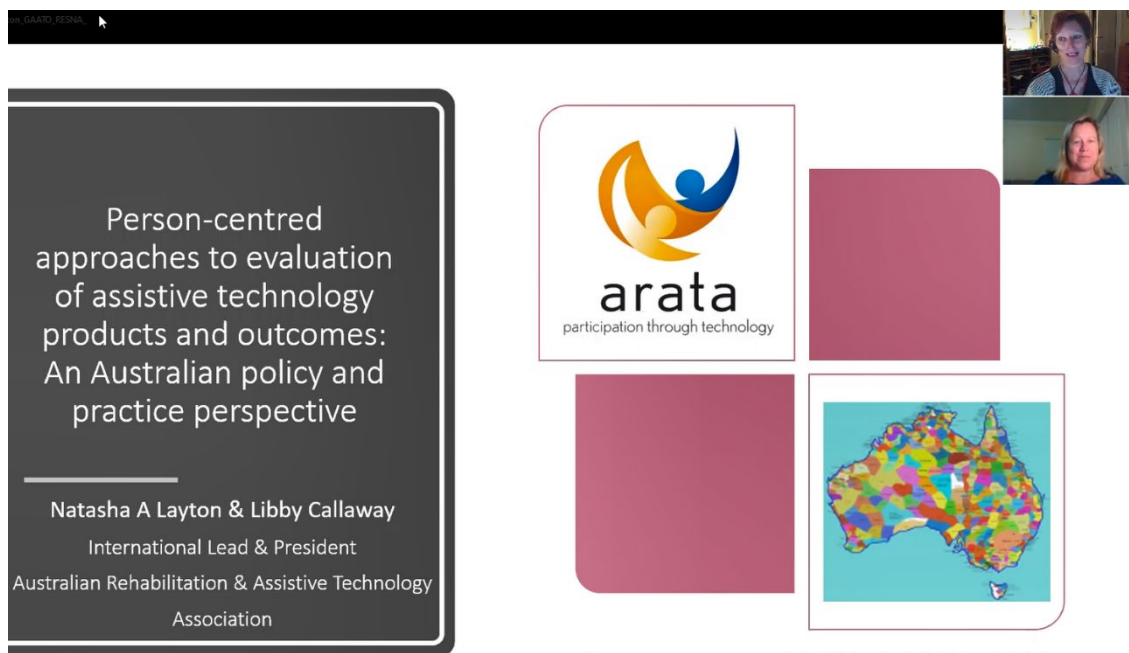
With our ageing population, people are now older when they become injured, and injured people are also living longer. Key findings and identified resources from this project will be used to inform the TAC’s policies and practices in supporting older adults with injuries, as well as providing a foundation for future research aiming to improve care and support for

people ageing with injuries.

We thank all members of the team involved in this successful project, and in particular the staff employed for the main project activity – Christina Ekegren, Joanna Schwarzman, Mohammed Aburumman and Aislinn Lalor.

‘Virtually’ in North America: RAIL researchers representing AT peak body, present at the Rehabilitation Engineering Society of North America (RESNA) Assistive Technology Conference

Dr Natasha Layton and A/ Prof Libby Callaway from the RAIL Research Centre presented co-designed work focused on assistive and mainstream technologies, on behalf of two Australian teams, at the RESNA virtual conference in September 2020. They shared their research offered through RAIL, as well as their combined work as voluntary directors on the Board of the Australian Rehabilitation and Assistive Technology Association (ARATA - www.arata.org.au). The presentation also discussed some of the monumental reforms underway in Australia, in relation to both disability and aged care. Natasha and Libby then presented the Performance Enhancing Technology Evaluation Framework (Callaway et al, 2020), and the My Assistive Technology Outcomes Framework (Layton et al, 2018), taking a knowledge translation focus. It was exciting to share these two ongoing projects with an international audience.



The image shows a screenshot of a virtual presentation. On the left is a dark grey slide with white text. The slide title is "Person-centred approaches to evaluation of assistive technology products and outcomes: An Australian policy and practice perspective". Below the title, it lists the authors: "Natasha A Layton & Libby Callaway", their roles: "International Lead & President" and "Australian Rehabilitation & Assistive Technology Association". To the right of the slide is a video feed showing two participants in a grid. Below the video feed is the ARATA logo, which consists of a stylized figure in orange and blue above the text "arata" and "participation through technology". To the right of the logo is a map of Australia with various colored regions. The text "Presentation to GAATO @ RESNA 2020" is centered at the bottom of the screenshot.

Presentation to GAATO @ RESNA 2020

The full paper will be published in the RESNA Proceedings, abstract in RESNA's *Assistive Technology* journal and also available at www.gaato.org:

Person-centred approaches to evaluation of assistive technology products and outcomes:

An Australian policy and practice perspective

Natasha Layton ^{1,2}, Libby Callaway ^{1,2,3}

¹ *Australian Rehabilitation and Assistive Technology Association, Victoria, Australia*

² *Rehabilitation, Ageing and Independent Living Research Centre, Monash University, Victoria, Australia*

³ *Occupational Therapy Department, Monash University, Victoria, Australia*

Poster award: International Conference on Falls and Postural Stability

Associate Professor Pazit Levinger, from the National Ageing Research Institute (NARI), and a RAIL adjunct, and Professor Keith Hill and Professor Terry Haines, were part of a team who won the Masud-Morris (people's choice) Poster prize at the 21st International Conference on Falls and Postural Stability, on the 25th September 2020 in the UK. The poster was titled: *Active ageing in the outdoors – preliminary results from the ENJOY Seniors Exercise Park project in the community*, and continues a strong series of projects completed and in process exploring embedding use of seniors exercise parks in various community settings (such as local council parks), but also in residential care settings. The author team for the poster were: Levinger P; Panisset M; Dunn J; Haines T; Dow B; Batchelor F; Biddle S; Duque G; Hill KD.

Allied health capability framework: disability & complex needs



Late last week DHHS Victoria released a new *Allied health capability framework: disability & complex needs* as part of their NDIS workforce strategy called 'Keeping Our Sector Strong'.

A multi-disciplinary team of health professionals, NDIS participants, educators and researchers, led by Libby Callaway from the RAIL Research Centre, have been developing a range of free, online resources for both allied health professionals and Scheme participants.

The resources are being co-designed with NDIS participants, health professionals, a project steering group and professional association peak bodies.

They will be fully released online from December 2020, but will undergo preliminary testing in October.

In the meantime, to view the Framework, go to <https://www2.health.vic.gov.au/health-workforce/allied-health-workforce/ahcf-disability-complex-support-needs>

RAIL Support Polio Community Education Event Tuesday 29th September 2020

A free event for the Polio Community hosted on Zoom by Monash RAIL, features RAIL researcher and occupational therapist Dr Natasha Layton in conversation with polio survivor Peter Willcocks.

Peter also recently provided a highly valuable education session to Monash Occupational Therapy and Physiotherapy students undertaking fieldwork as part of an NDIS Jobs and Market Project – this sort of lived experience expertise is central to the work of RAIL and the SPAHC at Monash.

With regard to the free event for Polio Australia, the session, titled “The Technology Chain: Assistive Technologies and Environmental Adaptations” takes a virtual walk-through of Peter’s approach to home redesign. Illustrating the power of inclusive design and planning across the lifespan, Peter describes the journey as follows:

Peter Willcocks and his partner, 5 years ago said goodbye to their much loved 1940's cold,

double brick, step filled house and built two fully accessible town houses. Peter's life is no longer a struggle from bed to chair. He now has a lift, does his own washing from his chair and sits while he showers his aching morning bod. His new neighbour and two kids who paid for it all enjoy the freedom the wide doors in their accessible step-less home. A home just right for a quick burn around in a brand new trike or for a sleep over from gran.

