

2017/2018 Summer Studentship Project Application Form

Send to: Research Office, University of Otago Christchurch, PO Box 4345, Christchurch, by 5pm on 3 July 2017

Supervisor Information (First named supervisor will be the contact):

First Supervisor's Name and Title: **Professor Les Toop**

Department - UOC &/or CDHB (if applicable): **General Practice**

First Supervisor's Phone: **03 381 0551**

First Supervisor's Email: **les.toop@otago.ac.nz**

First Supervisor's Mailing Address: **PO Box 741, Christchurch 8140**

Co-Supervisor's Name and Title(s): **Deborah Callahan, Integrated Services Programme Manager,
deborah@ccn.health.nz**

Research Category (Choose one category only – to be used for judging the students' presentations):

Clinical

Laboratory

Community ✓

Project Title (20 words MAXIMUM):

Understanding the ASH Rates for Pacific Children in Canterbury

Project Description:

Introduction:

An analysis of the ambulatory sensitive hospitalisation (ASH) rate per 1,000 children (aged 29 days to 4 years) undertaken as part of the System Level Measures identified the Pacific population have a substantially higher rate than the total and Maori populations in Canterbury. ASH admissions are mostly acute admissions, but also include dental admissions requiring general anaesthetic, that are considered potentially reducible through prophylactic or therapeutic interventions deliverable in a primary care setting. An example of particular relevance to Pacific children is admissions for cellulitis and skin infections.

Aims:

- Identify where and how Pacific children are accessing care prior to a preventable hospitalisation.
- Determine the housing status, family demographics and other determinants of health that impact on ASH hospitalisations.

Possible impact (in lay terms):

Better understanding of what has occurred in primary care leading up to a hospitalisation will inform clinical pathways and education. Identification of areas of community and family support that will impact on Pacific children's health status will have a bearing on health services planning.

Method:

We will review past research and engage with appropriate community providers. By reviewing hospital data and general practice patient notes, we hope to discover what took place before hospitalisation. Where and how are patients accessing care? What were the contributing factors to the admission?

Student Prerequisites (eg. Medical Student) if applicable:

Preferably a medical student

Administration Details

1. Is ethical approval required? Yes ~~/No~~

If Yes: please circle or tick one of the following:

a) ~~Applied for (provide application #)~~

b) ~~Approved (attach a copy of the letter of approval from the ethics committee or application #)~~

c) To be done ✓

2. Are you able to provide the funding for this project (ie. \$5,000 for the student, incidental expenses should be met from departmental or research funds) Yes ~~/No~~

If Yes: Please provide name of the funder: Pegasus Health

If No: Please provide ideas of possible funding sources, including past funding agents and topics often associated with this research area, for the Research Office to contact.

If Yes: You will be sent a request for more information.

3. Medical Records or Decision Support accessed Yes ~~/No~~

4. Health Connect South or other DHB records Yes ~~/No~~

5. Signatures:

- I have read the 2017/2018 Summer Studentship programme handbook.
- I am prepared to supervise the project and will be available to the student during the studentship (including Christmas/New Year break if the student is working during this time).
- I agree to assume responsibility for the submission **of the student's reports to the Research Office** by the due date 29 January 2018.
- I agree that the project lay report may be available to local media for publicity purposes.

Signature of Project Supervisor(s):  Prof Les Toop

Date:
30/6/17

- I understand that I am responsible for hosting the Summer Student chosen for this project and will meet any costs incurred. I agree that incidental expenses will be met from departmental or research funds.

Signature of Head of Department:

(Print Name)  Prof Les Toop

Date:
30/6/17

Signature of Clinical Director: (if applicable)
(Print Name)

Date: