SOCIETY FOR HEALTH ADMINISTRATION PROGRAMS IN EDUCATION INC

*Promoting Excellence in Health Service Management Education and Research*

ABN 74 793 022 315 Website: www.shape.org.au

# SHAPE INTERNATIONAL SYMPOSIUM 2026

Monday June 29th – Wednesday July 1st

La Trobe University City Campus, Level 2, Rooms 2.10 and 2.11, 360 Collins Street, Melbourne

***Energising health management practice, education and research***

**Hosted by the SHAPE Executive in Hybrid Mode at La Trobe University and City Campus via Zoom**

| Theme | Focus |
|---|---|
| One | Moving from the classroom to practice: what academics and practitioners can learn from each other |
| Two | Artificial intelligence in health: current thinking, debates and strategies for educators, researchers and practitioners |
| Three | Social care and its impact: the challenges aged care, NDIS and other social care developments present for educators, researchers and practitioners |
| Four | Innovations and new ideas: including commissioning health services for the community and the role of educators in building agility, capacity and sustainability |

| Monday June 29th | |
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| **Registration** | 8:45 |
| **Welcome and opening by Professor Zhanming Liang**<br>President, SHAPE<br>Associate Dean and Academic Group Head, College of Business, Law and Governance, James Cook University | 9:00 |
| **Chris Selby-Smith Oration**<br><br>**Working Together: Shaping the Next Era of Health Service Management Education**<br><br>The Chris Selby-Smith Oration brings together longstanding SHAPE leaders to reflect on the evolving landscape of health service management education. As healthcare systems rapidly transform, university programs face growing challenges in preparing graduates for complex, technology-enabled environments. This session highlights SHAPE's pivotal role in strengthening curricula, facilitating collaboration across programs, and connecting academics nationally and internationally to share innovation and best practice. The panel will explore emerging pressures on health service management education and discuss how SHAPE can continue to evolve, advocate, and deliver meaningful value to its community of educators, researchers, and institutions.<br><br>**SHAPE Leaders**<br>Professor Zhanming Liang, President, SHAPE<br>Associate Professor Fowie Ng, Vice-President, SHAPE<br>Associate Professor Kevin Forde, Treasurer, SHAPE<br>Ms Anne Smyth, member of SHAPE Management Committee | 9:30 – 10:30 |

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| **Morning Tea** | |
| **Mary Harris Student Bursary Award Presentation**<br>**Winner: Ms. Meenal Yasshna Nand, PhD candidate, Griffith University**<br>'Healthcare Workers' (HCWs) Role in Inclusive Disaster Risk Reduction (IDRR) for Individuals with Chronic Illnesses (ICIs) in Fiji Islands: A qualitative study'<br>***Meenal Yasshna Nand, Jamie Ranse, Masoud Mohammadnezhad, Febi Dwirahmadi***<br>**Facilitator:** Professor Zhanming Liang | 11:00 |
| **Concurrent Session 1**<br>**Chaired by** Associate Professor Heng (Jason) Jiang, La Trobe University<br>1. **Definitely not to be fully relied on, but useful all the same: Developing critical AI literacy through assessment redesign in postgraduate health management education**<br>***Ben Harris-Roxas, Anthony Sunjaya, Rachael Kearns, Kristy Nash, Katrina Blazek***<br>2. **Educating the future generation in a world of AI-how can we navigate this and still ensure the critical thinking skills of our future workforce**<br>***Sharon Campbell, Julie Newland***<br>3. **Shaping Careers before Graduation: Work-Integrated Learning and Competency Development in Health Service Management Undergraduates**<br>***Maria Agaliotis, Si, L., Perrone, L., Thomas, R., Peel, N., Maxwell, H., Tannous, C.*** | 11:30 |
| **Lunch and networking** | 12:45 |
| Country, State and Program reports: SHAPE members open discussion<br>Collaborative projects | 13:45 – 16:00 |
| **Tuesday June 30th** | |
| **Registration** | 8:30 |
| **Welcome and opening by Professor Monica Thielking**<br>Dean, School of Psychology and Public Health, La Trobe University | 9:00 |
| **Keynote presentation - Professor Stephen Duckett**<br>**Will funding based on outcomes remain a unicorn forever? A local example of commissioning reform.**<br>**Facilitator:** Ms. Paula Bowman, Queensland University of Technology<br>**Abstract**<br>Funding based on outcomes is one of the 'unicorns' in the health policy menagerie: much talked about but rarely seen. Barriers include absence of routine measurement of outcomes and the complexity of linking performance to payment. Eastern Melbourne Primary Health Network (EMPHN) in Australia is aiming to make outcome-oriented funding a reality.<br>This presentation will describe the transition underway from a standard 'block-funded' contract to a performance-based framework, including an outcomes component. What were the factors that allowed this shift? What were the barriers along the way? | 9:15 – 10:15 |
| **Morning Tea** | |

**Panel Discussion One**

Equipping Future Health Leaders to Navigate Social Care, Equity, and System Complexity

This panel examines how health leadership education must evolve to prepare graduates for an increasingly complex system where health, social care, equity, and community wellbeing are deeply interconnected. The discussion focuses on what future health managers need to understand about social care systems, how these capabilities can be embedded in curriculum and pedagogy, and what it takes to build a workforce able to lead across organisational, sectoral, and equity boundaries. Panelists will explore practical approaches to teaching systems thinking, integrated care, cultural and social determinants of health, and real world collaboration, highlighting how universities can better equip tomorrow's leaders to drive meaningful change in complex care environments.

10:30 – 12:30

**Facilitator:** Ms Anne Symth, James Cook University

**Panel members:**

1. Professor Helen Skouteris, Professor in Health & Social Care Improvement. Monash University.
2. Ms. Amanda Martin, Senior Commissioning Manager, Hunter New England and Central Coast Primary Health Network
3. Mr. Patrick Lawrence, CEO, First Step
4. Professor Nick Goodwin, National University of Singapore

**Lunch and poster presentation**

**Parallel Concurrent Session 2**

Five 15-minute presentations + 30 minute facilitated discussions

**Chaired by** Associate Professor Fowie NG

1. **Managing the AI Transition in Healthcare: A Scoping Review of Organisational Enablers, Barriers and Strategies**
   *Punchihewage Amaranayake, Zhanming Liang, Carmen Reaiche*
2. **Community detection and management of mild cognitive impairment: The role of AI**
   *George Liu, Yuan Lu, Chenxi Liu, Dan Wang*
3. **AI Based Personal Monitoring for Athletic Performance and Wellness**
   *Paryani Shyam, Mei Zhao, Rob Haley, Evan Kilby, Nate Litteras, Nestor Dyachok, Kavoosh Mohajeri, Waqas Ahmed*
4. **Human experience, machine insight: Validated AI-assisted policy analysis in the community service workforce**
   *Alice Wilkin*
5. **Enhancing Clinical Decision-Making with Multimodal Artificial Intelligence Insights: Lessons Learned from Atrial Fibrillation Prediction**
   *Zirui Xin, Wei Chen, Yongbo Shu, Wenzhao Xie, Haiyan He, Xi Chen, Luo Le, Aijing Luo*