Peter's flexible mobility



Building for the future



Barrier free design



Scholarships



Deeble Institute for Health Policy Research Scholarships Program

The Deeble Institute for Health Policy Research Scholarships Program aims to strengthen the health services research-policy interface by contributing to an evidence informed workforce and a policy literate academic sector.

Working alongside staff at the peak national health body, the Australian Healthcare and Hospitals Association (AHHA), scholarship recipients will be supported to establish

connections with policymakers and practitioners working in their field of research and to produce an Issues Brief that engages health policy leaders in an area of national health policy significance.

<https://ahha.asn.au/deeble-research-institute/health-policy-scholarship>

- **September 2020:** Applications open Monday 7 September at 9.00 am (AEST).
- **October 2020:** Applications close Monday 19 October at 5 pm (AEST).

Events

Member forums

The RAIL research team is pleased to announce our next member forum '**The Allied Health Capability Framework: Disability and Complex Support Needs**' is scheduled for 2.00pm - 3.15pm Tuesday 20th October.

In September 2020, DHHS Victoria released an allied health capability framework to support those working with people with disability and complex support needs [hyperlink: <https://www2.health.vic.gov.au/health-workforce/allied-health-workforce/ahcf-disability-complex-support-needs>] as part of their NDIS workforce plan, Keeping Our Sector Strong [hyperlink: <https://www.vic.gov.au/keeping-our-sector-strong>]. An interdisciplinary team from Monash School of Primary and Allied Healthcare have been appointed to deliver a suite of free implementation tools and training resources for people with disability, families and allied health providers. This work is being completed with collaborators with lived experience of disability and the NDIS, and allied health providers from Peninsula Health, Yooralla and various community-based allied health practices.

In this RAIL forum, Lizzie Castles (Senior Policy Advisor, Allied Health Workforce, Health Service and Workforce Policy, DHHS Victoria) will present the new Framework and discuss its application by various allied health professions, including those represented in the RAIL membership group.

Assoc Prof Libby Callaway (RAIL Research Centre and Occupational Therapy Dept) and Dr Em Bould (Occupational Therapy Dept) will then present the draft web-based resources developed for people with disability and their families, as well as the free online learning

management system, designed for allied health professionals and students. The forum will include the opportunity for attendees to feedback on and inform further resource development.

RSVP: [Online](#)

Monash Malaysia Gerotechnology Symposium

The Fourth Gerontechnology Symposium 2020 will take place as follows:

Date: **11 November 2020, Wednesday**

Time: **10 am - 12 noon (Malaysia Time Zone, MYT)**

Venue: **Virtual webinar via Zoom** (Participants will receive Zoom webinar details after registration)



MALAYSIA



FOURTH GERONTECHNOLOGY SYMPOSIUM 2020

The new life for senior citizens in a digital world.

Virtual webinar hosted by the Gerontechnology Laboratory, School of Business.

	MODERATOR		Wednesday, 11 November 2020
	Associate Professor Shaun Lee		10 am - 12noon Malaysia Time Zone (MYT)
	School of Pharmacy, Monash University Malaysia		Virtual webinar via Zoom Participants will receive Zoom webinar details after registration.

GUEST SPEAKERS

Professor Keith Hill Director, Rehabilitation, Ageing and Independent Living (RAIL) Research Centre.	Professor Kathleen Riach Professor at Adam Smith Business School (Glasgow) & Monash Business School, Mercator Professorial Fellow at Goethe University.	Professor Ramana Reddy Professor at West Virginia University, Director, Smart Living Space Lab (SLS Lab).	Professor Teresa Tsien Honorary Consultant, Jockey Club Smart Ageing Hub and Institute of Active Ageing, Hong Kong Polytechnic University.	Professor Hsiu-Ping Yueh Professor at National Taiwan University.
Title of talk: All technology is not necessarily good - the need for ongoing engagement with older people and quality evaluations.	Title of talk: Intergenerating the digital divide? Habituations, orientations and collaboration across generations.	Title of talk: Can your house be your Care Giver?	Title of talk: Gerontechnology: Solutions to active ageing in Hong Kong?	Title of talk: Cognitive training game for older people: A Design-based approach.

