Australian Government
National Health and Medical Research Council

NHMRC

NHMRC accredited Advanced Health Research and Translation Centre

Brisbane Diamantina Health Partners NHMRC Progress Report

June 2019

brisbane diamantina health partners

Question 1: Better Care

What health services (e.g., procedures, preventative measures, treatments or devices) has the Centre developed, tested, implemented and scaled-up, or eliminated, to deliver better care for patients?

Please explain: your strategy to address this issue and progress to date

From its inception, BDHP has articulated a tripartite purpose of (1) patient care, (2) research and (3) education to deliver health system improvements, better patient outcomes and cost efficiencies for the health system. The BDHP focus on health service outcomes that align with the BDHP partners, Queensland Health and MRFF objectives is reflected in the fact that all internal competitive grant applications are demonstrate this alignment. In 2016 BDHP called for EOIs to establish and support nine Clinical Themes, with modest funding. This support focused on improving health services by bringing together a diverse range of health professions to share ideas and identify projects with the potential to progress and expand in reach FOR maximal impact.

Each Clinical Theme has operated and achieved in different ways. The Brain and Mental Health and Cancer Themes leveraged additional funding and provided specific seed grants. The Maternal and Child Health Theme focused on two existing projects with potential for scaling-up to state-wide participation, including better care for vulnerable populations.

In late 2016, BDHP awarded six Special Interest Grants (SIG), following a competitive process which aimed to foster and increase collaboration among clinicians and researchers. Some of the initial projects have since progressed attracting BDHP MRFF RART 2.1 and 2.2 funding.

Special Interest Grants (SIG):

A survey of 10,000 Queensland families (Queensland Family Cohort study) will be piloted in 2019 and expanded in 2020. The study investigates how parental health and environmental exposures during pregnancy may impact early stages of life and onset of adult diseases. BDHP awarded the $20K SIG in 2017 and subsequently the program has attracted an additional $600K cash and $2m in-kind funding from other sources including industry. Recently this team has gained support to develop a proposal for $41M in funding to run parallel studies in other states.

Theme Programs:

The Trauma, Critical Care and Recovery Theme, including senior clinician representatives from across health service partners, meet regularly to identify common problems experienced in hospital departments and to work together to develop research projects focused on improving health services. This collaboration has led to projects that informed State-based safety campaigns for cyclists and power tools; supported broader, funded collaboration for research into quad bike safety; promoted collaborative research initiatives into an improved ICU monitoring device; optimised older patient care after falls; and to the development of a university under-graduate/ambulance service research program.

What measures/metrics (a maximum of five) you will use to determine if you have succeeded

Ref:	Metric/Measure Description	Progress Report Reference
a.	Number of completed projects	All Sections
b.	Demonstrated progress of projects along pathway to impact	All Sections
c.	Number of health service partners that have adopted and implemented (specific) evidence-based care	Better care
d.	Number of processes, procedures, treatments or devices streamlined or eliminated	Better care
e.	Number of partners that have implemented the (specific) process, procedure, treatment	Better care

Where you are on the impact pathway: *Better Care – Challenges – Activities - Outputs*

Case Study

Using Technology to Deliver Better Health Care

What is the problem?

Queensland has the highest rates of melanoma in the world and is the most common cancer in young people aged 15 to 44 years. Most melanomas are discovered through self- or partner examination. Due to the vast distances covered by Queensland Health there are challenges to providing health services for rural and remote populations including many who are vulnerable and disadvantaged.

Telehealth offers opportunities to enhance the provision of specialist services, increase the options for professional development and support the implementation of new procedures, processes and treatments. BDHP researchers have significant prior experience via CRC Telehealth, previously supporting aged care, orthopaedic care and more recently skin care.

The Centre of Research Excellence (CRE) in Telehealth, led by one BDHP partner, has inspired and supported dramatic growth in telehealth use over the past five years, and more than 20 specialties now host regular telehealth clinics.

Inputs and Activities

Telehealth involves real-time interactions by telephone or video-conference, or using online systems for data exchange, remote monitoring, patient consultations, text, email or case review. Clinicians and researchers continue to work to explore novel ways to increase telehealth accessibility to a wider population, focusing on small rural and indigenous communities, aged care and individuals in home care. Furthermore, the investment by Queensland Health into developing Australia's largest integrated Electronic Medical Record (iEMR) system builds capability for clinicians and researchers to leverage and access patient information to enable better care for patients, including for telehealth services.