13:30 – 15:00

**Parallel Concurrent Session 3**

Five 15-minute presentations + 30 minute facilitated discussions

**Chaired by** Dr Simon Cheung, Hong Kong Polytechnic University

1. **Exploring disparities and determinants of AOD-related service utilisation in Victoria: A population-based study**
   *Heng Jiang, Anteneh Kibret, Anne-Marie Laslett, Rowan Ogeil, Nicholas Morris*
2. **The Intersection of Social Care and Clinical Complexity: An Analysis of Multimorbidity and Medication Burden among Elderly in Odisha**
   *Dash Prashansa, Manas Ranjan Behera, Bhuputra Panda, Sonali Kar, Damodar Jena, Aurolipy Das*
3. **Using a Biopsychosocial Lens to Enhance Integrated Care: Lessons from Oral Health Behaviours in Pregnant Women**

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| *Minalli Vasandani*<br>4. **Differentiating between service, care and support**<br>*Moira Scerri*<br>5. **Challenges and opportunities of applying One Health in health systems: a systematic review**<br>*Md Shahidu Islaml, Nusrat Jahan, Daniel Teshome Gebeyehu* | |
| **Afternoon tea** | |
| **Parallel Concurrent Session 4**<br>Four 15-minute presentations + 30 minute facilitated discussions<br>**Chaired by** Professor Geoge Liu, La Trobe University<br>1. **Electronic Health Record Sharing System in Public and Private Hospitals: Risks and Opportunities**<br>*Simon Yueng, Jasmine Tsang*<br>2. **Innovating Health Service Management Strategies for Communication in Protracted Crises: Lessons from COVID-19 for Community-Focused Commissioning and Workforce Capacity**<br>*Babatunde Balogun, Anne Hogden, Maria Agaliotis, Nenagh Kemp, Lin Yang*<br>3. **A Value-Based Healthcare Initiative in Pharmacy: Translating Evidence-Based Strategies into Practice to Minimise Waste and Improve Patient Care**<br>*Viviane Khalil*<br>4. **Do Initial and In-Process Waiting Time Shape Subsequent Patient Visits: Evidence from Asynchronous Telemedicine**<br>*Xuezhu Li, Hui Zhang* | 15:30 – 17:00 |
| **Parallel Concurrent Session 5**<br>Four 15-minute presentations + 30 minute facilitated discussions<br>**Chaired by** Associate Professor Ledua Tamani, Fiji National University<br>1. **Building Agility and Capacity in Community-based Care: A Scoping Review of Virtual Care Models for Chronic Disease Management**<br>*Hackett Maathangi, Jialing Lin, Luke Taylor, Brett Gardiner, Golo Ahlenstiel, Claire Deakin*<br>2. **Health and Social Services Challenge: An Overview of Australia's Complex Systems.**<br>*Samantha Papavasiliou, Carmen Reaiche, Stephen Boyle*<br>3. **Assessing Lean Healthcare Maturity and Its Influencing Factors: A Cross-Sectional Survey of Hospitals in China**<br>*Ping Xia, Qi Zeng, Lixiang Zhai, Chaojie Liu*<br>4. **Fighting Your Demons with (KPop) Demon Hunters? A Netflix Wellness Prescription for Healthcare Managers Workforce**<br>*Kevin Yap, Megan Sun Woo Lee, Le Yee Ng, Shahedah Md Ali* | |
| **Symposium Dinner – 19:00 Onwards** | |

| Wednesday July 1st | |
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| **Welcome and morning tea** | 9:00 |
| **Panel discussion Two**<br>**Applying AI in Universities: What Works, What Doesn't, and What's Next**<br>This panel explores the practical realities of implementing artificial intelligence across university teaching, research, student support, and administrative operations. Drawing on real-world cases, the session examines where AI is delivering genuine value, where it is falling short, and why. Panelists will unpack lessons learned from early adoption, highlight challenges around capability, governance, and academic integrity, and consider what universities need to do to scale AI responsibly and sustainably. The discussion ultimately looks forward—toward the systems, skills, and safeguards required for the next phase of AI-enabled transformation in higher education.<br>**Facilitator:** Jalal Mohammed, University of Canterbury<br>**Panel members:**<br>1. Professor Mitch Parsell, Deputy Vice-Chancellor Education, James Cook University<br>2. Associate Professor Sarah Midford, Pro Vice-Chancellor Learning and Teaching (interim)<br>3. Professor Trish McCluskey, Director, Digital Learning, Deakin University | 9:30 - 11:30 |
| **Concurrent Session 6**<br>Five 15-minute presentations + 30 minute facilitated discussions<br>**Chaired by** Associate Professor Anne Hogden, University of New South Wales<br>1. **Leadership Competency as a Lever for Empowering Nursing Workforces**<br>*Zhanming Liang, Hui Zhang*<br>2. **Cross-border Healthcare: Analyzing the Phenomenon of Hong Kong Residents Seeking Care in the Greater Bay Area in Mainland China**<br>*Simon Cheung, Peter Yuen*<br>3. **Improving access to Specialist Palliative Care for people with Heart Failure: Does the Kansas City Cardiomyopathy Questionnaire Aid in decision making? A Quality Improvement Project using Participatory Action Research**<br>*Peter Allcroft, David Lim, Meera Agar, Carmine DePasquale, Christine Burdeniuk*<br>4. **AI Literacy and Usage Intention among Healthcare Professionals: The Mediating Roles of AI Anxiety and Attitude**<br>*Haiyan He, Meifang Zhou, Aijing Luo, Ping Xia, Wenzhao Xie, Zirui Xin, Rui Xu*<br>5. **Understanding Older Adults' Behaviour and Preferences in Gerontechnology Footwear**<br>*Ling Cheung* | 11:30 – 13:15 |
| **Lunch** | |
| **Parallel Postgraduate Student Session 1**<br>5 mins presentation and networking<br>**Chaired by** Dr Minalli Vasandani, Griffith University<br>1. **Comparative Study on Medical AI Applications and Strategic Exploration in the Healthcare Industry**<br>*Ho Yan Xinna Chan, Po Yi Angela Chan, Tian Tian Rilla Liu,*<br>2. **The Mediating Role of Life Satisfaction in the Relationship Between Perceived Stress and Self-Rated Health Among Chinese University Students**<br>*Zhiting Li, Ping Xia, Dongying Li, Ping Yang, Chaojie Liu*<br>3. **Total treatment interval and quality of life of women living with breast cancer in Ethiopia: the mediating role of financial toxicity** | 14:00 – 16:00 |