Kindly register via link below or scan the QR code:

<https://rb.gy/k9mmkv>

For inquiries, please contact AnneReena at annereena.ravichandran@monash.edu



Time Zone Converter: timeanddate.com

Kindly [click here](#) to register.

For further information on the above, please [email](#) Ms. AnneReena or call her at [+603-55146087](tel:+603-55146087)



EIS Virtual Series



Evidence and Implementation Summit Virtual Series 2020

The Centre for Evidence and Implementation and Monash University are delighted to present the sixth webinar in the EIS Virtual Series. You are warmly invited to join:

Dr Mark Rickinson, Associate Professor, Faculty of Education, Monash University, Dr Jenny Donovan, Director of the National Evidence Institute and Dr Robyn Mildon, Executive Director of the Centre for Evidence and Implementation (CEI) in conversation with CEI UK and Europe Director Jane Lewis

What does it mean to use research evidence well in education? How do we move from quality evidence to quality use?

Wednesday 21 October 2020

6.00 - 7.00pm (AEDT)

3.00 - 4.00pm (Singapore)

8.00 - 9.00am (BST)

Our webinar guests have extensive experience with research evidence in the education sector. To learn more and register [please visit](#).

We welcome your early registration.

3rd CGA Anniversary | RESORT Symposium
REStORing health of acutely unwell adults

RESORT is the largest observational, longitudinal cohort of geriatric rehabilitation patients examining clinical trajectories of health, function, quality of life and health care use of hospitalised older adults. Identification of biological mechanisms of resilience and molecular determinants of short and long term adverse outcomes add to the uniqueness of the cohort. Most recently, novel interventions have been incorporated in the cohort to define the most effective types of therapies, their duration and dose effects.

The Royal Melbourne Hospital, the University of Melbourne and Modbury Hospital Adelaide are collaborating to shape future evidence based health care models to deliver the highest quality of care in a most sustainable way.

Tue, 13 October 2020

4:00 PM – 6:30 PM AEDT

FREE SYMPOSIUM

Register here: <https://www.eventbrite.com.au/e/resort-symposium-registration-119845305535>

LOCATION

Zoom - details provided closer to the date.

CONTACT

Email: MCCPA@mh.org.au

Call: +61 3 93422635

RAIL paper of the month

Physical activity for older Australians with mild cognitive impairment or subjective cognitive decline – a narrative review to support guideline development.

Objectives: This review informed development of the first national Physical Activity (PA) Guidelines for Older Australians with Mild Cognitive Impairment (MCI) or Subjective Cognitive Decline (SCD) (http://www.dementiaresearch.org.au/images/dcrc/output-files/1567-pa_guidelines_for_mci_or_scd_full_report_final.pdf). These guidelines are directed at healthcare professionals and aim to encourage older adults with SCD/MCI to engage in PA to enhance cognitive, mental and physical health.

Design: A narrative review was undertaken to inform the guideline adaptation process.

Methods: A systematic search of existing PA guidelines for older adults was performed and evaluated using the Appraisal of Guidelines for Research and Evaluation II Instrument. The guideline assessed as most appropriate was adapted to the population with SCD/MCI using the Guideline Adaptation Resource Toolkit, supported by the narrative review.

Results: The search for existing PA guidelines for older adults yielded 22 guidelines, none of which specifically considered older adults with SCD/MCI. The Canadian Physical Activity Guidelines for Older Adults were selected for adaptation to the population with SCD/MCI. The narrative review found 24 high-quality randomised controlled trials and 17 observational studies. These supported the four guideline recommendations that address aerobic PA, progressive resistance training, balance exercises and consultation with healthcare professionals to tailor PA to the individual.