BDHP's Skin and Skin Cancer Theme has conducted a randomised controlled trial using Telehealth by adding the use of mobile teledermoscopy during self-skin examinations with the aim of increasing the accuracy of melanoma identification. The trial has also implemented personalised theory-based text messages to improve skin cancer prevention behaviours in young adults. This collaborative study included a clinical dermatologist, health psychologist, behavioural scientist, statistician and policy advocate. Involvement of focus groups assisted in the development of the text messages. The study is still underway.

These skin cancer clinician researchers within BDHP are working collaboratively to integrate a 3D Teledermatology Network into Metro South Health iEMR for targeted early detection of melanoma.

Outputs and Outcomes

Telehealth research has demonstrated that many healthcare measures can be safely delivered remotely, and often at reduced cost.

The Skin and Skin Cancer Theme found that:

- consumers held positive views on using mobile teledermoscopy to send images of skin lesions to dermatologists
- most health practitioners are receptive to mobile teledermoscopy in their practice, but less supportive for direct-to-consumer teledermoscopy.

Impact

People living with disability or living in remote locations or who are unable to travel now have greater access to specialist services. Telehealth is revolutionising healthcare around the world, including Queensland. As well as the benefits to patients, it also provides an opportunity for staff at aged care, correctional and community health facilities, GP clinics and rural hospitals to gain new skills improving diagnostic capability and treatment implementation.

Question 2: Platforms and Systems

What platforms or systems has the Centre developed to support improved health services?

Since 2014 BDHP has supported three Enabling Working Groups aligned to BDHP's Strategic Plan 2015-2020.

Data Information Sharing Working Group

Researchers and health professionals across BDHP have been working with Queensland Health since 2014 on its integrated Electronic Medical Record (iEMR) and other digital systems within the health services. Clinical academics and policy makers represented BDHP on the Australia Health Research Alliance (AHRA) National Systems Level Initiatives (NSLI) Data Driven Healthcare, ensuring productive interdisciplinary participation. The Working Group, plans to maintain its alignment with Queensland Health eHealth strategies, with AHRA NSLI and link national activities.

Biobanking Working Group (Research Facilitation)

The group has developed and implemented a BDHP Biobanking Governance Framework. Queensland Health provided financial support to manage and coordinate the working group and has facilitated the undertaking of a biobank survey across BDHP Partners and the production of a preliminary report to the BDHP Board on models to streamline biobanking.

Human Ethics and Governance Working Group (Streamlined Research Governance)

BDHP brought together clinician research and research ethics and governance staff from across BDHP Partners to identify key barriers to success. Delays in contractual management were identified as highest priority. The Research Passport Agreement was designed to streamline contractual processes for researchers and facilitate timely commencement of collaborative research projects across BDHP.

What measures/metrics (a maximum of five) you will use to determine if you have succeeded

Ref:	Metric/Measure Description	Progress Report Reference
a.	Number of AHRTC/CIRHs that have adopted agreed AHRA frameworks	Platforms and systems
b.	Number of the partners across AHRTC/CIRH that have adopted new frameworks	Platforms and systems

Where you are on the impact pathway: *Platforms & Systems - Activities – Outputs - Outcomes*

Case Study

Working together to streamline research

What is the problem?

We research in a complex environment that includes universities, medical research institutes and health services and a myriad of stakeholders across multiple sites. In this environment, and, as research becomes more collaborative, we face compounding challenges in research translation.

There is often a significant time lag between research findings and changes to clinical practice, education and policy. Delaying the translation of research has negative impacts, including:

- A lack of access to vital therapies for patients
- Delayed access to important health data for researchers, practitioners and policymakers
- Delayed regulatory approvals and resources to deliver change.

Inputs and Activities

Since 2014, BDHP has brought together senior academics, clinicians and managers to identify and prioritise the roadblocks to successful research translation. Between 2014-2016, we held workshops and open forums, where these stakeholders identified the following priority areas for improvement.

1. Alignment between the governance and operations of BDHP partner biobanks
2. Access and the sharing of clinical data
3. How to streamline research governance regulatory processes.

In late 2016, BDHP established two working groups to develop solutions in these areas.

