

**WA Health Translation Network
Management Committee Meeting No. 02/2020
Minutes
Tuesday 6 October 2020, 7.30am to 9am**

**Location: Harry Perkins Institute, Seminar Room 612 Nedlands, WA 6009 and via
Zoom Meeting: <https://uwa.zoom.us/j/219327674>**

Attendees

Representative Members:

Chair: Professor Gary Geelhoed, Executive Director WAHTN
Curtin University: Professor Melinda Fitzgerald
East Metropolitan Health Service: Professor Daniel Fatovich
Perron Institute for Neurological and Translational Science: Professor Steve Wilton
St John of God Hospital: Professor Steve Webb
University of Notre Dame Australia: Professor Jim Codde
WA Country Health Service: Mr Justin Manuel

Platforms:

Clinical Trials and Data Management Centre: Professor Chris Reid
Commercialisation Representative: Associate Professor Kevin Pflieger
Consumer and Community Health Research Network: Ms Debra Langridge
Mental Health Representative: Professor Vera Morgan
Women's Health Representative: Winthrop Professor Jeffrey Keelan

Staff:

WAHTN Chief Operating Officer: Dr Debbie Turner
WAHTN Executive Officer: Ms Lauren White

Apologies

Professor Peter Richmond, Dr Darren Gibson, Ms Sandra Bellekom, Professor Rob Newton, Professor Osvaldo Almeida, Professor Peter Leedman, Professor Geoff Stewart, Mr Bill Morgan, Professor David Morrison, Dr Aron Chakera, Dr James Flexman, Ms Nicola Ware, Ms Janet Zagari, Mr Glenn Pearson, Professor Osvaldo Almeida, Dr Angelita Martini, Mr Alan James, Dr Carolyn Williams, Ms Amanda Samanek, Dr Chris Kane, Professor Catherine Elliott, Professor George Yeoh.

1. Welcome

The Chair welcomed members to the meeting.

Gary provided an update on activities since the last meeting of the WAHTN Management Committee and noted that the significant break between meetings was due to the COVID-19 pandemic. WAHTN allocated resources towards the WAHTN COVID-19 Research Collaboration.

2. Declarations of potential or perceived conflicts of interest

None.

3. Minutes of the meeting held on 4 February 2020

It was RESOLVED that the Minutes of the Meeting of the Management Committee of 4 February 2020 were confirmed.

4. Executive Director's Report

The Executive Director provided a verbal update, which incorporated the following items:

- *Strategic Planning*

A core focus group of key individuals from WAHTN Partner Organisations have met to provide input and finalise the draft WAHTN Strategic Plan. The revisions have been discussed at a meeting of the WAHTN Executive Board on 23 September 2020, and as such, it was agreed that the WAHTN would revise the Strategic Plan, based on amendments suggested by the Focus Group members and comments from the Executive Board members. A meeting of the Focus Group has been reconvened to re-work the Strategic Plan. The final version will be circulated to members of the Management Committee, once endorsed.

- *Partner Payments*

Gary Geelhoed informed Committee members that he is in the process of meeting with Heads from each WAHTN Partner Organisation. These meetings have been held throughout September/October and has been an opportunity to highlight all WAHTN matters, in particular the Strategic Plan and learn what is occurring at Partner Organisations, which may be of mutual benefit. Gary noted that to date, the feedback has been supportive and complementary of WAHTN.

However, Gary Geelhoed advised Management Committee members that at present, WAHTN does not have sufficient Partnership funds to cover the small FTE of the core office. Short term Funding Agreements received from MRFF, Lotterywest, WA Department of Health and other Funding Bodies and Partner Organisations have allowed WAHTN to employ staff to lead and administer key enabling platforms, activities and programs, however, this does not allow for longevity or discretionary funding.

It was noted that WAHTN are hoping to receive an additional \$2million funding from MRFF Rapid Applied Research Translation (RART) in July 2021, however the RART initiative is currently under review and the process remains unclear at present.

A meeting with Gary Geelhoed and the Minister for Health has been arranged, at which the concerns above will be raised, as well as how WAHTN fits within the Future Health Research & Innovation Fund.

It was queried whether the other Australian Health Research Translation Centres (AHRTCs) have similar difficulties as mentioned above. Gary Geelhoed answered that whilst many AHRTCs have their own state based issues, they all have various partner payment models, with a higher

proportion of funding received from their Partner Organisations. In comparison to other AHRTC's, the WAHTN appears to have the closest relationship with Government.

Gary Geelhoed noted that the Director General (WA Department of Health) has suggested the WAHTN submit a formal application which requests all of WAHTN's financial requirements (including RETProgram, CCIPprogram, CTDMC and the WAHTN core) with the aim to fund the WAHTN as a whole, rather than on separate funding agreements.

- *Joint Venture Agreement*

The revised Joint Venture Agreement remains un-signed by WAHTN Partners at present. Given the numerous complexities, discussions with the relevant Legal Counsel/s at Partner Organisations are continuing, with the hope to have the Agreement finalised in due course.

- *Science on the Swan 2021*

The Science on the Swan Organising Committee is in the process of reconvening. It has been agreed that the 2021 conference will continue with the original theme as planned, with the addition of a COVID-19 focus during one day of the conference.

- *Biobanking*

The Biobanking Steering Committee continues to meet on a bi-monthly basis to progress the goal of aligned, standardised, accessible biobanking across the State. The University of Western Australia is playing a central role in the governance of the project, having received an Infrastructure Grant to support biobanking via the WA Department of Health (WAHTN COVID-19 Research Collaboration).

Funding received has allowed WAHTN to secure ongoing use of the OpenSpecimen software, freezers and a Biobank Manager.

- *WAHTN Executive Board Meeting held 23 September 2020*

Gary Geelhoed provided a brief update on the meeting of the WAHTN Executive Board held on 23 September 2020. The priority for the Board at present, is the Joint Venture Agreement, Strategic Plan, and WAHTN's current financial position.

It was noted that the inaugural Chair of the WAHTN Executive Board, the Chair, Mr Malcolm McCusker has informed WAHTN that he intends on stepping down from the role. To ensure an orderly transition, he noted that the timing of this is flexible to allow a seamless appointment of a new WAHTN Chair.

- *WAHTN: The First Five Years*

The document was attached to the Agenda for reference.

Management Committee members were informed that the Executive Board endorsed the WAHTN: The First Five Years document, which will now be finalised and produced in a promotional manner.

5. WAHTN COVID-19 Research Collaboration

The Minutes from the most recent COVID-19 Research Collaboration meeting held on 14 September 2020 were attached to the Agenda.

The dedicated COVID-19 Research Collaboration webpage is continuing to provide a transparent view into WAHTN's collaboration efforts including access to relevant documents, meeting outcomes and useful COVID-19 related resources and links. The webpage has continuously been receiving a high volume of traffic.

<https://www.wahtn.org/wa-covid-19-research-collaboration/>

Gary Geelhoed advised that the collaboration has proved to be a very useful exercise, resulting in numerous collaborations and funding received. This illustrates how WAHTN can add value and the usefulness of having a Network able to bring together key organisations within WA to achieve this significant result. A detailed summary of contributions can be found in the WA COVID-19 Research Collaboration Guiding Document (Attachment 1)

6. Australian Health Research Alliance (AHRA)

Gary Geelhoed provided a verbal update on the AHRA activities and national projects, summarised as follows:

Gary Geelhoed advised that he has been appointed Chair of the AHRA Council, the role commenced on 1 July 2020 and will conclude in mid-2021. He noted that discussions are continuing with regards to how the AHRA Council governance will be structured, for example, whether an independent Chair and Chief Executive Officer is required or if the current structure of a rotating Translation Centre Chair is sufficient.

Recently, the NHMRC called for submissions relating to a National Network for Aboriginal and Torres Strait Islander Health Researchers, totalling \$10million over 5 years. The NHMRC received five successful EOI applications and as such, requested that each of these parties submit a single collaborative application. Dan McAullay and Sandra Eades are leading the Western Australian component which is being aligned with AHRA counterparts.

A Women's Health Research Translation and Impact Network (WHRTN) has been formed which has received funding of \$5 million over five years, for research with strong potential to improve health outcomes for women and girls. Media release can be found here:

<https://www.health.gov.au/ministers/the-hon-greg-hunt-mp/media/169-million-investment-for-australian-health-and-medical-research>

6.1 Wound Care Initiative and Wound Care Pilot

The National Wounds Initiative: Project 1 (Cost of Wound Care) is developing a tool for measuring the actual cost to healing of wounds, developed by Silver Chain. It has been modified for broader use in a variety of wound care settings – tertiary health care, primary health care and community health care. This is one of four projects being conducted across several AHRA Translation Centres under this Initiative. Plan and Governance Structure is attached for reference (Attachment 2).

As part of the Wounds Initiative: Project 2 (National Wound Standards), an updated and integrated Australian Wounds Standards which brings together all relevant wound care standards into one framework is being developed with an expected delivery date of March 2021.

6.2 *CCI Projects*

The National Consumer and Community Involvement Initiative: Project 1 (Best Practice) is continuing with a CCI Best Practice Framework resource progressing which will provide a practical step by step guide for embedding consumer involvement in research organisations and provides information for administrators, researchers and consumers. The working draft of this resource is currently with an editor and will then go to a graphic artist for initial design work.

As part of the Consumer and Community Involvement Initiative: Project 4 (International CCI Alliance), a study into the feasibility of establishing an international CCI Alliance will be explored. The Alliance will be initiated with those countries with which the CCI project has already established relationships (UK, USA, Canada, Israel, NZ). Chris Munn, a recently retired Ambassador will undertake the study.

AHRA CCI Initiative Masterplan is attached for reference (Attachment 3).

7. Enabling Platforms

Updates on the following Enabling Platforms were provided:

7.1 *Consumer and Community Involvement Program (CCIProgram)*

Deb Langridge provided a brief verbal update which included the following:

Name change from CCHR to Consumer and Community Involvement (CCIProgram) occurred on 1 July together with an upgrade and launch of the CCIP website and new promotional videos.

Following a review of CCIProgram Training sessions, the team have begun new online training sessions for consumers and researchers. Work on an e-Module is also underway.

A WA Department of Health Funding Proposal is being prepared to seek future funding of the CCI Program Hub services (as opposed to CCI Coordinators) to build CCI capacity with the WA state-wide research sector and provide CCI support to the FHRI Fund Strategy.

