MSH INNOVATE GRANTS 2026

2026 grant recipients

Dr Urska Arnautovska

Translation of a digital metabolic health-focused intervention for people with schizophrenia into real-word healthcare services: Implementation of SMART

SMART is a world-first theory-driven digital intervention targeting lifestyle behaviours critical to metabolic health that is tailored to people living with severe mental illness.

SMART aims to improve metabolic health through provision of SMS-facilitated personalised behaviour change techniques and psychoeducation. Text messages target lifestyle behaviours (i.e. nutrition, and exercise) critical for preventing and managing T2D.

The low-tech, SMS delivery was chosen by lived experience representatives to reduce cognitive demand, mobile data costs, increasing accessibility.

SMART was developed through a 2021 Metro South Health Research Support Scheme Early Career Researcher Grant and pilot-testing was completed in 2023, with results presented at conferences and three peer-reviewed publications. This project will implement SMART within routine care across four MSH sites, including community-based rehabilitation and outpatient mental health settings.

Jacqueline Cotugno

Recovery In-Reach: Redesigning rehabilitation services across the continuum of care for timely, connected care

Logan Hospital Rehabilitation Activity with Care at Home (ReACH) and sub- acute rehabilitation services will undergo a comprehensive service redesign to implement a locally tailored, multidisciplinary 'In-Reach' rehabilitation model integrated with responsive community services. In-Reach is a multidisciplinary rehabilitation approach, comprising medical and allied health that operates within acute care to provide timely, intensive restorative therapy comparable to traditional post-acute settings. It uses a shared-care model with acute teams, enabling early intervention and reducing functional decline.

This model strengthens restorative care in the acute setting, supports seamless transitions, and ensures patients receive the right care in the right place at the right time. Successful models are already established at Princess Alexandra Hospital (PAH) and Gold Coast University Hospitals (GCUH).

Preliminary evaluation at PAH showed 1,434 bed days saved and a net gain of over $3 million in 12 months through avoided sub-acute admissions and reduced length of stay. GCUH reported a 24.8% reduction in inpatient rehabilitation admission requirements. This project addresses a clear evidence, practice gap by redesigning rehabilitation access and pathways to better align with best practice principles.

By strengthening rehabilitation services and integration across the continuum of care, standardising referral and care processes, the project will support earlier rehabilitation, improve functional outcomes, optimise patient flow and enable care closer to home.

Prof Amanda Henderson

Not a senile trouble-maker: An effectiveness-implementation hybrid-III study of a multidisciplinary behaviour support plan (BSP) protocol to assist point-of-care management of behaviour in patients with dementia and delirium

Aggression in healthcare settings often involves patients with delirium and/or dementia, a patient cohort with high vulnerability to developing challenging behavioural symptoms of distress and agitation, changing the focus of care to risk mitigation and safety.

In the absence of a well-established evidence-base, hospital management of aggression in older adults has relied upon restrictive practices and sedation, contributing to poor patient outcomes. The BSP protocol is an innovative ward-based intervention for person-centred management of agitated behaviours, developed and pilot tested Dr Frederick Graham, Clinical Nurse Consultant (dementia & delirium) at PAH that will be scaled out to acute care settings across MSH.

High quality BSP formulations improve patient safety, reduce behavioural escalation, build workforce capability in caring for cognitively impaired inpatients, and reduce occupational violence.

Dr Shanthi Kannan

REMODeL-Network: Translating Digital Diabetes Care to Advance the Quintuple Aim Across Metro South Health

This project builds on the REMODeL program—an established, co-designed digital model of diabetes care developed through successive Metro South Health Research Support Scheme grants. REMODeL projects have produced a robust local evidence base showing that technology-enabled, nurse-led diabetes management improves outcomes, engagement, and efficiency.

These data directly informed the Queensland Weighted Activity Unit (QWAU) framework, which now recognises remote patient monitoring (RPM) as fundable clinical activity. The project will change how diabetes care is delivered across Metro South Health by providing RPM using Bluetooth glucose meters and mobile apps, enabling patients who face transport, cost, or mobility challenges to receive continuous support without attending hospital-based clinics.

Instead of relying mainly on scheduled clinic visits or crisis presentations, clinicians will be able to identify emerging problems earlier and act sooner using remote monitoring. model of care has been designed around existing funding mechanisms, workforce roles, and digital infrastructure within Metro South Health, enabling transition to routine service delivery beyond the project period without reliance on ongoing project funding.