Outputs and Outcomes

The ***Biobanking Working Group*** is a joint initiative of BDHP and Queensland Health. The Group brought together senior leaders from universities, medical research institutes, health services and biobanks. They proposed the coordination, collaboration and harmonisation of BDHP biobanks to create greater value from existing and future collections. The Group surveyed BDHP biobanking facilities and services and reported their findings to the BDHP Board. Their report reviewed national and international issues for biobanking. It characterised the types of biobanks and proposed potential models for collaborative approaches to biobanking. The Board agreed to adopt a set of common principles for biobanks and a governance framework. See our website.

The ***Human Research Ethics and Governance Working Group*** brought together clinician researchers and research ethics and governance staff. The Group identified that one barrier to research across multiple sites is the different governance approval processes for organisations. Legal representatives from BDHP organisations designed an innovative research agreement. It has a single operating schedule, pre-agreed legal terms and schedule items, so BDHP researchers can use one agreement.

In 2017, BDHP launched the Research Passport Agreement. It streamlines the contractual processes for BDHP researchers and means research projects can start on time. In 2018, BDHP evaluated the Agreement. In its first year, researchers had used it over 280 times. Most users said it was easy to use, worked well and reduced the time required for collaborative endorsements. Our review also highlighted the need for further promotion, education and training in how to use the Agreement. See our website.

Impact

Through these activities, BDHP is strengthening collaboration and supporting new working relationships and practices to improve research translation. In the future, our focus is to refine the Research Passport Agreement, so that it is more widely adopted. We will also provide more information regarding use of the Research Passport and continue our education and training forums.

Question 3: Meeting Catchment Needs

How is the Centre meeting the needs of its population, including vulnerable groups?

Please explain: your strategy to address this issue and progress to date

BDHP through its participation in the ARHA NSLI Indigenous Research Capacity initiative provided the opportunity to review how it will improve its engagement with the 4.6% of the population served by BDHP who identify as Aboriginal and Torres Strait Islanders including those vulnerable communities involved in the outreach activities of BDHP.

First 1000 Days – the BDHP Maternal and Newborn Theme leads the expansion of the Queensland Family Cohort Study. This study, in addition to providing invaluable data about the health of parents and babies, will increase understanding of possible preventative interventions to reduce later onset of disease informing public health, state government health policies and health service planning.

Training Health Professionals to support the Ageing – Understanding the ageing-related learning experiences of health professionals has important policy, practice and research implications. Despite a demographic of increasing ageing, healthcare professionals' training is minimal in this domain. A project funded by the BDHP SIGs and supported by the Ageing Theme demonstrates that in Queensland, in general, the amount of time spent on older adults in terms of pedagogy and practical placements is quite low, even though such contact is generally mandatory (e.g. healthy ageing - median 2 hours, mental health conditions - median 3 hours). Even in content areas that were apparently seen as more specialised and were less likely to be mandatory within courses, time spent on these teaching areas is still quite low (e.g. cultural considerations - median = 1 hr; dementia - median 2 hours).

Mental Health – The Brain and Mental Health Theme brought together psychiatrists, researchers and neuroscientists. They identified research activities and partnerships across BDHP to increase awareness and build collaborations for improved health outcomes for mental health and patients with brain disorders. Ongoing meetings were organised through the Theme, often with the Queensland Mental Health Research Alliance and a symposium held in 2018, with a focus on bridging the gap between basic science and clinical partners; building links between researchers and clinicians. The Theme provided seed funding to support collaborations between scientists and clinicians across BDHP.

What measures/metrics (a maximum of five) you will use to determine if you have succeeded

Ref:	Metric/Measure Description	Progress Report Reference
a.	Number of completed projects	All Sections
b.	Demonstrated progress of projects along pathway to impact	All Sections
c.	Number of initiatives that engage Aboriginal and Torres Strait Islander community and consumers or other vulnerable groups to inform research priorities and translation activities	Meeting catchment needs
d.	Number of participants representing consumers/community at networking events, forums and workshops	Meeting catchment needs

Where you are on the impact pathway: *Catchment Needs – Outputs – Outcomes - Impact*

Case Study

Reducing Harm in Older Patients

What is the problem?

Delirium affects up to 30% of older persons admitted to acute hospitals. It can result in a range of adverse outcomes including falls, infections, incontinence, longer hospital stays and often a permanent decline in cognitive function. Delirium is associated with higher mortality. Up to one third of cases can be prevented through a combination of careful assessment and discrete adjustments to the delivery of care.