The renewal of CCIProgram Partner Agreements is currently underway with Partner Universities, Medical Research Institutes and Health Service Providers.

7.2 *Clinical Trials and Data Management Centre (CTDMC)*

Chris Reid provided a brief verbal update which included the following:

The CTDMC was established 3 years ago as a WAHTN enabling platform and has grown significantly since then, particularly as the CTDMC partnered with 10 NHMRC clinical trials over the 3 years, resulting in 2 being successful. This is a great achievement of 20% success rate, which is high for the national average. However, the current funding for CTDMC concludes on 8 January 2021. A Strategic Planning workshop was held to identify the future direction of CTDMC and future funding applications. Discussions have

commenced with regards to submitting a combined WAHTN proposal (which includes CTDMC, RETProgram, CCIPProgram and the WAHTN core) to the WA Department of Health.

The Clinical Research Support Service (CRSS) face to face visits held across a variety of hospital sites recommenced at the end of July 2020.

The Biostatistician fellows have both commenced, Jun Chih commenced earlier in 2020 and Sarah Harris commenced in the past month. They have attended site visits with the Clinical Research Support Service visits held on Tuesdays.

Demand has increased for REDCap, data management support and database design. Many of the clinical trials which were on hold due to COVID-19 have started up in August/September 2020 as researchers aim to recruit participants before WA experiences a second wave of infection

7.3 *Research and Education Training Program*

Gary Geelhoed provided a brief verbal update which included the following:

The substantial re-write and upgrade of Good Clinical Practice (GCP) has been finalised, titled “GCP in Australia”. The new course was launched on Thursday 3 September 2020 and can be accessed here: <https://retprogram.org/portfolio-item/ich-good-clinical-practice-gcp-certificate/>

The newly updated and revised GCP course, will continue to be offered to AHRA Partner Organisations at a discounted rate of \$80 (normally \$120) to complete the new *GCP in Australia* course.

The new module titled *Health Economics: Cost Effectiveness for Clinical Trials* has been finalised and launched on 25 September 2020 and can be access here: <https://retprogram.org/portfolio-item/cost-effectiveness-for-clinical-trials/>

The second module related to the bespoke modules created for the Telethon Kids Institute focusing on Paediatric Aboriginal Lung Health – Asthma Diagnosis and Spirometry is close to finalisation, with an anticipated release date in October 2020.

Due to financial pressures of COVID-19, the uptake to a uniformed fee structure for student access at all five WA universities has been slow, with only UWA signed up in 2020. We are hopeful that the remaining Universities will come on board in 2021.

A survey was conducted across RETProgram course participants to ascertain which future courses/modules should be developed. In accordance with the current WA Department of Health Funding Agreement, two modules will be delivered, the following modules have been selected: Introduction to Biostatistics; and Navigating WA Data Linkage.

ARTD Consultants have been engaged to conduct an independent external review of the RETProgram. The evaluation will establish a solid foundation for the RETProgram’s future impact and economic evaluations and support identification of program strengths, weaknesses and areas for improvement.

As part of the scoping exercise to develop a broader state-wide education and training platform for WA, a survey was conducted across the Partner and Associate organisations of WAHTN. The survey questions asked what education and training programs already exist at each organisation and how these resources could be integrated into, or adapted to be part of a WA state-wide research education and training platform.

8. Other Business

Gary Geelhoed informed members that in collaboration with the Health Consumers' Council of WA and WAHTN, a joint submission in response to the Guardianship and Administration Amendment (Medical Research) Bill 2020 was submitted to the Legislation Committee Inquiry. As such, he attended the Parliamentary Inquiry held on 1 October 2020.

Daniel Fatovich noted that a practical approach needs to be applied when implementing the Act and suggested that a key way forward would be to have clarity with relevant Research Governance Officer/s. Gary Geelhoed will follow up on this recommendation with Darren Gibson at the WA Department of Health.

Next Meeting:

Next scheduled meeting of the WAHTN Management Committee is as follows:

Tuesday 24 November 2020, 7.30am – 9.00am.



WA COVID-19 RESEARCH COLLABORATION

Executive Summary

The Western Australian Health Translation Network (WAHTN) is a partnership of 20 state-wide contributing member organisations, and eight associate partners. Our membership includes: Western Australia's Area Health Services and major hospitals; PathWest; the WA Department of Health; WA's five universities (University of Western Australia, Murdoch, Curtin, Edith Cowan University and the University of Notre Dame Australia); WA's major medical research institutes (Telethon Kids Institute, Harry Perkins Institute of Medical Research, Institute for Respiratory Health, Perron Institute, Ear Science Institute and Lions Eyes Institute); St John of God Health Care; and Ramsay Health Care (<https://www.wahtn.org/about-us/our-partners/>).

WAHTN was tasked by the WA Minister for Health, the Hon. Roger Cook MLA and the WA Department of Health, with coordinating a medical research sector wide response to the COVID-19 threat. The need for WA to act swiftly and decisively was crucial, as the global impact of COVID-19 was considered profound with severe implications for the health of Western Australians, the economy and possibly even public order.

The WA COVID-19 Research Collaboration is a state-wide collaborative response brought together under the WAHTN. The group is comprised of senior clinicians, researchers, administrators and consumer groups working together to develop workable, ready solutions to the pandemic and to examine community and mental health impacts of COVID-19.

The group worked together quickly and cooperatively to identify existing clinical trials that, with an immediate injection of resources, could be accelerated to deliver solutions in existing hospital sites and, as a matter of equity, expanded to other hospitals. The successful "flattening of the curve" in WA has as of July 2020 rendered those trials superfluous for the moment.

The collaboration improved existing support platforms and created new ones to support both existing clinical trials and also new and emerging research made possible by increased funding in response to the crisis.

As of July 2020 there is still no specific treatment for COVID-19. While there is no effective vaccine as yet or "silver bullet", clinical trials in jurisdictions with high infection rates have produced some treatments that partially reduce severity and reduce deaths in the very sickest patients.

An early goal of this collaboration in WA was to rapidly provide the infrastructure and research needed to ensure all Western Australians had the opportunity to participate in world-leading research and clinical trials targeted at combating COVID-19, giving them the best chance of recovery. With no current cases in WA this approach is academic. Over time however, as WA responds to COVID-19 with social, commercial and economic changes, new research priorities are presenting around mental health and how best to safely reverse societal restrictions.

Along with providing vital information and infrastructure for current research strategies, this work will also inform and support our approach to future pandemics.

As the only body engaging with all research sectors, the WAHTN has been the best placed to coordinate the various research streams, coordinate funding from government, other agencies

and philanthropy, and ensure that funded research is relevant, timely and coordinated. On the 23rd of March 2020 the WAHTN called an online one off meeting of WA researchers to address the challenge of COVID-19. Such was the success of the meeting that weekly meetings were held of over 40 researchers for the next few months. A dedicated web page on the WAHTN website was created as a resource for the WA research community <https://wahtn.org/wa-covid-19-research-collaboration/>. These meetings continue on a monthly basis as of July 2020. A smaller advisory group also met weekly for much of this period. The minutes of these meetings can be found on the web page.

Introduction

The Western Australian Health Translation Network (WAHTN) <https://wahtn.org/> comprises researchers from WA's five Area Health Services, private hospitals, the Department of Health, PathWest, six Medical Research Institutes and five universities. It is a member of the nationwide Australian Health Research Alliance (AHRA), a grouping of WAHTN and nine other similar entities facilitating coordination of research and its translation across Australia. <https://ahra.org.au/>

The global impact of COVID-19 is profound with health threats complicated by the closely linked economic fragility and volatility that uncertainty brings. Given WAHTN's wide membership and role, the Minister for Health Roger Cook along with the WA Department of Health tasked WAHTN with coordinating the WA research community's response to the COVID-19 threat.

This public health threat is the most serious seen since the 1918 H1N1 influenza pandemic which killed 50 million of the 500 million people infected worldwide.

COVID-19 virus poses a singular threat to society with many health systems already overwhelmed. The virus is new and there is much to learn about infectivity and both individual and population risk in a very short time. Understanding the pathways to infection and the biological consequences may enable the development of effective treatments and vaccines to mitigate the current threat.

An immediate problem was that there were no specific therapeutic agents approved as effective for coronavirus infections. All the promising treatments are "off-label". Some of these treatment options included antiviral (Remdesivir); antimalarial (chloroquine/ hydroxychloroquine); combination of two HIV drugs Lopinavir/ ritonavir and the same two HIV drugs along with anti-inflammatory interferon beta. Other potential drug treatments included antibiotics/antiparasitics, nonspecific anti-inflammatory and immunosuppressive drugs and monoclonal antibodies. There was a need to appropriately test these and other emerging therapies. Many of these candidates were part of, or were considered for, trials by WAHTN researchers.

The WA COVID-19 Research Collaboration brought together researchers, scientists and clinical trial teams under the WAHTN as 'one voice' in collaboration, building a coordinated response for WA. Through distinct streams of work, researchers across WA contributed to this collaboration.

Stream 1: Hospital Collaboration

The immediate core objective was to build a platform for real-time accurate patient data supported by biological samples that could be relayed in a de-identified manner for all WA and other researchers and scientists. This collaboration would enable all researchers' access to high quality data, samples and analysis minimising duplication, reducing costs and maximising output for patient care. Different approaches to understanding the infection that are relevant to both individual patients and the general population were to be examined to triangulate treatment and outcome effects. This collaboration was a genuinely targeted, efficient, WA-driven, response to the viral threat and thought to be a critical part of the clinical trials conducted in WA now and into the future. This body of work was led by South Metropolitan Health Service (SMHS), and embedded across several of the metropolitan hospitals and with the input of all partners.

Stream 2: Community

WAHTN developed a community based research program (CIVIC Study) in collaboration with health outcomes researchers across the State to prospectively determine the long-term impact

of exposure to COVID-19 and the health implications of infection prevention control strategies. Ethics approval was obtained and the recruitment module tested. CIVIC includes the collection of details about lifestyle, cardiac and respiratory risk factors as well as mental health and wellbeing. These are delivered by online systems. The plan was for this to be the framework from which focussed community and longitudinal research could be targeted to specific groups or to the broader cohort. While the immediate focus was on existing and imminent clinical trials, and underlying supports, it was thought just as important to immediately set a framework to examine the broader questions on the social and mental health impacts of the COVID-19 crisis. While the lack of COVID-19 patients has stalled most clinical trials the CIVIC studies that also examine the health and mental health implications and of the societal lockdown have continued.