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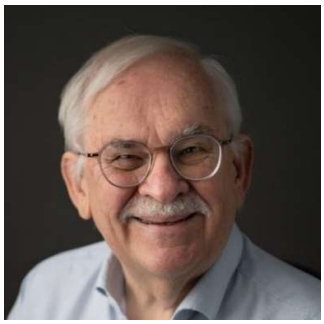
| *Anteneh Ayelign Kibret, Heng Jiang, Edom Seife Woldestsadik, Miliyard Demeke Tafese, Biniyam Tefera Deressa, Chaojie Liu*<br>4. **Analysis on the Current Status and Influencing Factors of Loneliness Among College Students in Foshan Universities**<br>*Mingxin Tan, Ping Xia, Chaojie Liu*<br>5. **The "Invisible" Workers: A Data Analysis of Job Characteristics, Perceived Organizational Justice, and Occupational Burnout among Administrative Personnel in Public Hospitals**<br>*Ping Yang, Dongying Li, Zhiting Li, Jiamin Wang, Mingxin Tan, Chaojie Liu, Ping Xia*<br>6. **Emotional experiences of Indian Young Adults to Sensitive Social Media Content: A Qualitative Analysis**<br>*Rekha Rashmi Samal, Imteyaz Ahmed, C. Vanlalhruaii, Kimi Ralti, Abhishek Sehrawat*<br>7. **The Impact of an AI Enabled Low Radiation 3D Imaging System on Hong Kong's Public Healthcare: Enhancing Safety, Surgical Precision, and System Efficiency**<br>*Ho Yee Kelly Fu, Hee Man Chen, Sheung Yan Choi*<br>8. **Association between time to treatment and financial toxicity among women with breast cancer in ethiopia: a multicentre study in a low-resource setting**<br>*Anteneh Ayelign Kibret, Heng Jiang, Edom Seife Woldetsadik, Miliyard Demeke Tafese, Biniyam Tefera Deressa, Chaojie Liu* | |
| **Parallel Postgraduate Student Session 2**<br>5 mins presentation and networking<br>**Chaired by TBC**<br>1. **Does video games has a good impact for Youngers?**<br>*Ching Oo Kwok, Jasmine Tsang*<br>2. **An Evaluation on the Implementation Process and Effectiveness of Hong Kong's Diabetes Management Policy Based on the RE-AIM Framework**<br>*Hao Yan Liu, Fowie Ng*<br>3. **A Case Study of Pets-Assisted Therapy for Children with Autism Spectrum Disorder (ASD) in Hong Kong**<br>*Qiao Zhou, Fowie Ng*<br>4. **Clinical and Digital Support System (CDSS) for Community-and Home-Based Care of Senior Adults: A Scoping Review**<br>*Xiao Jin Pan, Fowie Ng*<br>5. **From Offline to Online: Association between Offline Service Quality and Online Service Utilization in Asynchronous Telemedicine**<br>*Hui Zhang, Xuezhu Li*<br>6. **Digital Transformation for a Traditional Chinese Medicine Clinic**<br>*Chun Chung Wong*<br>7. **A systematic review of the cost-effectiveness of acupuncture in low back pain management**<br>*Heng Yin, Yongliang Jia, Sean Walsh, Lian Yang, Xiaoshu Zhu, Lei Si*<br>8. **Organizational, behavioral and technical determinants contributing to poor quality of routinely collected health data in Indonesia: a sequential mixed-methods study**<br>*Hartaty Sarma Sangkok, Matthew Kelly, Sally Hall Dykgraaf, Nyoman Sutarsa*<br>9. **Impact of AI Disruption on Resource Perceptions and Career Outcomes in Medical Practice: A Conservation of Resources Framework Across Career Stages**<br>*Rakiza Hussein, Ashlea Troth, Katrina Radford, Ellie Meissner* | |
| **Discussion and wrap up** | 16:00-16:30 |

## Keynote Speaker

### Professor Stephen Duckett



Dr Stephen Duckett started his academic career in what was then the School of Health Administration at the University of New South Wales, the country's sole provider of health services management at that time. He holds MHA, PhD, and DSc degrees from that University. Since those early days, he has held top health sector leadership positions in Australia and Canada and literally wrote the book on the Australian health care system (Oxford University Press, 6e, 2022). He has just been appointed as Commissioner of the Australian Tertiary Education Commission,.

## Panel Members

### Professor Helen Skouteris

Helen Skouteris is a Monash Warwick Alliance Professor in Health and Social Care Improvement and Implementation Science and the Head of the Health and Social Care Unit (HSCU) at Monash University and a Fellow of the Academy of Social Sciences in Australia. Trained as a developmental psychologist, she has focused for over 25 years on improving the health of those living with most disadvantages across the lifespan, with a particular focus on children and mothers' health and wellbeing. Professor Skouteris and her team at the HSCU are leading a world first program of research - Strengthening Implementation Practice and Research with Equity (SEMPRE):https://www.monash.edu/medicine/sphpm/health-and-social-care/research/sempre They are advancing theory, methodology, practice, early and mid career professional capacity and global collaborations, working with lived experience experts to co-develop SEMPRE - a multi-sectoral, transcultural program of research focused on equitable implementation science across health, social care and education.

### Professor Nicholas Goodwin

Prof. Nicholas Goodwin is an academic, implementation scientist and thought leader in the field of integrated care and population health. He has worked for the past 30 years in both the University and NGO sectors to provide support to the adoption of new models of care across more than 25 countries worldwide. In January 2016, Nick received the Avedis Donabedian International Award for contribution to Healthcare Excellence.
Nick was founder and first CEO of the International Foundation for Integrated Care (2011-19) and inaugural Director of the Central Coast Research Institute for Integrated Care, Australia (2019-2025). Since 2025, Nick acts as a Director of Policy at the Centre for Research in Health System Performance at the Yong Loo Lin School of Medicine, National University of Singapore. Nick is also a conjoint Professor, College of Health Medicine and Wellbeing, University of Newcastle, Australia and a conjoint Scholar, Central Coast Local Health District, NSW, Australia.