About this project

Since delirium is so common, and often difficult to predict, prevention and management requires important changes to the whole program of care for all inpatients. This in turn requires a comprehensive approach to staff training and ward protocols that together minimise the risk of delirium and its consequences. Clinicians and researchers from BDHP's Ageing Theme have collaborated to devise a strategy that combines three unique interventions which will be implemented in a pilot program at Redcliffe Hospital. This strategy may assist with the implementation of the recently released Delirium Clinical Care Standards across the BDHP health service providers.

Actions taken

The BDHP Ageing Theme has devised a collaborative approach funded by BDHP following a competitive process, that integrates three BDHP innovations and capabilities:

- The interRAI Acute Care system, developed with Finnish software vendor RAIsoft, provides a concise yet robust admissions assessment of functional and psychosocial issues, including risk assessment for delirium and diagnostic screening for cognitive impairment. The system informs care planning, enables monitoring of progress across the hospital episode, and records outcomes in the form of quality indicators.
- The "Eat Walk Engage" program is a multi-faceted, multidisciplinary strategy to support the nutrition, hydration, early mobilisation, and meaningful cognitive engagement of older patients. It ensures ward procedures are in place to mitigate the risk of acquiring delirium and reduce the likelihood of other adverse events, for which frail older patients are particularly vulnerable. It has already been implemented in many wards in Brisbane.
- Dementia Training Australia provides staff education in delirium management, including training and support of "delirium champions".

Impacts and outcomes

The project will provide essential experience and knowledge in the implementation of multiple novel interventions, all aimed at preventing delirium and improving hospital care of vulnerable older people. This experience in a single ward will evolve into a set of protocols and guidelines to enable efficient rollout to other wards and facilities across BDHP and beyond.

The collaborative approach between family members, the patient and the interdisciplinary team, assisted production of goal-setting posters outlining patient-specific strategies such as walking to the window, attending a group morning tea, or sitting out of bed for each meal, which have also been instituted in several wards, considerably improving patient morale.

This approach is expected not only to improve clinical outcomes, but also to be cost neutral to the health services and possibly cost saving through reductions in adverse events and shorter length of hospital stay for older inpatients.

The BDHP Ageing Theme has brought together clinician researchers, who have been successfully working on individual projects, from across the partnership to observe, engage and participate with the plan to expand, scale up and roll out the outcomes of their shared project.

Question 4: End User Involvement

How are end-users, particularly consumers and clinicians, setting research directions or otherwise actively involved in closing the loop between clinical practice and research?

Please explain: your strategy to address this issue and progress to date

BDHP's consumer and community involvement plan aims to engage and involve local people with the BDHP Themes and projects. BDHP recognises that consumer and community feedback is critical to ensuring our research programs are meeting the needs of Queenslanders. BDHP are working to facilitate ongoing conversations between consumers and health professionals to ensure all voices are heard and that lived experience is considered including from the early planning stages of health research through to service delivery of project outcomes. The BDHP Consumer Advisory Group, comprising Consumer Engagement Managers from all partners is being established to share information consumer engagement activities that occur across BDHP. Their mandate for strong advocacy, will target all BDHP researchers to ensure consumer involvement in research projects including planning, delivery and implementation. The key outcomes will be for increased research participation, improved health literacy, and a shared approach to changing practice.

BDHP 2016 Special Interest Grant - Chronic Liver Disease Research Network

This grant developed stronger relationships between clinicians and researchers across the BDHP partners to improve health outcomes of patients with chronic liver disease. From 2016 – 2018, the Network held meetings and workshops to showcase activities and to identify new collaborative opportunities. It fostered strong community engagement with GPs and community groups, including the Ethnic Communities Council of Queensland. This led to the development of a patient resource for Hepatitis B and several presentations at community seminars. The network also presented workshops at the GP Conference and Exhibition meeting (Queensland's leading educational conference) and hosted events for GPs and primary healthcare professionals.

Interface between Primary Care and Hospitals

BDHP agreed as part of the AHRA NSLI – Health Systems Improvement and Sustainability initiative, to leverage its expertise in knowledge translation research, to identify activities occurring at the interface between hospital and primary care. In 2018, a literature review was undertaken and a survey developed and piloted across two BDHP Health Service partners. The identified programs were diverse, mostly for patients with chronic diseases and supported improved access and equity to healthcare. The majority had consumer involvement and many targeted Aboriginal and Torres Strait Islander peoples, Maori and Pacific Islander people, non-English speaking people, older adults, children, infants and pregnant women.