Stream 3: Clinical Trials

There is no known treatment for COVID-19, however there were thought to be several good treatment candidates that could be tested through urgent clinical trials assuming large numbers of infected patients. WA scientists and clinicians were well placed to contribute to a number of these trials, some of which were part of a larger international collaboration. The WA COVID-19 Research Collaboration identified several promising trials which had the ability to be implemented immediately:

- ASCOT trial - a randomised controlled trial for adults who are hospitalised with COVID-19 to determine if any of the treatments will prevent admission to the Intensive Care Unit, thus improving outcomes and reducing deaths.
- REMAP-CAP trial – a platform trial for ICU patients designed by a global network of clinicians during the 2009 H1N1 pandemic.
- BRACE trial – repurposing a vaccine used for tuberculosis (BCG) to prevent infections in our health care workers.

The first two are at present redundant in WA. The BRACE study has been successful in recruiting many hundreds of health care workers and may yet prove invaluable if a “second wave” occurs.

Funding

Rapid Funding Process

WA has an international reputation for the quality of its infectious diseases and respiratory research, tangible examples of this include: the Telethon Kids Institute which has recently recruited additional international talent in Professors Tobias Kollmann (International Human Vaccines Project) and Peter Gething (Oxford University); the Harry Perkins Institute for Medical Research which runs international clinical trials and has high through-put laboratory capacity; and the Australian National Phenome Centre which is one of the largest and best-equipped metabolic laboratories in the world and has advanced data modelling capability.

From March 2020, WA’s medical research community is working together as “Team WA”. Facilitated by WAHTN, it identified the major research projects and programs that were the most urgent, that is those that could save lives in the first few months of an uncontrolled epidemic. Additionally, it has built capacity that will allow for new ideas to emerge and be supported quickly in this rapidly evolving landscape, as well as research post COVID-19.

To this end, WAHTN sought to develop a nimble and rigorous process for allocation of research funds for trials and infrastructure that would reduce the lengthy time delays and red tape that are integral to the usual funding application process. An expert scientific panel was assembled under the Chair of the WA Chief Scientist, Professor Peter Klinken. This panel assisted and guided the WAHTN in distributing funds quickly, where needed.

While a collaborative approach to funding was sought, silo funding for particular aspects of the research plan were respected, for example, some research Foundations were only able to fund projects or infrastructure within their area health service or organisation. This was accommodated as the collaborative plan incorporated agreed research priorities that stretched across all area health services and health research sectors in WA.

Committed Funds

The State government committed \$3M from the WA Department of Health. Additional funding was pledged from a number of hospital based Foundations.

In addition to government and Foundation funding, key WAHTN partners have committed significant in kind resources and personnel to bring the proposal together and progress this work. An example of this is the Australian National Phenome Centre (ANPC), which has deployed 90% of its staff onto COVID-19 research and key members of the SMHS COVID-19 Research Response (CRR) Team who reacted early and have written the protocol underpinning the hospital collaboration studies.

Originally, committed funds were used primarily for:

- Expanding relevant (respiratory) clinical trials;
- Ensuring there was sufficient infrastructure to cope with the expansion;
- Engaging people to manage the additional work; and
- Establishing a centralised data and biobanking system to ensure a collaborative approach.

Of the \$3M committed by the WA Department of Health, a third was used immediately to support infrastructure (including workforce) which was needed by the broader research community before the projected COVID-19 cases ramped up. This included funds to progress standardised, uniform collection and storage of samples across the metropolitan area health services, and the purchase of OpenSpecimen biobanking software along with -80C freezers.

The remaining two thirds of funds from the WA Department of Health plus expected additional funds from other sources were be allocated through a competitive research process.

Further funds were raised through philanthropic sources to support specific trials.

Flexible Emerging Priorities Fund

Early in the pandemic, it was realised that some of the most important research question may not be apparent and there was a need to build a flexible funding source to support innovative research in a timely manner, as novel opportunities arise.

It would enable a responsive approach to emerging issues such as:

- The short and long term effects of social isolation on different communities;
- Social and emotional legacies of COVID-19;
- Impact on regional and remote communities;
- Specific strategies for Aboriginal and vulnerable communities; and
- Education interruption and its consequences for children.

Governance

WAHTN received formal accreditation as an Advanced Health Research and Translation Centre (AHRTC) by the National Health and Medical Research Council (NHMRC) in June 2017. The NHMRC accreditation recognises WAHTN as a network of world-class academic, research and health care delivery partner organisations prepared to embrace and accelerate research translation.

Along with being a network of 20 partners capturing the broad research community of WA, WAHTN has within its structure, the Consumer and Community Health Research Network (CCHR) which facilitates consumer and community involvement (CCI) in health research and will lead the consumer involvement across the three Streams of work.

Committees

A number of committees were established to provide oversight and guidance of the various work streams and interest areas across the WA COVID-19 Research Collaboration. They include:

- WA COVID-19 Research Collaboration meetings: This group is comprised of over 40 key members of WA's health and medical research sector. The group includes scientists, clinicians, educators, administrators, and government and consumer representation.
- Advisory group: A smaller subgroup of the WA COVID-19 Research Collaboration.
- COVID Research Response (CRR) Team: Based across SMHS, EMHS, NMHS and the ANPC.
- CIVIC Study: Lead by Chris Read and supported by the Clinical Trials and Data Management Centre (CTDMC) and Curtin University.
- WA Biobank Steering Committee: Lead by Aron Chakera and supported by Jennie Hui and Pathwest.

Further information, including minutes and contact details, can be found at <https://www.wahtn.org/wa-covid-19-research-collaboration/>

Work Flow

The WA COVID-19 Collaboration has agreed to three primary work streams:

- Stream 1: Hospital Collaboration
- Stream 2: Community
- Stream 3: Clinical Trials

Details of each stream are captured in the following pages, and diagrammatically in Figure 1.

WA COVID-19 Research Collaboration

Lead Groups & Organisations

PATHWEST
Sample processing

CCHRN
Consumer & Community

SMHS
ISARIC protocol

NMHS
Biobanking

Telethon Kids Institute
BRACE trial

EMHS
ASCOT trial

SJOG
REMAP-CAP trial

CTDMC & Curtin
CIVIC trial

WAHTN
Central Coordination

Minister for Health

Department of Health

HOSPITAL
ISARIC protocol

CRR
Hospital Collaboration

Sample collection

Data collection

Biobanking

ANPC

COMMUNITY

CIVIC study
CTDMC

Mental Health

Chronic Disease

Aboriginal Health

CLINICAL TRIALS

ASCOT

REMAP-CAP

BRACE

Emerging Trials and Research Projects

Stream 1: Hospital Collaboration

1. CRR Project (ISARIC protocol)

The COVID Research Response (CRR) team brought together researchers, scientists and clinical trial teams under the WAHTN as 'one voice' in collaboration, building a coordinated response for WA. The immediate core objective was to build a platform for real-time accurate patient data supported by biological samples that can be relayed in a de-identified manner for all WA and other researchers and scientists.

In anticipation of a global pandemic, the World Health Organisation (WHO) supported the International Severe Acute Respiratory and Emerging Infection Consortium (ISARIC), to develop a rapid response platform for clinical trials for Severe Acute Respiratory Infection (SARI). The protocol enables and outlines accurate protocols for data and biological samples to be collected in a globally harmonised manner. The benefits include; improved data quality, reduced error of measurement and increased statistical power through the ability to combine, compare treatments and outcomes on a grand scale by statistical means. This standardised protocol was approved by the WHO and designed to be used for coordinated clinical investigation of suspected or confirmed cases of COVID-19.

The COVID Research Response (CRR) team is leading this WHO ISARIC platform in a state-wide collaboration. The CRR reflects a large team that includes input from the directors of the metropolitan area health services, Murdoch University, the Australian National Phenome Centre (ANPC), the University of Western Australia (UWA), a core trial team and links across all the hospitals in the state. Work to date has been supported and funded by UWA and Murdoch University and includes:

- CRR has helped set up of the WA Department of Health REDCap database to record details of all patients presenting with SARI in a standardised clinical pathway. This REDCap system has been coordinated to 'handshake' established data systems with all metropolitan Area Health Services as well as the Western Australia Country Health Service (WACHS). This will enable a streamlined coordinated platform. Data will provide clinical uploads for patient care and simultaneous data warehousing. Though children are not primarily targeted by COVID-19 the Child and Adolescent Health Service (CAHS) will be invited to participate.
- CRR has enabled ethics and governance approvals for an integrated combined biobank of laboratory samples as part of routine care incorporating; storage of excess from daily clinical samples and additional specific samples for experimental, laboratory and genetic analysis. This is particularly relevant in WA research projects, as we can work in collaboration with the ANPC, which have made available their considerable resource to help. There are many groups who are interested and will have access to the biosamples to search for biomarkers and potential therapeutic targets.
- CRR will provide coordinated high-quality data in patient data and biological samples to all WA researchers through the WAHTN. This platform provides a template for all research analytics and will coordinate the data interrogation and interpretation at a State, National and International level.