### Ms. Amanda Martin

Amanda Martin is the Senior Manager – Commissioning Strategy and Development at Hunter New England and Central Coast PHN and an Adjunct Senior Lecturer at James Cook University. A Registered Nurse with over 30 years of clinical, managerial, and strategic experience, she brings extensive expertise across primary and tertiary care, with a strong understanding of the Australian health system. Since joining the PHN in 2015, Amanda has been instrumental in advancing commissioning capabilities following national reforms. She leads end-to-end commissioning practices, with a focus on stakeholder collaboration, policy development, and system-level improvement.

A committed and effective people leader, Amanda is passionate about capability development and fostering innovation. In partnership with James Cook University, she was instrumental in designing and developing Commissioning Essentials, an industry-based training program delivered on behalf of the National PHN Network. This first-of-its-kind program in Australia provides a consistent, high-quality foundational level commissioning training program, aligned with nationally recognised competencies and with the premise of training "by PHNs for PHNs".

### Mr. Patrick Lawrance

Over many years in his 20s, Patrick transitioned from the performing arts (piano) to the for-purpose sector. He held a number of roles at First Step before moving for 10 years to the Asylum Seeker Resource Centre which culminated in his role as the Director of Humanitarian Services and stints as acting CEO.

Patrick returned to First Step as CEO in 2016. Patrick champions the cause of integrated care for people with co-occurring needs including substance use through practical application and research at First Step, and through advocacy across a number of sectors.

### Professor Mitch Parsell

As Deputy Vice-Chancellor (Education) at James Cook University, Mitch Parsell leads an Education Division responsible for services and support spanning aspiration, enrolment, student engagement, learning support, feedback, careers, library services, and quality and standards across the student lifecycle. His published work spans philosophy of mind, cognitive science, pedagogy, and AI in higher education, including research on the extended mind and a 2025 chapter proposing a human-AI co-generative framework for higher education. Across leadership and scholarship, he brings together educational quality, student success, and thoughtful engagement with the changing relationship between human learning and technological capability in contemporary universities and society.

### Associate Professor Sarah Midford

As Pro Vice-Chancellor, Learning and Teaching, at La Trobe University, Sarah leads strategic initiatives to enhance the quality of learning and teaching across the institution. Her role focuses on fostering innovative pedagogies, assuring learning, and supporting academic staff to deliver best practice education. Sarah has a strong interest in digital curriculum design and AI in Higher Education. Equity and access to Higher Education is central to her development of policies, frameworks, and educational strategies .Sarah actively leads the integration of artificial intelligence into the curriculum, introducing cutting-edge design strategies and new approaches to assessment. She also prioritises professional development, providing educators with the skills and confidence needed to effectively incorporate AI technologies into their teaching. By championing these initiatives, Sarah contributes to La Trobe being a leader in AI innovation while supporting academic staff to successfully navigate the rapidly changing digital learning environment.

## Chris Selby-Smith Oration

### Professor Zhanming Liang

Professor Liang is a leader in health management competency, digital health workforce development, and health systems leadership. She is Associate Dean and Academic Head (Governance, Management and Tourism) in the College of Business, Law and Governance at James Cook University. Her research has established foundational models and globally validated frameworks, including the Management Competency Assessment Program (MCAP) tool, with strong translational impact across diverse health systems. Professor Liang leads major workforce development initiatives, including the National Commissioning Training Program with the Australian Primary Health Networks, which integrates contemporary theory, empirical evidence, and practice-based learning. She brings a distinctive career spanning clinical practice, senior health management, and academia, enabling her to bridge research, policy, and practice. Her international leadership is reflected in long-standing multidisciplinary collaborations across multiple countries, editorial roles in leading journals, and her service as President of SHAPE.

### Associate Professor Kevin Forde

Kevin has taught healthcare finance and economics and comparative health systems at several Australian universities over the past 25 years, including the University of NSW, La Trobe University and the University of Technology in Sydney. He currently has an adjunct appointment at Griffith University.

His main research interests are the impact of private health insurance on equity and access in the healthcare system, financial management of medical practices, and the costs and benefits of accreditation for healthcare organisations.

In addition to his academic career, Kevin has been an analyst with a stockbroker, a fund manager with an insurance company, managing editor of Australian Practice Management – a monthly magazine for doctors about the business side of running a medical practice, and editor of the Company Director, the official magazine of the Australian Institute of Company Directors.

Kevin co-authored Microeconomics: An Introduction for Australian Students and has co-authored five books on investing.

### Associate Professor Fowie NG

Dr. Ng is currently Associate Professor at the School of Management and Programme Leader of the Bachelor of Health Information and Services Management (Honours) of Tung Wah College in Hong Kong.

He received his PhD in Health Policy and Management from the University of Hull in UK. His research interests are vast, encompassing areas in health services management, digital health, and the integration of technology in healthcare education. Dr. Ng has contributed significantly to various professional organizations. His publications are widely recognized, and he has received numerous accolades for his contributions to the field. He holds honorary positions including the President of the Greater Bay Area Health Information Management Association (GBA HIMA), the Deputy Chair of the Society for Health Administration Programs in Education (SHAPE), and the Vice President of the Hong Kong College of Health Service Executives (HKCHSE).

### Ms Anne Smyth

Anne is a life member of SHAPE, has been an active member for many years and contributes to the work of the management committee including Symposium planning and leadership support. She is an experienced and skilled organisational consultant who works in the community, not for profit, health and government sectors as a consultant, facilitator, educator, coach, evaluator and researcher. Her work is focused on contributing to the public good. Anne has held teaching and program management roles as a Senior Lecturer at RMIT University and she continues to teach and engage in education and research. She works collaboratively with organisations to address their needs and apply good ideas to practice.

Anne brings to her work a deep understanding of the theory and practice of health services management, organisational design, change and transition, strategic thinking and planning, governance, management and leadership development and evaluation.

Mary Harris Student Bursary

## 4. 'Healthcare Workers' (HCWs) Role in Inclusive Disaster Risk Reduction (IDRR) for Individuals with Chronic Illnesses (ICIs) in Fiji Islands: A qualitative study

**Presenting Author:**
**Meenal Yaashna Nand,** Griffith University

**Co-Authors:**
**Jamie Ranse,** Griffith University
**Masoud Mohammadnezhad,** Birmingham City University
**Febi Diwirahmadi,** Griffith University

**Background**

The Fiji Islands frequently experience climate-induced disasters that disrupt health services, placing individuals with chronic illnesses (ICIs) at greater risk due to their need for ongoing care and medication. Despite global calls for inclusive, people-centred Disaster Risk Reduction (DRR), the role of Healthcare Workers (HCWs) in supporting continuity of care during disasters remains underexplored in Fiji. The study aims to explore how HCWs can collaborate to formulate strategies for advancing the inclusion and participation of ICIs in DRR within the Fiji Islands context.