What measures/metrics (a maximum of five) you will use to determine if you have succeeded

Ref:	Metric/Measure Description	Progress Report Reference
a.	Number of completed projects	All Sections
b.	Demonstrated progress of projects along pathway to impact	All Sections
c.	Number of research priorities identified by end-users (differentiate between consumers and health professionals) compared with all Centre projects	End user involvement
d.	Number of end-users involved in design of implementation strategies	End user involvement

Where you are on the impact pathway: *End User – Activities – Outputs - Outcomes*

Case Study

Redesigning Diabetes Care Using Technology

Challenge

Approximately 1.2 million Australians have diabetes (2014-2015) which is often associated with multiple complications. Diabetic patient care is predominantly addressed by GPs and other primary and allied health professionals, through collaborative care arrangements. However, over half of diabetic patients do not achieve recommended diabetes management targets, and there are even poorer outcomes in disadvantaged communities, indicating the urgent need for alternative care strategies.

In Australia, diabetes care is fragmented, with contributions from outpatient clinics, GPs, specialists, nurses and allied health professionals, contributing to duplication, resource wastage and patient dissatisfaction.

New digital technologies offer an opportunity to transform diabetes care. However, this requires the integration of several streams of technology and a system-wide strategy to deliver a 25% reduction in visits to outpatient clinics – an ambitious and cost-effective goal.

Program Inputs & Activities

BDHP researchers used cutting edge technology developed within BDHP, to produce a Mobile Diabetes Management System (MDMS). The System has a patient front-end capability that was co-designed with patients and their clinicians, enabling patients to upload and view monitoring data with auto-generated text advice to help with glycaemic management. A portal for specialist centre clinicians to monitor and manage patients' care is integrated into the MDMS.

The MDMS was tested at a large hospital outpatient clinic. Patient acceptance was high. Development of the new system will continue to have input from people living with diabetes, primary care health professionals, endocrinologists, diabetes educators, allied health professionals, health service managers and IT professionals. These facilitators will participate in workshops and in simulation exercises for concept design, to further refine the prototype prior to finalisation of the MDMS.

The next step will be to integrate the MDMS into the primary care environment.

Impacts and outcomes

The outcome of this project will be a truly user-centred shared care model and a system ready for large-scale implementation both in hospitals and with GPs. The key aim is to improve patient self-management and glycaemic control with a shift away from expensive services allowing patients to receive the care they need closer to home. By using this technology, patients will be able to attend virtual consultations in place of traditional specialist clinics, with clear benefits for both patients and clinicians. The project will provide an interface for GPs to better manage patients, reducing the need and the inherent delay and costs involved in arranging specialist visits. Concurrently, GPs will also have access to specialist services to co-manage more complex cases by way of virtual consultations, including with for example, the patient's endocrinologist.

Question 5: Workforce

How is the Centre building workforce capacity and capabilities in research and translation to ensure health professionals have access to evidence-based education and training and are contributing to health research?

Please explain: your strategy to address this issue and progress to date

Since 2016, BDHP has encouraged the development of workforce capacity and capability through their investment in SIGs and support of Clinical Themes. The recently finalised 2019 – 2025 Strategic Plan will continue to support capacity and capability building to stimulate effective research translation. This is identified in the BDHP goal for Health System Improvement which has a specific objective of "*improving the capacity and capability of the clinical research workforce to enable multidisciplinary effort and translation*".

BDHP Themes Crossing Over

Through the Evidence and Innovation in Clinical Care theme Australian Centre for Health Services Innovation at QUT have implemented training courses at Metro North Health with 60 health staff undertaking a Certificate in Health Services Innovation. The program focuses on enabling health professionals to further their implementation science knowledge. The program will be rolled out to other health service partners across BDHP in 2019.

Improved Access to Training using the Web

In 2016, BDHP provided a SIG grant to develop, produce and roll out a web-based nutrition and dietetics educational initiative.

The funding facilitated collaboration between 10 hospital dietetic departments and more than 130 allied health professionals across Metro North, Metro South and the Mater Health Services and led to the development of a research translation training package comprising four webinars and supporting case studies which were directly pitched at the workforce in clinical dietetic departments. Through this package health staff gained exposure to research translation scientific methodologies and acquired skills to develop cross site networks to support more evidence-based practice.