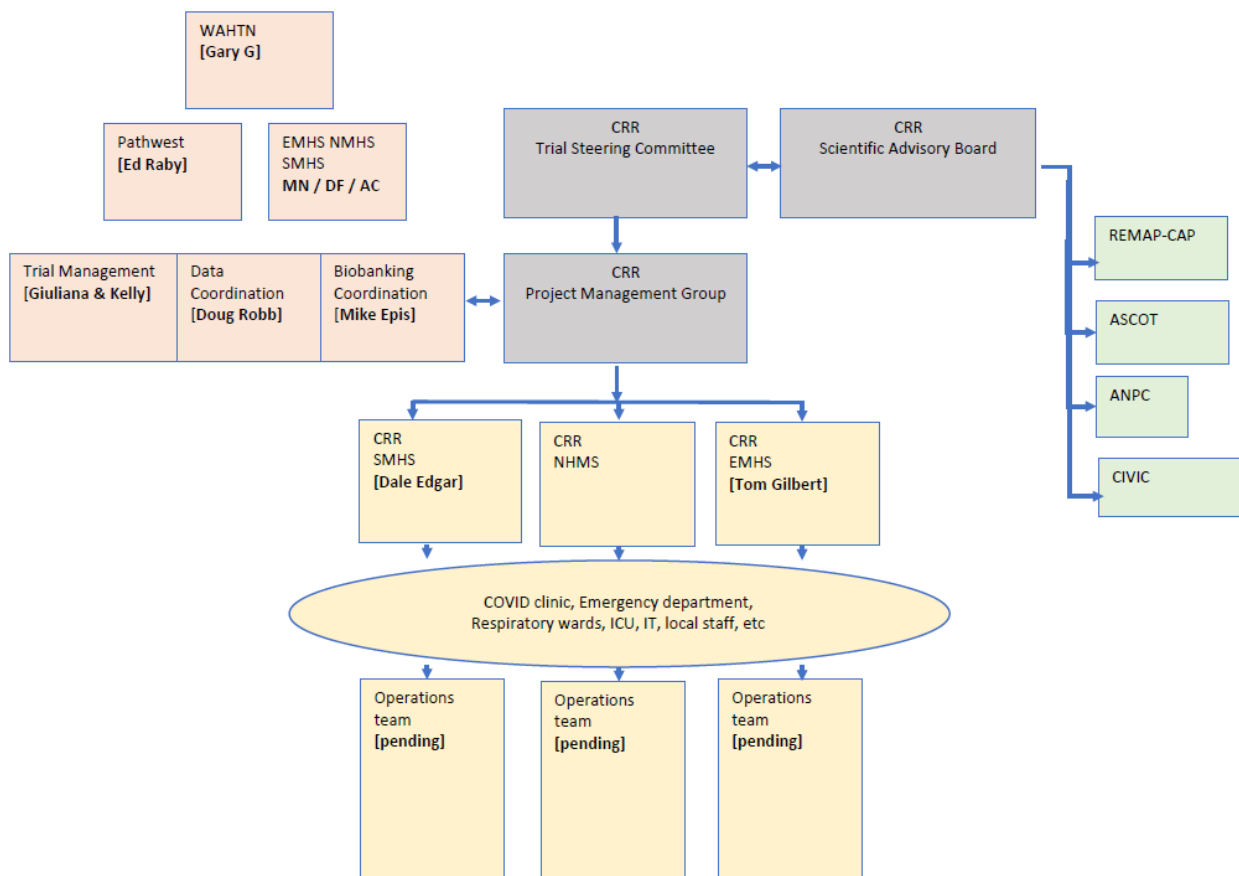
As a team, the entities are uniquely placed to facilitate the WA state-wide research strategy with coordination through WAHTN. CRR is building an integrated data and sample platform for all health systems to copy and collaborate to deliver hard science about the COVID-19 infection. The physical colocation of key units place WA in an ideal position for this project, for instance; emergency departments, critical care and now COVID-19 clinics providing high-fidelity acute patient management with embedded research practices, at all tertiary hospital sites; and the ANPC is situated in the Harry Perkins (South) building adjacent to the Fiona Stanley Hospital and Murdoch University. This is co-located with the CRR, the Biobank and is proximal to PathWest Laboratories and clinical activity. In the north the grouping of the Sir Charles Gairdner Hospital, the Perth Children's Hospital with The Harry Perkins (North) building and the Telethon Kids Institute provides another important focus. All of these institutions are partners in the WAHTN.

The CRR aims to capture high quality patient data and biological samples that are available to all researchers in WA. WAHTN will ensure that researchers will be made aware they can access biological specimens through software OpenSpecimen. All studies can approach the working group for access to samples and data. The CRR will help coordinate ethics, MOU, MTA's etc and facilitate open communication and collaboration between groups to avoid duplication and data sharing

This collaboration will enable access for all researchers to high quality data, samples and analysis, thus minimising duplication, reducing costs and maximising output for patient care.

The Governance of CRR is illustrated in the diagram below. Additional information, including work flow charts, key personnel, sample collection protocols and procedures can be found in detail on the WAHTN website: <https://www.wahtn.org/wa-covid-19-research-collaboration/>

While the CRR was created in a short space of time and was well placed to capture the data and samples of early WA COVID-19 patients it is now on hold given there are no new COVID-19 patients. The model however is suitable of course for other clinical trials and is a welcome addition to the WA research environment.



2. Australian National Phenome Centre

World-leading researchers at the ANPC are working to revolutionize the diagnosis, prevention and treatment of serious health challenges like Cancer, Alzheimer's, Autism, Obesity and Type 2 Diabetes.

By analysing the molecular, physical and biochemical characteristics of biological tissue and fluids such as blood and urine, researchers at the ANPC aim to predict the complex genetic, environmental and lifestyle interactions causing disease.

The work of the ANPC supports almost every area of bioscience. It reaches across traditional research silos and fosters a new, more collaborative approach to science. Long-term, the ANPC working with State, National and International partners will build 'global atlases' of human disease, providing insights into future health risks, which everyone on the planet can benefit from.

The ANPC uses the largest collection of mass spectrometers in the Southern Hemisphere, combined with nuclear magnetic resonance spectroscopy and advanced data modelling, to identify the unique metabolic 'signature' of individuals and communities.

One of the great strengths of the ANPC is its broad and deep metabolic analysis capacity- designed for clinical diagnostic and prognostic biomarker discovery together with capacity for large scale epidemiological studies.

The recent emergent global threat of COVID-19 underpins the need for facilities like the ANPC that can perform high quality biomarker discovery on infectious samples at large scale. This is a problem that spans population health and disease prevention plus acute patient care and optimisation of clinical trials. There has never been anything quite like this in modern times and the ANPC is well placed to address many of these complex interactions.

The ANPC is able to profile and model thousands of metabolites that create the distinctive signatures of disease and to use these for stratifying patients with mild and severe disease and potentially predict outcomes of infections as well as actively monitoring clinical trial interventions to understand the molecular basis for differential responses to therapy.

Throughout this pandemic, ANPC will be able to provide real time analytics to the front line carers of COVID-19 patients. The ability to deliver a rapid prognostic metric of clinical condition is important, particularly within the emergency or critical care setting, where a gain in minutes or hours with respect to choosing and implementing a therapeutic strategy can mean the difference between life and death. With its ability to work with smaller sets of WA samples plus collaboration with other centres with large numbers of cases of COVID-19 the ANPC is producing novel insights into COVID-19 and have justified the great investment WAHTN partners have made in creating the ANPC.

3. Biobanking

In 2018, WAHTN commissioned a scoping project utilising Medical Research Future Funds (MRFF) to develop recommendations for national guidelines and piloting infrastructure for a scalable, shared, and standardised data repository of clinical and research genomics resource facility in WA. The project, overseen by Dr Aron Chakera as Chair of the WAHTN Biobank Steering Committee, has the potential to be scaled to national activity and has produced an international scan of Biobank resources, facility ethics and economics across Australia, the UK and Japan. Currently, a database of all existing capacity has been compiled from WA stakeholders to support the immediate CRR project.

Focus is now urgently turning to the establishment of a centralised biobank in WA.

WAHTN has invested in the biobank cataloguing system OpenSpecimen. Upscaling on this software, which has been piloted by Telethon Kids Institute through the Origins Study, will provide researchers throughout WA access to see what samples are being stored in real time, the availability of samples and those tests already performed. Consequently, this will avoid duplication of investigations, minimise waste and maximise collaborations with significant cohesive data output.

The current setup of the Biobanking platform includes the appointment of a Biobank manager and procurement of -80°C freezers, which are now operational in the Harry Perkins South building. Additional freezers are being procured for NMHS.

Discussions have been held between all parties to establish sample types and consumables required for collection sites, labelling and banking protocols. Communications with OpenSpecimen have commenced to set up the WA online repository.

Funding will be required for the next steps to occur, these include:

- The purchase of consumables and equipment across sites;
- Establishment of data extraction protocols from OpenSpecimen for samples retrieval and replacement;
- Establishment of collection protocols for all samples from receipt to storing at offsite locations;
- Set up Royal Perth Hospital, Sir Charles Gairdner Hospital and Fiona Stanley Hospital PathWest centres; and
- Staffing of sites for sample collection.

4. Computing & Bioinformatics

The National Computational Infrastructure (NCI) and Pawsey Supercomputing Centre (Pawsey) are joining efforts to offer additional computation and data resources to support the national and international research community to acquire, process, analyse, store and share data supporting COVID-19 research. <https://pawsey.org.au/covid19-accelerated-access/>

Stream 2: Community

Cardiopulmonary and health implications of coronavirus (COVID-19) exposure in the community (CIVIC)

COVID-19 infection shows no signs of abating soon. Like other diseases associated with the coronavirus family such as Severe Acute Respiratory Syndrome (SARS), COVID-19 is a disease of the respiratory system. However, those with hypertension and cardiovascular disease (CVD) appear to be highly susceptible to its more severe effects, with mortality rates 2-3-fold higher, respectively than the general population (WHO-China Joint Mission report).

Recent reports of profound myocarditis and fatal arrhythmias suggest potential critical influence of COVID-19 on the cardiovascular systems. Patients presenting with COVID-19 and pre-existing CVD have an increased risk of severe disease and death. COVID-19 infection has also been associated with multiple direct and indirect cardiovascular complications including myocardial injury, myocarditis, arrhythmias and venous thromboembolism.

However, true COVID-19 exposure in the Australian community and its potentially significant cardiovascular implications is currently unclear as testing is not freely available for everyone, including those presenting with symptoms who do not meet current guidelines for testing. Therefore there is a high unmet need to collect data from patients in the community in order to understand the long-term impact of COVID-19 infection.

The Australian Government has taken a staggered approach to slow down the spread of COVID-19 in order not to overwhelm the hospitals and other public health services. People who have been exposed to COVID-19 or tested positive have been advised to either quarantine or self-isolate for 14 days. This containment strategy has resulted in increased cases of anxiety and depression.

Psychosocial risk factors, particularly anxiety and depression, can exacerbate cardiovascular risk and increase morbidity and mortality. These otherwise modifiable CVD risk factors can be intensified by the effects of COVID-19 in isolation.