**Methods**

A qualitative phenomenological study was conducted between January 2025 to March 2025. Four Focus Group Discussions (FGDs) were conducted among 17 HCWs, comprising doctors and nurses, from the Urban, Peri-Urban, Rural, and Maritime regions of the Western Division of Fiji Islands, using a purposive sampling method. A semi-structured interview guide was developed, informed by a targeted literature review and reviewed by experts in DRR and Primary Healthcare (PHC) in Fiji Islands. The data was analysed using thematic analysis in NVivo.

**Results**

The main six themes identified in this study were (1) Continuity of chronic care as the core of inclusive DRR, (2) Access barriers drive exclusion unless solved collectively, (3) Community-embedded PHC enables inclusion when HCWs collaborate with the local community, (4) Collaboration improves with shared planning, representation, and feedback loops, (5) Workforce capacity and wellbeing shape whether inclusive DRR is feasible and, (6) Participation is shaped by health literacy, denial, language, and cultural practices.

**Outcomes and implications – including reference to healthcare management.**

HCWs emphasised that IDRR for ICIs depends on maintaining chronic care continuity, safe access, and culturally safe communication through strong PHC–community linkages before, during, and after disasters. To achieve this, establishing an ICIs continuity-of-care pathway led by collaborative PHC teams and DRR will advance inclusion and participation.

## 1. "Definitely not to be fully relied on, but useful all the same": Developing critical AI literacy through assessment redesign in postgraduate health management education

**Presenting Author:**
**Ben Harris-Roxas,** University of New South Wales

**Co-Authors:**
**Anthony Sanjaya,** University of New South Wales
**Racheal Kearns,** University of New South Wales
**Kristy Nash,** University of New South Wales
**Katrina Blazek,** University of New South Wales

**Abstract**

This case study examines an assessment redesign in PHCM9391 Health Organisations, Strategy and Change, a core course in the UNSW Master of Health Leadership and Management. Generative artificial intelligence (AI) is becoming embedded in health service planning and organisational decision-making processes. Because of this health management education faces a tension. Higher education institutional messaging routinely discourages AI use, while graduates are increasingly expected to work with it. This intervention aimed to address this gap by developing critical AI literacy through structured, assessed engagement with AI use rather than prohibition. The course has 410 postgraduate students enrolled studying in hybrid mode, most of whom were working health professionals.

The third and final summative assessment was redesigned to require students to use a large language model to analyse a real organisational strategic plan and then critically appraise the AI's outputs. A structured reflection component asked students to evaluate AI performance across multiple dimensions, identify strengths and limitations, and reflect on implications for health management practice. The design drew on concepts of evaluative judgement and critical AI literacy, emphasising students' capacity to assess quality, relevance, and risk rather than to generate AI-written content. This case study draws on de-identified student evaluation comments and descriptive comparison of assessment grade distributions across multiple years.

Student feedback indicated that requiring AI use helped normalise engagement and supported development of a more cautious, evaluative stance toward AI in health management tasks. Many students described AI as useful but limited, aligning with the intervention's intent. However, important tensions emerged. Some students experienced the AI component as competing with the substantive course content, and their use of AI was often instrumental rather than critical. Grades improved in the intervention year but this cannot be attributed solely to AI integration, given concurrent changes to scaffolding and cohort composition. For health management educators, this case suggests that while assessment redesign can meaningfully support critical AI literacy, deeper development likely requires careful sequencing and program-level integration rather than isolated course innovations.

## 2. Educating the future generation in a world of AI-how can we navigate this and still ensure the critical thinking skills of our future workforce.

**Presenting Author:**
**Sharon Campbell,** Queensland University of Technology

**Co-Authors:**
**Julie Newland,** Queensland University of Technology

**Topic (the main issues that are addressed in this article)**

Generative AI is defined as being a subset of artificial intelligence with a focus on the creation of new content including text, images, music or even code . The use of AI generated tools in education can assist in creating content, improving student engagement and outcomes, and personalise learning.

The use of AI agents for teaching is reviewed including the involvement of the presenter in the Cogniti pilot. Cogniti is a Generative AI tool used for building agents that you can release to students in order to engage conversation.

The use of a 'virtual assistant' has been demonstrated in initial pilots as being very useful for students at Queensland University of Technology.

**Rationale (why do the issues matter for health service management?)**

Generative AI can assist in further development of skills within a workplace, including report writing, quality investigations, project management, problem solving and decision making. They can be tailored to suit the unique high stakes requirements of healthcare.

**Main idea/argument (draw down a few key points to present/discuss)**

As academics we can take the opportunity to rethink and redesign how our pedagogical processes evolve to meet future needs of health service management and students.

**Questions and opportunities (for practitioners and researchers) - also with reference to healthcare management**

There are opportunities to integrate AI as a teammate instead of just a tool in the area of healthcare management, especially in light of reduced training opportunities in the health workplace

The questions and opportunities that arise in this area include the ability to maintain ethical and responsible use in healthcare settings, including:

- A requirement to understand the level of transparency, accuracy and oversight required, whether in the education system or workplace.
- The need to be cognisant of ensuring that AI can enhance professional judgement and critical reasoning instead of replacing these.
- What are the digital competencies required?

## 3. Shaping Careers Before Graduation: Work-Integrated Learning and Competency Development in Health Service Management Undergraduates

**Presenting Author:**
**Maria Agaliotis,** Western Sydney University

**Co-Authors:**
**Si L,** Western Sydney University
**Perrone, L,** Western Sydney University
**Thomas, R,** Western Sydney University
**Peel N,** Western Sydney University
**Maxwell, H,** Western Sydney University
**Tannous, C,** Western Sydney University

**Topic**

This presentation outlines a planned study investigating how executive-level Work-Integrated Learning (WIL) placements shape career trajectory formation and professional competency development among second- and third-year undergraduate Health Service Management (HSM) students at Western Sydney University. Students undertake placements in public and private health management roles, engaging in policy formulation, governance, protocol development, and strategic planning, applying Australian College of Health Service Management (ACHSM) competency frameworks in real-world contexts (ACHSM, 2022). The research explores how undergraduates make sense of managerial responsibilities, develop professional identity, and prepare for leadership roles.