Using evidence-based outcomes to Improve education programs about the elderly

The importance of providing learning opportunities for health professionals working in aged care is under-acknowledged with important research, policy and practice implications. Despite our ageing population, there are few opportunities for healthcare professionals to train in this area. A project funded by the BDHP SIGs and progressed through the Ageing Theme, demonstrated that in Queensland, the amount of time a trainee health professional spends with older adults is relatively low, even though it is mandated as 2 hours. This deficit is also seen with more specialised units that are less likely to be mandatory within courses. For example, the median time spent in training in cultural considerations is only 1 hour and in dementia is 2 hours.

What measures/metrics (a maximum of five) you will use to determine if you have succeeded

Ref:	Metric/Measure Description	Progress Report Reference
a.	Number of completed projects	All Sections
b.	Demonstrated progress of projects along pathway to impact	All Sections
c.	Number and reach of collaborative networks across the partnership and beyond the partnership that bring together academic, health service and education providers	Workforce Development
d.	Number of health professionals (including managers) with research & research translation competencies and capabilities in centre partners	Workforce Development
e.	Number of health professionals (including managers) involved in research (co-design, undertaking, leading)	Workforce Development
f.	Number of mentorship initiatives/activities	Workforce Development

Where you are on the impact pathway: *Refer to the BDHP Pathway to Impact Table 1*

Question 6: Partner Contribution

How are the partners of BDHP contributing to the Centre's operation?

The BDHP partners contribute to Centre operation in numerous ways including:

- Significant financial and in-kind support to BDHP and it programs as evidenced by:
    - the contribution of leveraged funds to the total budget for the proposed 2019 BDHP MRFF RART activity program that will be delivered and implemented through our hospital and health services
    - the contribution of co-funding by two of the Hospital and Health Services for one of the MRFF Transformative Translational Research project proposals to develop research capability for data extraction from electronic medical records and
    - the provision of substantial in-kind support for all activities
- The University of Queensland as the administering institution for the BDHP RART Program, provides research management infrastructure support and financial accountability
- Metro South Health in the provision of additional administrative support; provision of expertise in education, training, HR resources, procurement, meeting facilities and legal matters.

The BDHP Board has recently appointed Sue Scheinpflug as the new Board Chair. Sue was previously the CEO of Brisbane South Primary Health Care Network. Dr Susan Hawes, BDHP's Senior Operations Manager is currently the Acting General Manager for BDHP. A recruitment process for an Executive Director for BDHP is underway.

The new BDHP Strategic Plan 2019 – 2025 supports an increased focus in the rate of research translation in practice and policy and increased Board participation in activities for BDHP and AHRA including oversight of BDHP activities, grant reviews, project briefings and delivery of education and training. An operational plan is under development and will incorporate newly created NHMRC reporting measures.

Question 7: Clinical Trials

Has your Centre improved processes (e.g. strategically planning ethics and/or governance submission; streamlined contracts; more efficient roll out to other health services; consumer education) so that your patients can access clinical trials more easily and/or sooner?

Research Passport Agreement: The research governance and legal officers from the partners worked collaboratively to adapt the Multi Institutional Agreement used by universities to produce the BDHP Research Passport and umbrella agreement. The Agreement was released in 2017 and evaluated in 2018 through a survey. The Agreement will be refined, based on the feedback to facilitate human research start up times across BDHP. The Agreement is a template in building shared processes for research governance agreements across BDHP organisation.

State-wide collaboration: The close working relationship between BDHP and Queensland Health's Health Innovation, Investment and Research Office in collaboration with other Queensland based clinical trial facilities continues to build awareness of capability, develop business attraction plans and operational excellence projects. Representatives from BDHP have been involved in implementing a new electronic system for ethics and governance approvals and attraction of clinical trials.

Shared Infrastructure: Earlier collaboration by some BDHP partners, prior to NHMRC accreditation as an AHRTC, facilitated the establishment of the Translational Research Institute (TRI), a unique shared collaborative infrastructure that includes the purpose built CRF located at Princess Alexandra Hospital. Through these mechanisms BDHP is able to build on the goodwill of the partners to bring people together and to work to remove barriers enabling timely delivery of services that support the conduct of clinical trials.