When Australia was on the cusp of COVID-19 infection explosion, there was a need for community data on anxiety and depression to be collected concurrently to lower the long-term risk of CVD. This will assist in decision-making so that public mental health interventions can be formally integrated into public health preparedness and emergency response plans.

The Cardiopulmonary and health implications of coronavirus (COVID-19) exposure in the community (CIVIC) Study has been established to provide the framework for a modular distribution of surveys and targeted interventions across a number of health and social welfare domains. Along with Cardiovascular Health, working groups are being established in:

- Mental Health: currently led by Sean Hood (UWA) and Peter McEvoy;
- Sub-groups focussing on anxiety, depression, isolation;
- Child Health: currently led by Graham Hall (Telethon Kids Institute) and others;
- Workforce: led by Suzanne Robinson (Curtin University) and Justin Manual (WACHS);
- Aged Care;
- Respiratory: led by Fraser Brims and others; and
- Others to be developed, as required.

Links are being established with WA Cohort studies, including:

- Busselton Study – Alan James and Jennie Hui;
- Raine Study – Leon Straker;
- Mens Health Study – Bu Yeap;
- Origins Study – Telethon Kids Institute; and
- Others, as required.

CIVIC Study data will incorporate some of the platforms established in Stream 1, including:

- The REDCap software application (baseline module in testing phase) on multiple platforms (PC/tablet/phone);
- The ISARIC risk factor and symptom data; and
- E-Consent for data linkage and follow-up.

CIVIC Study ethics approval has been fast-tracked and received through Curtin University Ethics Committee. The roll-out of the base module commenced on 20 April 2020. Information pamphlets and videos have been produced, along with documentation relating to study protocols and procedures. These are available on the WAHTN website:

<https://www.wahtn.org/wa-covid-19-research-collaboration/>

Subsequent modules will be developed by workgroups established from WA clinical expert groups and coordinated through the CIVIC platform. Though no new cases of COVID-19 are currently present these studies are important both for the focus on the secondary effects of the pandemic, namely social lockdown and isolation, as well as being in place for a possible "second wave"

Stream 3: Clinical Trials

Given the experience in other jurisdictions it was feared that Australia would be faced with overwhelming numbers that would tax our health system, especially our intensive care units. An early focus on the WAHTN was to ensure that existing trials set up for such a pandemic would be available in WA and for as many patients as possible. To this end WAHTN worked to ensure adequate funding through Government or philanthropy was made available and also lobbied with many others to have the revision of the Guardianship and Administration Act passed by parliament allowing for the recruitment of those who could not consent into appropriate trials. Given the lack of definitive treatment for COVID-19 it was argued that these trials were the only way West Australians could access possibly helpful therapies. Many WA researchers were already a part of international trials and collaboration that could change the course of the disease. With the relatively slower rate of infection here in WA however these trials are now not recruiting but remain open if needed. The trials considered under Stream 3 include the following.

1. ASCOT Trial

Treating established COVID infection to reduce deaths and improve outcomes.

The ASCOT trial is a randomised controlled trial for adults who are hospitalised with COVID-19 to determine if any of the treatments will prevent admission to the Intensive Care Unit. The original treatments included kaletra (a HIV medicine), hydroxychloroquine (a malaria medicine), both kaletra and hydroxychloroquine or nothing. These treatments have been shown to kill the virus in the lab, but it is unclear yet whether they will be of benefit in COVID-19. ASCOT runs at 65 hospitals in Australia and it is harmonised with the WHO trials happening globally. In WA, there are 6 hospitals involved so far: Sir Charles Gairdner Hospital (SCGH), Fiona Stanley Hospital (FSH), Armadale Hospital, Royal Perth Hospital (RPH), St John of God (SJOG) Midland and SJOG Subiaco.

2. REMAP-CAP

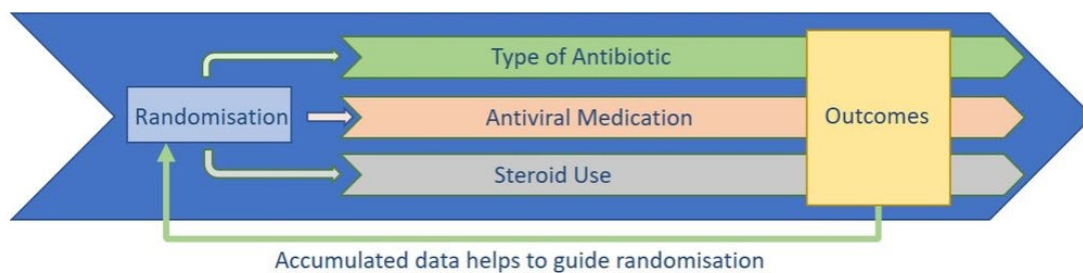
A platform trial for ICU patients with COVID-19.

The trial has been designed by a global network of clinicians who cared for patients and conducted research during the 2009 H1N1 pandemic. The objective is to generate evidence that can be applied to clinical practice during the pandemic to reduce deaths or reduce the length of ICU admission or both in critically ill patients with COVID-19 infection. The trial has been recruiting during the inter-pandemic period and was 'pre-designed' to adapt when a pandemic occurred. Sites, with ethics and other approvals, exist. The platform recruits currently in more than 50 ICUs in 13 countries on 3 continents.

The platform will evaluate, on an open-label basis:

- Antiviral therapy (no antiviral / kaletra, hydroxychloroquine being added);
- Corticosteroid strategy (no steroid, fixed 7 days, only while in septic shock); and
- Immune modulation (no modulator / interferon-beta / anakinra).

Patients who are eligible for participation in REMAP-CAP are randomised to receive one intervention in each of one or more categories of treatment ("domains"). These interventions can be tested simultaneously. Information from patients already participating in the study can also be used to help guide the treatment of new patients joining the study. Most trials are not able to do this.



3. THE BRACE Trial

Preventing infections in our treasured health care workers.

With no vaccine and no preventative medical intervention anywhere close to providing protection for our health care workers, we need to consider alternatives. The BRACE trial is testing a BCG vaccine used for tuberculosis that has effects on the immune system which provide protection against a diverse range of pathogens, including viral infections. It is not a vaccine specific to Coronavirus rather a vehicle to reduce severity of the virus and keep our health care workers safer, faster. Four thousand front line health care workers in our hospitals were invited to participate in the trial: 2,000 in Perth and 2,000 in Melbourne. Health care workers have been successfully recruited.

4. Funded Project Grants

The Health Department made available \$3M to the WAHTN to help the COVID-19 Research Response. A Grant Review Panel formed by WAHTN with WA's Chief Scientist chairing met on 16 April 2020 to allocate \$2M of funding from the WA Department of Health to a number of project grants spanning the categories of: testing, outcomes, clinical trials and community based studies.

Successful projects were strongly encouraged to make use of the platforms and infrastructure supports that are being established through Stream 1 and 2 of the WA COVID-19 Research Collaboration.

Further funding was sought from Philanthropic and other sources. It is hoped that strong projects that missed out on funding in this round will be supported through subsequent funding rounds, when available. A further \$1M was allocated for research infrastructure with the largest portion allocated to biobanking.

Summary

Having formed in 2015 and with the support of the Health Minister in 2020 the WAHTN has greatly enhanced the ability of WA medical researchers to come together in a unified neutral fashion to best meet the challenges of the global COVID-19 pandemic. The recognition of this central and vital role was underscored by the Department of Health's decision to partner with the WAHTN to distribute funds for both clinical research and much needed infrastructure support. This important role has also been recognised by the enthusiastic response to weekly meetings of WA researchers over the last four months. While in July 2020 WA exists in a protective bubble with no communal transmission it is recognised that the inevitable opening of borders will require the best of both our clinical services and supportive research efforts.

Appendix A: Indicative Budget

FUNDING REQUEST	DOH
CLINICAL TRIALS & PROJECTS	
<i>sub-total</i>	<i>\$1,895,377</i>
CIVIC (Prof Chris Reid, Curtin University)	
CORE Staff	
Consumables, fees	
<i>sub-total</i>	<i>\$300,000</i>
CRR (administered by Prof Jon Watson, UWA)	
Core Trial Management Team (CRR)	\$100,223
Local Site Set Up (SMHS)	\$109,000
Local Site Set Up (EMHS)	\$55,400
Local Site Set Up (NMHS)	
Consumables, sample testing	\$40,000
<i>sub-total</i>	<i>\$304,623</i>
BIOBANKING - 12mths (administered by Prof Jon Watson, UWA)	
Infrastructure	
Staff	
<i>sub-total</i>	<i>\$500,000</i>
TOTAL	\$3,000,000

Appendix B: Key Personnel

WAHTN leadership	Gary.Geelhoed@uwa.edu.au
CRR Directors (Stream 1)	Toby.Richards@uwa.edu.au Merrilee.Needham@health.wa.gov.au
PathWest liaison	James.Flexman@health.wa.gov.au
Biobank	Aron.Chakera@health.wa.gov.au Michael.Epis@uwa.edu.au
Biobanking resources	Jennie.Hui@health.wa.gov.au
Australian National Phenome Centre	Jeremy.Nicholson@murdoch.edu.au
Area Health Services	
SMHS Research Director	Merrilee.Needham@health.wa.gov.au
EMHS Research Director	Graham.Hillis@health.wa.gov.au
NMHS Research Director	Aron.Chakera@health.wa.gov.au
CAHS Research Director	Peter.Richmond@health.wa.gov.au
WACHS A/Research Director	Justin.Manuel@health.wa.gov.au
Telethon Kids Institute	Jonathan.Carapetis@telthonkids.org.au

Harry Perkins Institute	Peter.Leedman@perkins.org.au
Community Integration (CIVIC)	Christopher.Reid@curtin.edu.au
Workforce planning and coordination	Kelly.Beer@iijd.murdoch.edu.au
Post Graduates	Jay.Jay@uwa.edu.au
Medical Students	STRIVEWA@uwa.edu.au
Mental Health	Sean.Hood@health.wa.gov.au

Researchers (not listed here) across institutes and academia will be involved in the coordinated research work.