Conclusions: This review found evidence to support the four guideline recommendations. These recommendations provide specific guidance for older adults with SCD/MCI, their families, health professionals, community organisations and government to obtain benefits from undertaking PA. The review also highlights important future research directions, including the need for targeted translation and implementation research for diverse consumers.

Reference:

Chong TW, Curran E, Ellis KA, Southam J, You E, Cox KL, Hill KD, Pond D, Dow B, Anstey KJ, Hosking D, Cyarto E, Lautenschlager NT. 2020 Physical activity for older Australians with mild cognitive impairment or subjective cognitive decline – a narrative review to support guideline development. *Journal of Science and Medicine in Sport.* 23(10):913-920.

Health Economics

The RAIL research team is presenting a 6 part mini-series on economic evaluations alongside Rehabilitation, Ageing and Independent Living (RAIL) research programs. This series will explore:

1. Economic evaluations: What are the different types?
2. Determining the perspective of an economic evaluation
3. Defining the units of health care and disability service utilisation, as well as defining the effect of the intervention
4. The impact of the time horizon and adjusting for risk and methodological assumptions in an economic evaluation
5. **How to present results from an economic evaluation**
6. How to use the results of an economic evaluation to inform health and disability service delivery and policy

Today we are reporting on Part 5: How to present results from an economic evaluation. This section will focus on single study based economic evaluations, compared to model-based economic evaluations.

Most often, traditional clinical research will only report the consequence of the intervention, such as clinical outcomes, patient reported outcomes and quality of life. Economic evaluations are required to report both the consequence of the intervention and the resource utilisation, costs and cost-effectiveness (Husereau, Drummond et al. 2013). In other words, an economic evaluation can turn one-dimensional effectiveness results from clinical research, into two-dimensional cost-effectiveness results.

Results of an economic evaluation need to include the study parameters, incremental cost and incremental effectiveness, assumptions and uncertainty, as well as between group heterogeneity. Study parameters for cost include resource type and definition, unit costs and unit quantity including a measure of variability. Incremental cost and incremental effectiveness include presentation of the mean value (and a measure of variability) for each group as well as the mean difference (and a measure of variability) between groups. Where possible the difference in incremental cost and incremental effectiveness should be

presented as an incremental cost-effectiveness ratio (ICER).

Reviewing the study by Brusco et al. investigating the cost-effectiveness of additional Saturday inpatient rehabilitation, it can be seen that the results follow this sequence for reporting and are presented in text as “Cost of inpatient rehabilitation”, then “Outcome measures for inpatient rehabilitation”, followed by the “Incremental cost-effectiveness ratios” (Figure A). The results are then displayed in a two-dimensional graph with the between group difference in incremental cost represented on the vertical axis, and the between group difference in incremental effect represented on the horizontal axis, and a point estimate and confidence ellipses to represent the variability and the significance surrounding the point estimate. As the ICER is a two-dimensional result, the measure of variability can change from a one-dimensional confidence interval when reported in the text (Figure A), into a two dimensional confidence ellipse when reported in a graph (Figure B).

Results

A total of 996 patients were randomized to the control group (n = 500) or the intervention group (n = 496) with the flow of the patients through the trial reported elsewhere [6]. Recruitment rates were higher than originally expected and the project steering committee decided to stop recruitment earlier than planned as it appeared that the target sample size would be reached prior to 18 months. Without any interim analyses being performed, it was decided to stop recruitment at 12 months.

Participants

Patients had a mean age of 74 years (standard deviation (SD) 13) and 631 (63%) were women. The groups appeared similar for diagnosis and co-morbidities (Table 2). There were some missing data for the EQ-5D-3L questionnaire at baseline (n = 54, 5%) and at discharge (n = 4, 9%). The main reason for missing EQ-5D-3L data was reduced patient cognition. There was also a small amount of missing data for functional independence score at baseline (n = 1, <1%) and discharge (n = 4, <1%).