Whereas existing research (Lloyd et al., 2023) examines graduate employment outcomes, this study focuses on undergraduate experiences, investigating meaning-making processes and competency enactment during placement. In addition, employment-related outcomes similar to Lloyd et al. (2023) will also be explored, linking early experiences to workforce readiness

**Rationale**

WIL is critical for preparing graduates to function in complex health systems, yet research on non-clinical, executive-level HSM placements is limited (Robinson et al., 2025). Most studies emphasise clinical exposure, operational tasks, or post-graduation employability, with little attention to how WIL influences career understanding and competency development in real time (Prasad et al., 2025). This is particularly relevant for the Western Sydney University cohort, many of whom are first-in-family students balancing part-time work alongside study and placements.

**Main ideas/arguments**

1. WIL as professional sense-making: Students gain authentic insight into executive decision-making and career pathways.

2. Competency enactment: Policy and governance tasks facilitate operationalisation of ACHSM competencies in practice (Prasad et al., 2025).

3. Early and post-graduation outcomes: Linking placement experiences to future workforce readiness complements prior research (Lloyd et al., 2023).

**Questions and opportunities**

For practitioners: How can WIL placements be optimised to support competency acquisition and leadership readiness?

For researchers: How do placement contexts (public vs private, policy vs operational) influence undergraduate retention, career trajectories and identity formation?

The study provides opportunities to strengthen evidence-based WIL design, university–industry partnerships, and workforce planning in health service management.

## Parallel Concurrent Session 2

### 1. Managing the AI Transition in Healthcare: A Scoping Review of Organisational Enablers, Barriers and Strategies

**Presenting Author:**
**Punchihewage Amaranayake,** James Cook University

**Co-Authors:**
**Zhanming Liang,** James Cook University
**Carmen Reaiche**, James Cook University

**Background**

Artificial intelligence (AI) has the potential to transform healthcare delivery through improved diagnostics, efficiency, and workforce productivity. However, adoption of AI in healthcare organisations remains uneven, with many initiatives failing to progress beyond pilot stages. Understanding the organisational, managerial, and system-level strategies that enable effective AI adoption is critical for healthcare leaders and managers navigating digital transformation.

**Methods**

A scoping review was conducted following a systematic search of seven databases. English-language studies published between 2015 and 2025 were included. After screening 3,958 records using PRISMA methods, 44 studies were included for data extraction and synthesis. Findings were thematically analysed to identify key

enablers, barriers, and implementation strategies for AI adoption in healthcare organisations, including primary care settings.

**Results**

AI adoption was found to be driven predominantly by organisational and sociotechnical factors rather than technological capability alone. Key enablers included strong leadership and governance, clear accountability and policy frameworks, workforce capability building, and integration of AI into clinical workflows, particularly electronic health records. Trust, transparency, explainability, and human-in-the-loop models were critical for clinician acceptance. Major barriers included weak governance, poor data infrastructure, limited AI literacy, workflow disruption, ethical and privacy concerns, and unclear value propositions.

**Outcomes and implications – including reference to healthcare management**

The findings position AI adoption as a healthcare leadership and management challenge requiring coordinated, system-level action. For healthcare managers, the review highlights the importance of governance-led, problem-driven, and workforce-centred strategies, alongside targeted training in AI literacy, ethics, and change management, to embed AI as a sustainable organisational capability rather than a standalone technology initiative.

## 2. Community detection and management of mild cognitive impairment: The role of AI

**Presenting Author:**
**George Liu,** La Trobe University

**Co-Authors:**
**Yuan Lu,** Yang Pu Hospital
**Chenxi Liu,** Huazhong University of Science and Technology
**Dan Wang,** Hubei University of Chinese Medicine

Mild Cognitive Impairment (MCI) represents a critical intervention window in ageing societies, carrying significant implications for population health, system sustainability, and equity. Drawing on a series of research conducted primarily in China using a mixed-methods approach, this presentation examines the burden of MCI, the conditions required for effective community based detection and management, and the emerging role of artificial intelligence in strengthening primary care and public health responses. MCI affects a substantial proportion of older adults, with prevalence in China estimated at 12.2% based on a meta analysis of over 100,000 community dwelling adults. Although not all cases progress to dementia, unmanaged MCI is associated with heightened risks of functional decline, medication errors, and reduced quality of life. Global evidence suggests that up to 45% of dementia cases may be preventable or delayable through timely, community embedded interventions.

Findings from Delphi consultations with 24 experts highlight four domains essential for effective MCI management: prepared general practitioners, engaged patients and caregivers, organisational support systems, and an enabling policy and community environment. However, surveys of 1253 general practitioners reveal substantial gaps in knowledge, confidence, and adherence to guidelines, alongside persistent systemic barriers such as limited family support, fragmented information systems, and stigma surrounding cognitive impairment.

Artificial intelligence has rapidly advanced in early detection, offering promising approaches through multimodal screening, behavioural analytics, and personalised risk assessment. Yet most AI tools remain research focused and insufficiently integrated into routine primary care workflows. Moreover, studies from our group demonstrate that AI models can perpetuate social biases and contribute to over triage, underscoring the need for robust governance, transparency, and workforce capability.

The presentation argues that the value of AI lies in supportive—rather than substitutive—roles, including decision support, administrative streamlining, personalised communication, and system level surveillance. When combined with prepared primary care systems and engaged communities, responsible AI design can help deliver earlier, fairer, and more sustainable cognitive care across all economies.

## 3. AI Based Personal Monitoring for Athletic Performance and Wellness

**Presenting Author:**
**Shyam Paryani,** University of North Florida

**Co-Authors:**
**Mei Zhao,** University of North Florida
**Rob Haley,** University of North Florida
**Evan Kilby,** University of North Florida
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**Waqas Ahmed,** American Telephysicians

**Background**

Building on the successful implementation of the Personal Health Index (PHI) system—an AI-driven wellness monitoring tool for athletes since 2022—the next phase seeks to operationalize real-time performance insights through an integrated dashboard platform. This phase aims to (1) deepen athlete-centered research, (2) design and implement a dynamic visualization system, and (3) validate the platform's utility in optimizing training, performance, and recovery.

**Methods**

Over the past three years, 450 competitive athletes in basketball, soccer, track and field, volleyball, and cheerleading were continuously monitored using a Fitbit. By focusing on the five key parameters of heart status, activity level, BMI, VO2max, and sleep patterns – we developed a Personal Health Index (PHI). An algorithm was created to calculate an individualized PHI that considered factors such as age, sex, and injuries. Generative AI was used for data analysis and to develop unique recommendations for each individual. A scalable, user-centered dashboard was developed through stakeholder engagement with athletes and coaches.