A contact list for key collaborators and leads across the different streams and infrastructure areas can be found on the WAHTN website under 'Key related documents':
<https://www.wahtn.org/wa-covid-19-research-collaboration/>

Australian Health Research Alliance **National Wound Care Initiative**

A Partnership with Wounds Australia

Project Driver

Every Australian with a wound should expect the same standard of care regardless of their geographic location, type of wound, health care provider

Project Goals

A National approach to Wound Care in Australia
Reimbursement, through the MBS, of wound care cost for treatment and products

Project Partners

Australian Health Research Alliance
Wounds Australia

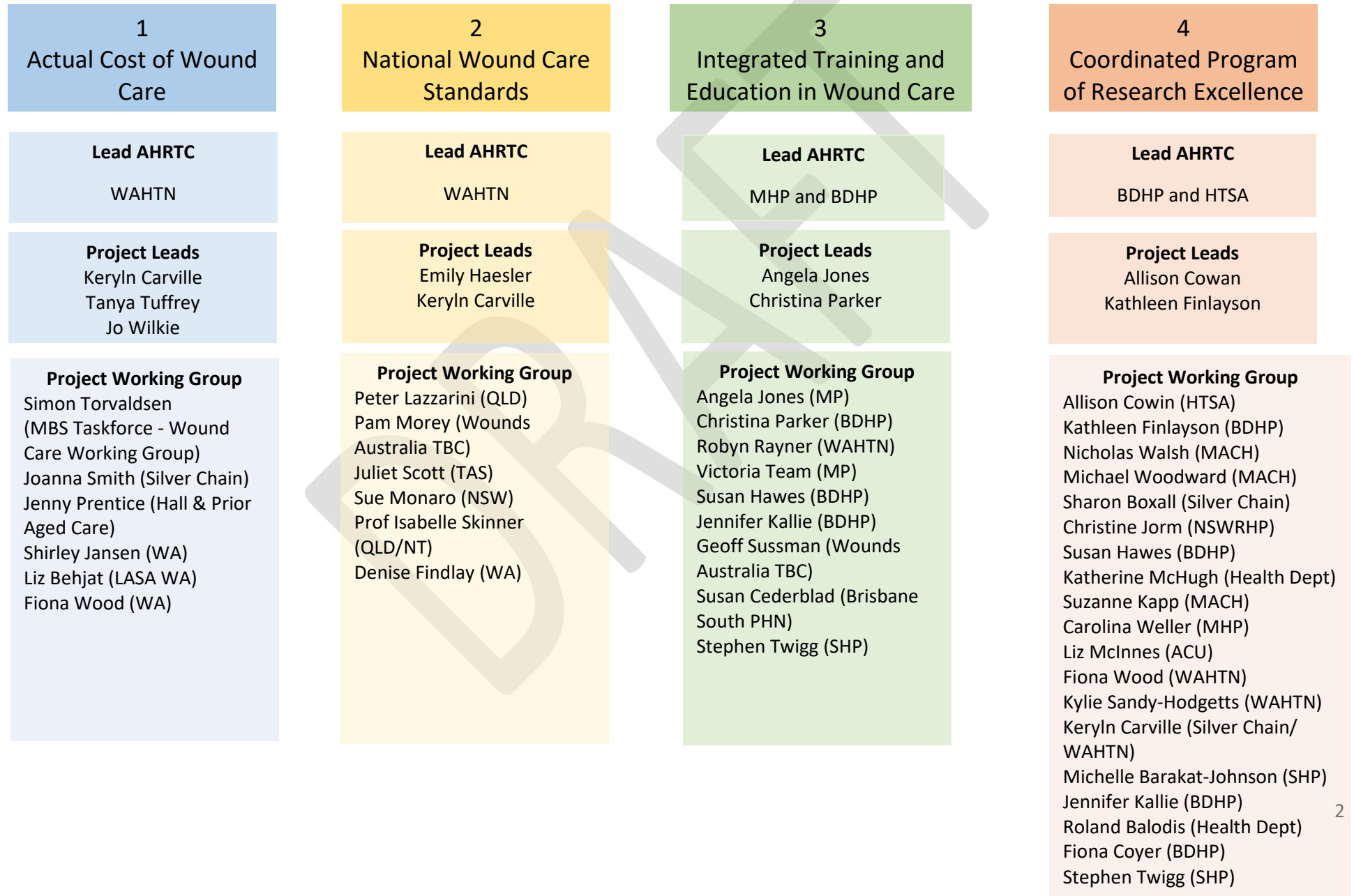
Project Observer

Australian Department of Health

Project Principles

Data Collection
National coordination and collaboration
Focus on equity, efficiency and affordability
Building on strengths and achievements
Addressing gaps

Project Streams



AIMS	AIMS	AIMS	AIMS
<ol style="list-style-type: none"> 1. To determine the national epidemiological and prevalence data for wounds and costs to care. 2. Conduct prevalence review of the number and type of wounds, their documented care record and outcomes in Western Australian hospitals, aged care facilities, community nursing organisations, Aboriginal medical services and general practices which will provide accurate state epidemiological and prevalence data. 3. Validate the WA data for national modelling via collecting a representative sample of the number and type of wounds, their documented care record and outcomes in other states and territories' hospitals, aged care facilities, community nursing organisations, Aboriginal medical services and general practices. 4. Determine the national wound care costs across diverse health settings (public, private, aged care, community, Aboriginal and general practice). 	<p>To develop integrated National Wound Management Standards which are nationally consistent and relevant across disciplines and sectors</p>	<ol style="list-style-type: none"> 1. To assess all currently available wound care training and education nationally including, but not limited to: <ul style="list-style-type: none"> • Tertiary education - undergraduate and post-graduate • Workplace based training • Online training – local, national and international • Industry based training 5. To develop an integrated Training Framework that includes formal and informal training and is accessible, caters to diverse settings and aligns to agreed best practice. 6. To develop an appropriate accreditation framework for non-tertiary training in wound care, critical for ensuring agreed best practice 7. To deliver an implementation plan for the proposed approach 8. Determine opportunities for building capacity in wound care through existing credentialing programs and development of low cost, accessible, education and training. 	<p>To develop and commence a national program of research and development aimed at continuous improvement in wound care, providing evidence to promote equity in access to wound care; including but not limited to:</p> <ul style="list-style-type: none"> • Increasing our understanding wounds • Improving wound care • Ensuring wound care best practice remains at the cutting edge • Trialling new approaches • Best practice management of chronic wounds in the primary health care sector <ul style="list-style-type: none"> • Focus on translation ensuring better outcomes for patients