Health service and therapy utilization

Participants in the intervention group received on average an additional 53 minutes of rehabilitation therapy (95% CI 31.0 to 74.1) per week compared to the control group (Table 3).

Mean hospital length of stay during the initial rehabilitation admission and subsequent admissions in the 30 day period post discharge from rehabilitation was 25.8 days (SD 25.1) for the intervention group and 28.7 days (SD 32.2) for the control group, with a mean difference of -2.9 days (95% CI -6.5 to 0.7) in favor of the intervention group (Table 3).

The initial rehabilitation admission was 21.2 days (SD 15.7) for the intervention group and 23.1 days (SD 20.0)

for the control group, with a mean difference of -1.9 days (95% CI -4.1 to 0.4) in favor of the intervention group. In the 30 day period post discharge from rehabilitation, readmission average length of stay was 4.6 days (SD 16.2) in the intervention group compared to 5.6 days (SD 18.9) in the control group, with a mean difference of -1.0 day (95% CI -3.2 to 1.2) in favor of the intervention group (Table 3). There was no difference in the 30 day readmission rate between groups (RR = 1.01, 95% CI 0.95 to 1.07), with 19% (n = 92) of the patients in the intervention group and 19% (n = 95) of the patients in the control group readmitted during this period.

Cost of inpatient rehabilitation

The mean total cost of the rehabilitation episode (including 30 day readmission costs) was \$15,859 (SD 13,992) for the intervention group and \$17,532 (SD 17,108) for the control group, with a mean cost difference of -\$1,673 (95% CI -3,618 to 271) in favor of the intervention group (Table 4).

The initial rehabilitation admission cost was on average \$13,320 (SD 9,894) for the intervention group and \$14,272 (SD 13,945) for the control group, with a mean cost difference of -\$952 (95% CI -2,020 to 409) in favor of the intervention group. In the 30 day period post discharge from rehabilitation, the average cost of admissions back to the hospital was \$2,539 (SD 8,252) for the intervention group and \$3,271 (SD 9,711) for the control group, with a mean cost difference of -\$718 (95% CI -1,839 to 403) in favor of the intervention group (Table 4).

Outcomes measures for inpatient rehabilitation

Participants in the intervention group had a significantly higher change in their health related quality of life utility index score between admission and discharge compared to the control group (mean difference 0.04, 95% CI 0.01 to 0.07) (Table 5) and the mean rate of change per day was also significantly higher compared to the control group (mean difference 0.004, 95% CI 0.001 to 0.008). Participants in the intervention group also had a significantly higher change in functional independence score between admission and discharge (mean difference 2.3, 95% CI 1.0 to 4.1) compared to the control group (Table 5) and the mean rate of change per day was also significantly higher (mean difference 0.16, 95% CI 0.04 to 0.28) compared to the control group.

Incremental cost effectiveness ratios

The incremental cost utility ratio showed a cost saving of \$41,825 (95% CI -2,817 to 74,620) per QALY gained for the intervention group compared to the control group. The incremental cost effectiveness ratio showed a mean saving of \$727 (95% CI -159 to 3,845) for a one patient

Table 2 Baseline characteristics

Characteristic	Randomized (n = 996)	
	Intervention (n = 496)	Control (n = 500)
Age (year), mean (SD)	75 (13)	74 (13)
Gender, number (n)	189 (38)	176 (35)
Diagnosis category, number (%)		
Stroke	81 (16)	79 (16)
Other neurological conditions	19 (4)	24 (5)
Orthopedic conditions	284 (57)	293 (59)
Pain syndromes	24 (5)	19 (4)
Cardio/pulmonary	25 (5)	23 (5)
Other disabling impairments	43 (9)	58 (12)
Charlson comorbidity index (36), mean (SD)	1 (1)	1 (1)

SD, standard deviation.