**Results**

Quantitative analysis comparing training efficiency, injury rates, and recovery metrics was conducted using the PHI dashboard. AI-enhanced dashboard that visualizes each athlete's PHI in real time, enabling proactive adjustments in training volume, rest periods, and recovery strategies. Using predictive analysis, we correlated PHI parameters with specific performance and wellness outcomes, including recovering from injury.

**Outcomes and implications – including reference to healthcare management**

The PHI dashboard allows direct correlation between data acquisition and actionable insights. The athlete performance PHI dashboard is designed to empower both athletes and coaches with real-time, personalized insights that bridge monitoring and intervention—advancing the frontier of digital athlete management and wellness optimization.

## 4. Human experience, machine insight: Validated AI-assisted policy analysis in the community service workforce

**Presenting Author:**
**Alice Wilkin,** Western Sydney University

**Background**

Workforce support policies in the community service sector are critical to the appropriateness, capacity, and sustainability of health and community services. Diversity and inclusion workplace policies, shape recruitment and retention outcomes and influence whether workers are meaningfully supported to contribute their lived experience and community knowledge to service delivery.

This presentation examines the selective use of generative artificial intelligence (AI), to support workforce policy content analysis. The approach aims to strengthen evidence informed health management by aligning policy intent with staff experience and operational realities. It also seeks to build the capability of educators

and managers to appraise diverse forms of evidence with greater rigour and efficiency through validated AI assisted processes.

**Methods**

An employee led qualitative data generation process was undertaken with community service sector. Participants contributed experience based reflections and thematic accounts of their work life. These contributions were synthesised into a set of analytically derived workforce themes.

Employee generated themes informed the development of a coding framework applied to relevant workforce policy documents. Generative AI was used as an analytic support tool to identify and retrieve policy documents from organisational websites, structure and organise policy text, propose preliminary codes, and map alignments between workforce themes and policy content. All AI assisted outputs were treated as provisional and subject to systematic validation, including researcher led review, verification against original source documents, triangulation with qualitative workforce data, and manual coding to ensure analytic integrity.

**Results**

AI assistance improved analytic efficiency and breadth by enabling rapid collation of policy content and identification of patterns across lengthy documents. However, structured validation processes were essential to minimise over generalisation and preserve participant derived contextual nuance. Anchoring policy analysis in employee lived experience enhanced the validity and practical relevance of findings for health and community service managers.

The project also produced a practical guide to support transferable, safe, and validated use of AI assisted analysis in health management education and practice.

**Outcomes and implications – including reference to healthcare management.**

AI assisted methods, when used with structured validation, offer health managers a scalable way to interrogate complex policy environments while centering workforce voices. This builds analytic capability without compromising rigour or context.

## 5. Enhancing Clinical Decision-Making with Multimodal Artificial Intelligence Insights: Lessons Learned from Atrial Fibrillation Prediction

**Presenting Author:**
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**Background**

To achieve preoperative prediction of non-pulmonary vein triggered atrial fibrillation using multimodal data fusion, and to extract lessons learned from the application of multimodal artificial intelligence in clinical decision-making through practical exploration.

**Methods**

We separately analyzed multi-modal clinical data from patients with AF using a classical machine learning algorithm (GBDT) and deep learning architectures (3D-ResNet and DenseNet 121), establishing standalone predictive models for each data modality. We subsequently integrated predictions from all sub-models via a

decision-level fusion scheme grounded in Dempster–Shafer (D-S) evidence theory to generate a unified predictive output for each individual patient.

**Results**

The multimodal prediction model empowered by D-S evidence theory-based decision-level fusion achieved favorable discriminative performance, with an area under the receiver operating characteristic curve (AUC) of 0.837 and an accuracy of 0.807. Relative to the single-modal model trained exclusively on cardiac CTA imaging data, the multimodal fusion strategy yielded a substantial performance improvement, corresponding to a 9.13% increase in AUC. These findings highlight that synergistic integration of electronic medical record (EMR) features and electrocardiogram (ECG) data with cardiac CTA can markedly enhance model performance in identifying non-pulmonary vein triggered AF.

**Outcomes and implications – including reference to healthcare management.**

Health administrators must proactively dismantle cross-system data silos and prioritize clinically unmet needs to fully unlock the potential of multimodal data fusion. Successful clinical translation demands a balanced emphasis on clinical utility and operational feasibility, alongside the cultivation of interdisciplinary health management professionals with integrated expertise in clinical practice, health systems thinking, and artificial intelligence literacy. Data standardization and normalization emerge as prerequisite foundations for the scalable deployment of multimodal AI. Heterogeneous clinical data formats identified in this work introduce substantial fusion complexity and impede broad clinical implementation. Future work will generalize the proposed multimodal fusion paradigm to diverse disease contexts, with the overarching goal of elevating health system operational efficiency and advancing data-driven precision medicine.

Parallel Concurrent Session 3

## 1. Exploring disparities and determinants of AOD-related service utilisation in Victoria: A population-based study

**Presenting Author:**
**Heng Jiang,** La Trobe University

**Co-Authors:**
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**Anne-Marie Lasslett,** La Trobe University
**Rowan Ogeil,** Monash University
**Nicholas Morris,** La Trobe University

**Background**

Alcohol and other drug (AOD) use remains a major public health challenge in Australia, contributing substantially to preventable morbidity, mortality, and health system demand. While a wide range of AOD-related services operate across Victoria, including ambulance, hospital, counselling, helpline, and specialist treatment services, evidence on how utilisation varies by population need, geography, and socioeconomic context remains limited. Understanding patterns of service utilisation is essential for effective healthcare management, resource allocation, and equitable service planning.

**Methods**

This population-based cross-sectional study analysed AOD-related service utilisation in Victoria during 2021–2022 using data from AODStats, the Victorian Alcohol and Drug Collection, and the Australian Bureau of Statistics. Service types included ambulance attendances, hospitalisations, online counselling and DirectLine services, and specialist AOD treatment episodes. Utilisation rates per 1,000 population were examined by age, sex, socioeconomic status (SEIFA quintiles), and geographic remoteness. Generalised linear models with gamma distribution were used to assess associations between Local Government Area (LGA)-level

demographic, socioeconomic, and geographic factors and rates of service utilisation for alcohol- and drug-related presentations.