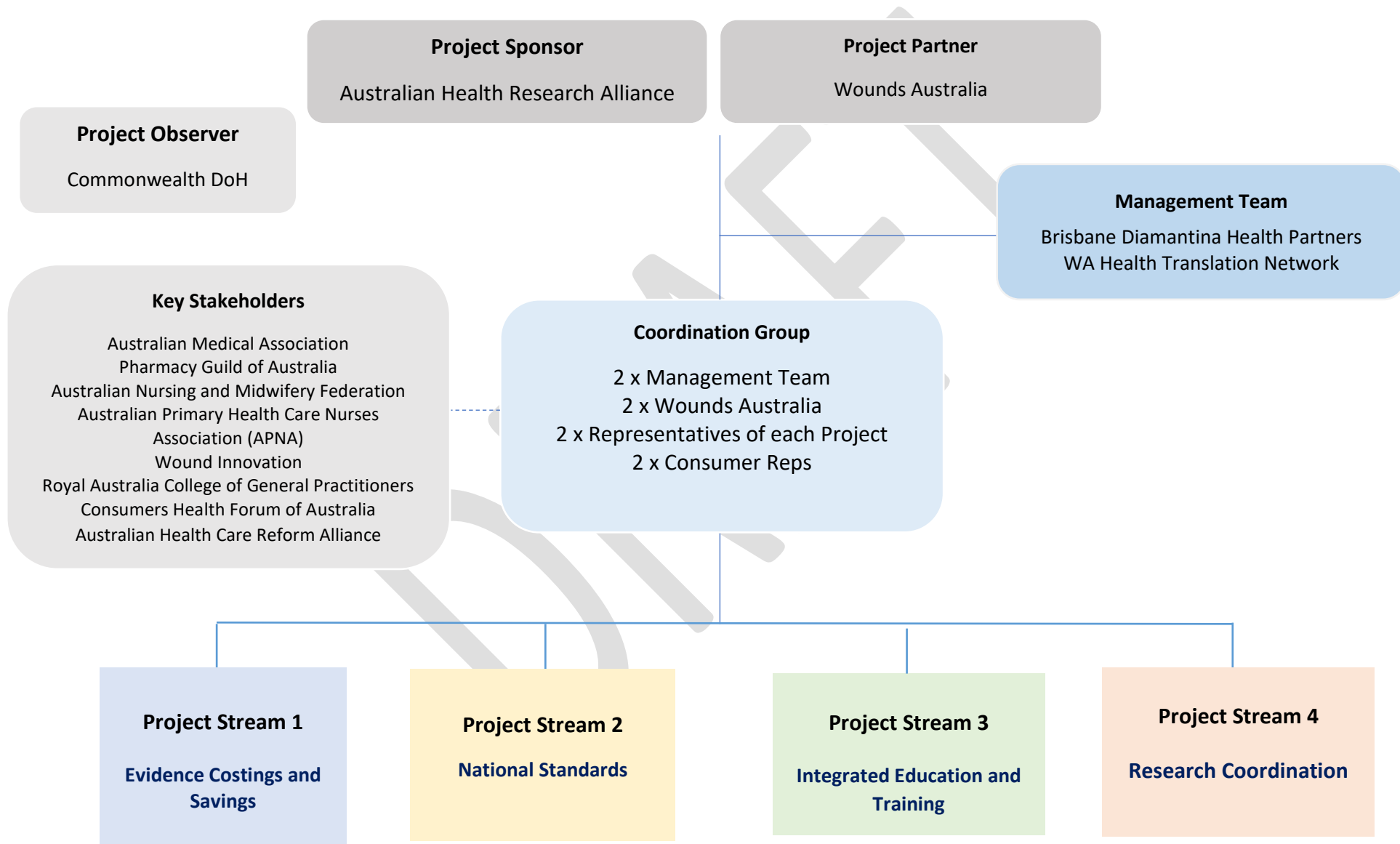
<p>Activities</p> <p>a. Assess veracity and comparability of existing data collection systems across the identified settings.</p> <p>b. Determine a suitable data collection method building on existing tools and models including:</p> <ul style="list-style-type: none"> • WoundsWest ▪ Silver Chain ComCare Wound Module ▪ Other electronic platforms ▪ Facility surveys <p>Undertake a point prevalence study, which will involve skin inspections and documentation audits amongst consenting patients/clients and aged care residents across WA and from a representative sample of health settings in all states and territories.</p> <p>c. Determine cost of wound care and differences (if any) across diverse settings</p> <p>d. Contextualise the cost nationally through economic modelling</p> <p>e. Prepare a detailed wound care cost report for MBS consideration.</p>	<p>Activities</p> <p>a. Develop <i>model</i> wound standards for government, sectors and organisations, building on existing local, national and international</p> <p>b. Review and update the Australian Wound Standards 2002, 2010, 2016 ¹⁾ building on existing local, national and international standards to create an Integrated Standards Framework</p> <p>c. Collate and analyse existing wound management guidelines</p> <p>d. Prepare model guidelines that are both nationally consistent and relevant across disciplines and sectors</p> <p>e. Test the Wound Management Standards Framework for suitability across a representative cross-section or wound care settings</p> <p>f. Develop a tool for measuring compliance with the Wound Management Standards Framework</p> <p>g. Prepare a Plan for implementing the Wound Management Standards Framework</p>	<p>Activities</p> <p>a. Review existing education and training products against:</p> <ul style="list-style-type: none"> ○ Type <ul style="list-style-type: none"> ▪ Undergraduate ▪ Postgraduate ▪ Vocational ▪ Other ○ Owner/Deliverer <ul style="list-style-type: none"> ▪ Commercial ▪ Academic ▪ Private ▪ Community ▪ Industry ○ Nature <ul style="list-style-type: none"> ▪ Target market ▪ Costs ▪ Duration ▪ Delivery mode e.g. online <p>b. Assess alignment with best practice standards</p> <p>c. Identify gaps</p> <p>d. Consider recognition:</p> <ul style="list-style-type: none"> ▪ Certification ▪ Credentialing ▪ Endorsement ▪ other <p>e. Explore suitable models and platforms for integrating all available education and training in wound care</p>	<p>Activities</p> <p>a. Undertake a national survey to identify a national profile and develop a Wound Care Research Directory</p> <p>b. Develop a program of research to establish effective collaborative models of wound care</p> <p>c. Evaluate the impact of programs to prevent wounds:</p> <ul style="list-style-type: none"> i) national Implementation program of the 2019 International Guidelines on Prevention and Management of Pressure Injuries ii) development of a national action clinical pathway to prevent complications of surgical wounds <p>d. Identification of biomarkers to aid the diagnosis and treatment of people at risk of impaired healing</p>
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<ul style="list-style-type: none"> f. Establish a method for periodic reviews of the wound burden across health settings. g. Establish a national benchmark for wound epidemiology, prevalence and cost. 		<ul style="list-style-type: none"> f. Explore priority areas and suitable approaches to deliver low cost, accessible, education and training i.e. Massive Open Online Courses, (MOOC) including consideration of patient/consumer/carer needs. g. Explore suitable approaches to strengthen engagement in established wound care credentialing programs. 	
<p>Anticipated outcomes statement</p> <ul style="list-style-type: none"> a. Accurate epidemiological and prevalence data on wounds. b. Cost of wound care in diverse settings (number and type of wounds and cost to discharge across the diverse health settings) c. Strength the evidence to support the case for reimbursement of wound services and products. d. Data will inform the need for an establishment of a national wound registry. e. A framework that can be used to continue to measure the prevalence and cost of wounds for 	<p>Anticipated outcomes statement</p> <ul style="list-style-type: none"> a. Agreed integrated national wound management standards b. The standards will inform best practice in wound management nationally c. Compliance with the standards will strengthen a case for reimbursement 	<p>Anticipated outcomes statement</p> <ul style="list-style-type: none"> a. A publicly available, easy to access directory of wound care education and training available nationally. b. An integrated Training Framework for wound care. c. Recommendations to strengthen non-tertiary training in wound care. d. A model for increasing the number of health care workers credentialed in wound care through existing programs. e. Priority areas and approaches for low cost, accessible, evidence-based education and training. 	<p>Anticipated outcomes statement</p> <ul style="list-style-type: none"> a. A national network and directory for wound research, enabling a national approach to identification of wound research priorities, wound research methods, and mentoring and development b. A national research program to establish effective collaborative models of wound care, obtaining and evaluating evidence to enable optimal outcomes for individuals, community and health system c. i) national uptake of the 2019 International Guidelines on Prevention and Management of Pressure Injuries, with evidence on decreased prevalence of PIs and associated decreased costs (in collaboration with Stream 1) c. ii) A national action clinical pathway to prevent complications of

Benchmarking and continuous improvement.			surgical wounds, with evidence on cost-effectiveness (in collaboration with Stream 1) d. Established national bio-bank resource to enable identification of biomarkers to aid the diagnosis and treatment of people at risk of impaired healing
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DRAFT

PROJECT GOVERNANCE & MANAGEMENT



AHRA Consumer and Community Involvement Initiative

CCI Phase 2

Integrated Project Plan

INTRODUCTION

The Consumer and Community Involvement (CCI) Phase 2 Initiative follows the Australian Health Research Alliance (AHRA) CCI Phase 1 Project completed in 2018 which determined a shared vision and priority activities to embed CCI in policy and practice across Australia. It was suggested that AHRA collaborates with the Consumers Health Forum of Australia and the Commonwealth Department of Health to design a program of work around the following recommendations. The collaboration will be underpinned by consumer and community involvement at every stage, including the adoption of these recommendations. The four recommended priorities were:

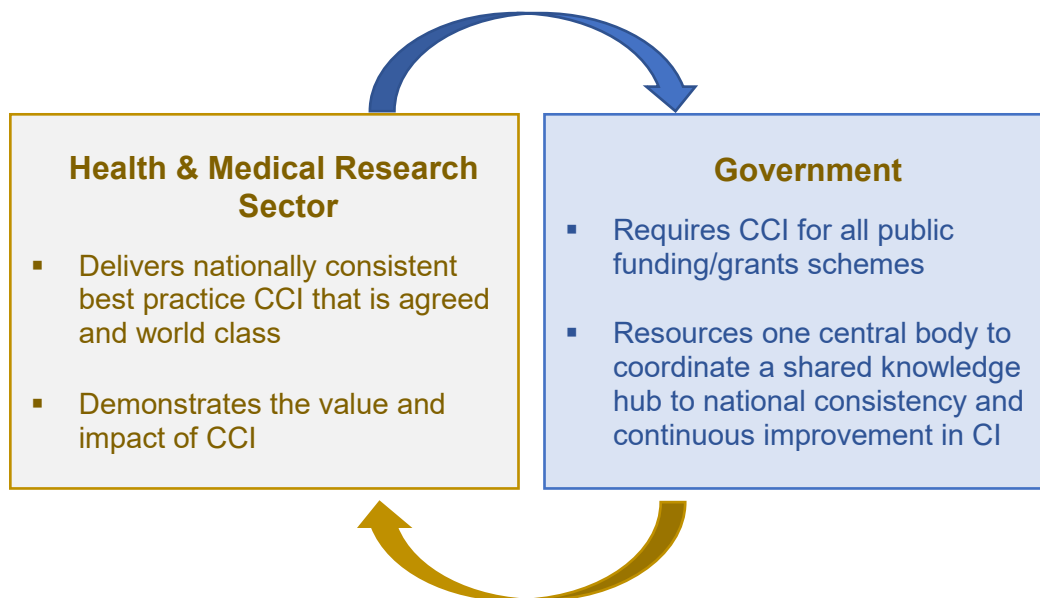
1. That AHRA develops minimum standards for good practice in consumer and community involvement in translational research in consultation with other national bodies. The standards should be a practical companion resource to the NHMRC Statement on Consumer and Community Involvement in Health and Medical Research. The standards could include the following:
 - a position statement or policy that systematically embeds consumer and community involvement in translational research by member centres
 - guidance on incorporating consumer and community involvement across the research life cycle, and associated tools and resources to enable and support partnerships between Researchers, Health Professionals and Consumer and Community Members
 - capacity building initiatives (e.g., through training programs, webinars etc.) among Researchers, Health Professionals, and Consumer and Community Members to support effective collaborations in health and medical research
 - appointing ambassadors and mentors to support consumer and community involvement in health and medical research at AHRA member centres
 - guidance on funding consumer and community involvement in health and medical research
2. That AHRA facilitates sharing of existing resources and expertise to support consumer and community involvement in translational research. Consideration should be given to utilising existing websites and similar clearing houses to avoid duplication.
3. That AHRA sponsors research and evaluation projects to identify:
 - how to effectively increase consumer and community involvement in health and medical research
 - how to effectively measure the impact of consumer and community involvement in health and medical research
 - how to effectively measure the efficacy of existing consumer and community involvement tools and resources
4. That AHRA initiates formal alliances with leading agencies promoting consumer and community involvement in health and medical research such as INVOLVE in the United Kingdom, PCORI (Patient Centred Outcomes Research Institute) in the United States, and SPOR (Strategy for Patient Oriented Research) an initiative of the Canadian Institutes of Health Research.

The Partnership

The CCI Phase 2 Initiative is led by a partnership between the Consumers Health Forum (CHF) of Australia and the AHRA.

The Commonwealth Government (NHMRC and Department of Health) are involved in the Initiative through regular communication, knowledge-sharing and potential funding.

Project Goal



The Benefits

- A genuine co-ownership of CCI across the stakeholder groups.
- A national platform for CCI that is embedded systemically within both policy and practice.
- A model for continuous improvement and sustained best practice in CCI.
- The potential to place Australia at the international forefront in CCI.
- An opportunity for AHRA to demonstrate a collaborative model for achieving significant national reforms through Australia-wide membership of the Partnership.