Figure A: Presenting the results of an economic evaluation in the text

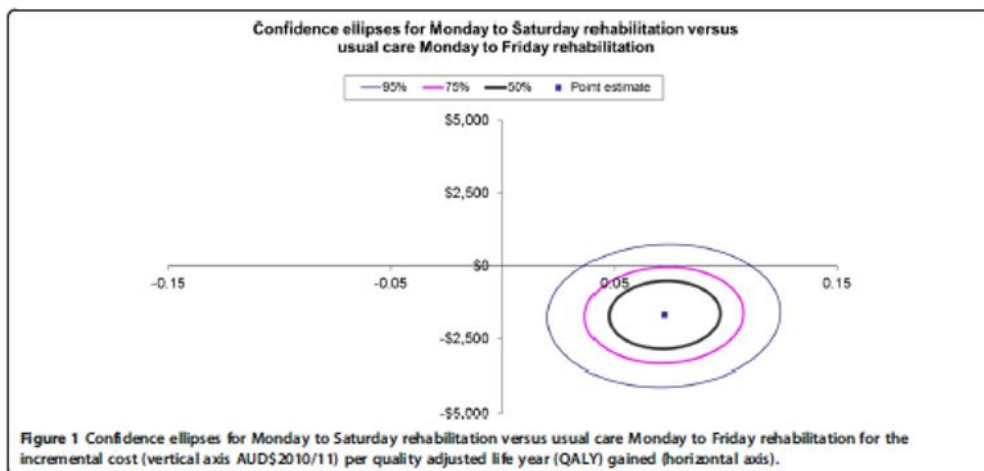


Figure B: Presenting the results of an economic evaluation in a graph

1. Husereau, D., M. Drummond, S. Petrou, C. Carswell, D. Moher, D. Greenberg, F. Augustovski, A. H. Briggs, J. Mays, and E. Loder (2013). "Consolidated health economic evaluation reporting standards (CHEERS)—explanation and elaboration: a report of the ISPOR health economic evaluation publication guidelines good reporting practices task force." *Value in Health* 16(2): 231-250.
2. Brusco, N. K., J. J. Watts, N. Shields and N. F. Taylor (2014). "Are weekend inpatient rehabilitation services value for money? An economic evaluation alongside a randomized controlled trial with a 30 day follow up." *BMC medicine* 12(1): 89.

Conferences



**Evidence and
Implementation
Summit 2021**
30–31 March

Bringing together evidence, implementation, policy, and politics: Towards a better future for all

30-31 March 2021 - Sydney

The Evidence and Implementation Summit 2021 is an evolution of the Australasian Implementation Conference and the Global Evidence and Implementation Summit that was held in 2018. EIS 2021 will mark 10 years since the creation of the event series; it continues to be one of the leading evidence and implementation events on the global calendar.

If you are a policy maker, practitioner, organisational leader, researcher, implementation scientist or a funder, EIS 2021 is for you. Our focus is on the intersection of research, policy and practice. Share advances in the fields of evaluation, evidence synthesis and translation and implementation science and debate their impact on policies and programs to change the lives of people and communities for the better.

The Centre for Evidence and Implementation (CEI) has successfully partnered with some of the field's leading organisations to share and deliver collaborative vision, practical strategies, experience, knowledge and networking opportunities. This year we will host the two-day event alongside Monash University.

VENUE Online or in person at the Sofitel Sydney Wentworth, Australia
REGISTER eisummit.org/registrations

ABSTRACTS CLOSING SOON: 6 October 2020

For more information: eisummit.org



Early and mid-career research support activities

Although the staffing level for RAIL at this point is small, we are keen to provide support for any early or mid career researcher that we can. We are happy to provide an external review perspective of grants you are preparing as one avenue of support. If you would like

to discuss possibly accessing this service, please email Cassie in the first instance (spahc.rail@monash.edu).

Member contributions

We would love to showcase current research from our members. We invite you to submit a short story (and relevant images) about any research you are working on that aligns with RAIL. Submissions are due by the 30th of each month to spahc.rail@monash.edu