Guiding Values

- Consumers and community have an inherent right to be involved in health and medical research
- Consumers and community add meaningful value to all phases of health and medical research
- The translation of health and medical research is enhanced by the involvement of consumers and the community

Underpinning Principles

- CCI drives and enables translation of health and medical research
- Researchers and consumers must be supported through policy, information and resources in order to achieve optimal outcomes
- Implementation of CCI is informed by the collective and accumulated expertise of AHRA members and draws from international experience

- CCI knowledge is shared across the AHRA network and beyond to ensure a truly national and consistent approach
- Any activities/projects emerging from the CCI Phase 2 will involve community and consumers at every stage of the activity/project

STAKEHOLDERS

Initiative Partners:

- AHRA
- Health Consumers Forum

Policy

- Minister for Health
- Commonwealth State and Territory Departments of Health
- NHMRC
- MRFF (Medical Research Future Fund)

Consumers

- Consumers Health Forum
- Health Consumer Councils in all States/Territories

Project Delivery

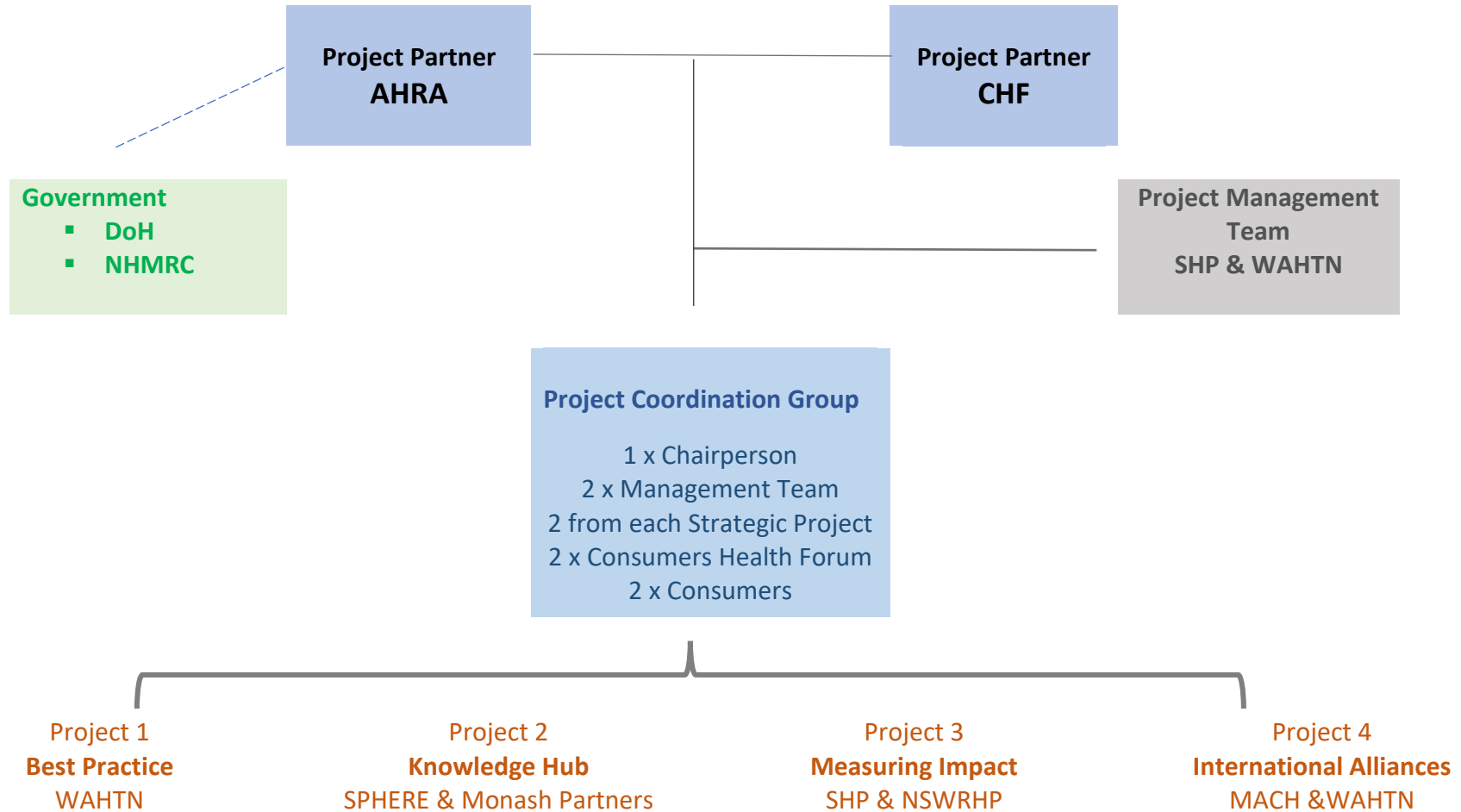
- AHRA CCI Phase 2 Co-Leads – SHP, WAHTN
- AHRA members undertaking CCI Phase 2 project streams
 - Monash Partners
 - Melbourne Academic Centre for Health (MACH)
 - Sydney Health Partners (SHP)
 - NSW Regional Health Partners (NSWRHP)
 - Sydney Partnership for Health, Education, Research and Enterprise (SPHERE)
 - WA Health Translation Network (WAHTN)
 - Health Translation South Australia (HTSA)
- Consumers – via health consumer bodies

CCI PHASE 2 PROJECT

This initiative will be delivered via four integrated Project Streams undertaken by seven Translation Centres across four states, and their respective members, making it genuinely nation-wide.

Stream	Goal	Planned Approach
1. Best Practice Standards	To develop a CCI Best Practice Framework that includes: <ul style="list-style-type: none"> ▪ Policies ▪ Standards ▪ Guidelines ▪ Tools, resources and materials ▪ Measuring, Evaluating and Reporting 	<ul style="list-style-type: none"> ▪ Environment Scan – document gathering and review ▪ Consultation with key stakeholders ▪ Development of a draft Framework ▪ Testing the relevance and efficacy of the Framework in diverse CCI settings ▪ Finalising the Framework ready for implementation
2. Knowledge Hub	To establish a virtual central point for: <ul style="list-style-type: none"> ▪ Existing CCI tools and resources (including international) ▪ Measuring and evaluation tools ▪ Podcasts ▪ Research Papers ▪ Access to national and international expertise ▪ Access to consumer networks ▪ Information and knowledge sharing ▪ Intra-sector communications ▪ Clearinghouse 	<ul style="list-style-type: none"> ▪ Literature Review (National and International) ▪ Identify needs, gaps and priorities ▪ Conduct a national co-design workshop that is consumer-driven and involves all stakeholders ▪ Identify suitable platforms and technologies ▪ Articulate a roadmap of the Knowledge Hub including process and budget for establishing and maintaining the Hub
3. Measuring Impact of CCI	2 projects: To develop a short paper (the case) for CCI in health research (evidence summary) To develop tested tools and models for measuring the impact of CCI in health and medical research.	<ul style="list-style-type: none"> ▪ Undertake literature review ▪ Prepare draft paper for consultation ▪ Finalise draft paper ▪ Scope currently available evaluation tools ▪ Pilot 1-2 selected tools in available translation projects ▪ Prepare draft version of evidence-based optimal evaluation tools
4. International Alliances	To establish working partnerships with: <ul style="list-style-type: none"> ▪ INVOLVE in the UK ▪ PCORI in the US ▪ SPOR - Canadian Institutes of Health ▪ National Institute for Health Policy – Israel ▪ Relevant organisations in NZ 	<ul style="list-style-type: none"> ▪ Build on existing relationships ▪ Facilitate an international meeting in Australia of the five organisations to develop pathways for <ul style="list-style-type: none"> ○ benchmarking ○ international collaborations ○ sharing knowledge and resources ○ joint research and projects ▪ Prepare a <i>Compact</i> to reflect the ongoing international partnership ▪ Co-host 1 international CCI conferences

PROJECT GOVERNANCE & MANAGEMENT



Projects' Indicative Timeframe

Task	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Best Practice Standards																		
Project Groups																		
Information/Consultation																		
Prepare Draft Framework																		
Pilot Draft Framework																		
Finalise Framework																		
Integrate into Initiative																		
Knowledge Hub																		
Design Workshops																		
Conduct workshops																		
Design & Create Platform																		
Test Platform																		
Integrate into Initiative																		
Measuring Impact of CCI																		
Steering Committee																		
Pilot Existing Tools																		
Data Analysis																		
Develop New Tool (f required)																		
Integrate into Initiative																		
International Alliances																		
Establish plan A or B																		
Determine nature of Alliance																		
Develop/Execute Action Plan																		
Prepare supporting Document																		
Integrate into Initiative																		
Launch the Alliance																		

CCI Projects – Income

	Total Budget (\$)	AHRTCs' Contribution (\$)	State Governments (\$)	MRFF (\$)	Corporate Philanthropic (\$)
Stream					
1. Best Practice Standards	174,200	170,200			
2. Knowledge Hub	223,000	150,000			
3. Measuring Impact	277,000	110,000			
4. International Alliances	50,000	40,000			
Total	\$724,200	370,200			

** AHRTC's and CIRH's contribution to be finalised

Projects' Intersects and Overlaps

Same colour highlight = link, intersect or duplication

<p>PROJECT 1 BEST PRACTICE FRAMEWORK</p> <p>Policies Standards Guidelines Tools Resources Measuring/Evaluating Reporting</p> <p>Evaluating the efficacy of tools and resources</p>	<p>Collate & Review existing Policies, Standards Guidelines</p> <p>Collate and review existing resources</p> <p>Collate and review evaluation tools</p> <p>Pilot the Framework at 10 CCI active sites</p>
<p>PROJECT 2 KNOWLEDGE HUB</p> <p>Platform co-designed and costed Hub governance and management plan Implementation Plan Budgets for establishment and ongoing operations</p>	<p>Literature review</p> <p>Workshop sector needs, expectations & ideas for Hub</p> <p>Info about CCI Best Practice (duplicates Project 1)</p> <p>Create platform</p> <p>Evaluate impact of Hub</p>
<p>PROJECT 3 MEASURING IMPACT OF CCI</p> <p>Tool for measuring Impact of CCI</p> <p>(Need to clarify the scope and focus of this project)</p>	<p>Collate and Review Existing Impact Tools</p> <p>Pilot tools in 80 settings</p>
<p>PROJECT 4 INTERNATIONAL CCI ALLIANCE</p> <p>Compact or similar between countries</p> <p>A formalised International CCI Alliance between Peak Bodies</p>	<p>Plan A</p> <p>Inter-country CCI Compact or Alliance (Gov't to Gov't) + AHRA & CHF</p> <p>Federal Department will play major role</p> <p>Plan B</p> <p>Ascertain and review all current relationships</p> <p>Co-design a and implement a strategy for establishing an International CCI Alliance</p>