**Results**

Ambulance attendances and hospitalisations accounted for the highest AOD-related service utilisation rates, while online counselling and helpline services were least used. Service use varied substantially across demographic and geographic groups. Higher utilisation rates were observed among males, people aged 25–64 years, and residents of socioeconomically disadvantaged areas for several service types. Inner and outer regional areas showed higher rates of AOD treatment episodes compared with major cities, while drug-related hospitalisations were more concentrated in metropolitan areas. Regression analyses demonstrated that socioeconomic disadvantage, unemployment, age structure, and gender composition were key predictors of variation in service utilisation across LGAs, although patterns differed by service type.

**Outcomes and implications – including reference to healthcare management.**

These findings highlight marked inequities in AOD-related service utilisation across Victoria and underscore the need for healthcare managers and policymakers to distinguish between demand, need, and service availability when planning services. Targeted investment, workforce planning, and integrated care models are required to ensure services align with population need, particularly in disadvantaged and regional communities. Strengthening data-informed service planning can support more efficient, equitable, and responsive AOD service systems.

## 2. The Intersection of Social Care and Clinical Complexity: An Analysis of Multimorbidity and Medication Burden among Elderly in Odisha

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This study investigates the prevalence and predictors of multimorbidity the co-occurrence of two or more chronic conditions and its relationship with medication burden and social care determinants, including living arrangements, household size, and geographic location, among the geriatric population in Odisha, India.

With India's aging population rising, multimorbidity presents as a challenge to health service management. Traditional, single-disease-focused care models facing difficulty to address the clinical and social complexity inherent in elderly populations. This research is vital for health managers as it identifies the systemic and social drivers of health, providing a roadmap towards integrated, person-centered health systems that improve care coordination and reduce the strain on social care infrastructures.

A quantitative, cross-sectional study was conducted among 1,072 community-dwelling individuals aged 60 years and above across six districts of Odisha. Data collection utilized structured interviews and clinical profiling. Statistical analyses were performed using SPSS (v26.0), employing Chi-square tests for bivariate associations and Binary Logistic Regression to determine independent predictors. Multivariate models were adjusted for demographic and socioeconomic variables to calculate adjusted Odds Ratios (aOR) and 95% Confidence Intervals (CI).

The prevalence of multimorbidity was high at 63.2%. Logistic regression identified medication burden as the strongest independent predictor of clinical complexity (aOR = 1.82; 95% CI: 1.33–2.48; p < .001). Geographic location revealed profound regional health disparities (p < .001). While low income (p = .026) and living alone (p = .035) were significant in bivariate analysis, their effects were moderated in the final adjusted model. Age remained a significant driver (p = .011), particularly for the 70–74 age cohort (aOR = 0.42; $p = .028).

The findings underscore a critical need for health management to shift from fragmented treatment to integrated geriatric care. For practitioners, the study emphasizes the importance of medication reconciliation and social support assessments. For educators and researchers, it highlights the need to incorporate social determinants of health into health administration curricula. Ultimately, the research advocates for policy reforms that harmonize clinical interventions with social care developments to enhance the quality of life for the elderly.

## 3. Using a Biopsychological Lens to Enhance Integrated Care: Lessons from Oral Health Behaviours in Pregnant Women

**Presenting Author:**
**Minalli Vasandani,** Griffith University

**Learning objectives and outcomes**

This presentation shows that health issues can be more effectively addressed when understood as integrated care issues rather than isolated clinical problems. Using oral health in pregnancy as an example, it applies a biopsychosocial lens to demonstrate how biological, psychological, social and service-level factors interact to shape care access and outcomes. It aims to encourage health leaders and managers to think more broadly about prevention, coordination and person-centred care.

**Evidence**

The presentation draws on findings from a systematic literature review conducted by the corresponding author. The findings highlight the limitations of a narrow biomedical approach and reinforce the value of a broader integrated care perspective, suggesting the importance of shifting from downstream responses towards upstream approaches that may reduce avoidable treatment burden and associated costs.

**Practical Implications**

Integrated care must account for the psychological and social influences on care engagement. Social support, attitudes, coping mechanisms, reassurance and prior experiences can shape whether individuals' access and act on care. Recognising these influences can help health services design more responsive pathways, shift from reactive treatment to proactive support, and strengthen coordinated, person-centred care.

**Originality and innovation**

This work is innovative in applying a biopsychosocial model of health to understand health behaviours through an oral health lens. Using oral health behaviours in pregnant women as an example, it shows that psychosocial constructs are central to how people experience and engage with care. This offers a broader and more transferable way of thinking about service integration with implications for leadership and integrated care design.

**Results and lessons learned**

Integrated care is not only about linking services, but also about reframing how health problems are understood and managed across organisations and systems. Oral health behaviours in pregnancy demonstrate how fragmented approaches can miss opportunities for prevention, early support and coordinated care.

## 4. Differentiating between service, care and support

**Presenting Author:**
**Scerri Moira,** University of Technology Sydney

**Topic (the main issues that are addressed in this article)**

Health and aged care systems routinely conflate service, care, and support, treating them as interchangeable despite representing distinct forms of value creation, responsibility, and relational engagement. This conceptual ambiguity creates challenges for service design, workforce role clarity, performance measurement, and accountability. The issue is particularly acute for Forgotten Australians, whose experiences of trauma, institutionalisation, and long-term disadvantage expose weaknesses in how health systems conceptualise and

deliver value. This paper addresses the need to explicitly differentiate service, care, and support as a foundation for more ethical, productive, and value-aligned health system design.

**Rationale (why do the issues matter for health service management?)**

From a value-based healthcare and Transformative Service Research (TSR) perspective, health service management is concerned not only with efficiency but with how systems co-create—or destroy—well-being. When service, care, and support are collapsed into a single managerial logic, managers risk applying inappropriate performance metrics, misallocating resources, and obscuring accountability for outcomes that matter most to vulnerable populations. For Forgotten Australians, this misalignment can undermine trust, continuity of care, and long-term recovery, while rendering relational and support work invisible within funding and reporting regimes. Clarifying these distinctions is therefore central to effective health system governance and reform.

**Main idea/argument (draw down a few key points to present/discuss)**

- Service is conceptualised as structured, process-governed value co-creation embedded in organisational and funding arrangements.

- Care is relational, ethically grounded practice oriented toward vulnerability, trust, and human flourishing.

- Support consists of enabling mechanisms that sustain participation, continuity, and capability across service and care contexts.

- Collapsing these constructs leads to value misalignment, role strain, inappropriate standardisation, and distorted productivity assessments.

- Service productivity and data analytics should be reframed as diagnostic tools for value alignment, rather than instruments of efficiency optimisation.

**Questions and opportunities (for practitioners and researchers) - also with reference to healthcare management**

1. How can managers use customer journey mapping and data analytics to identify value misalignment across vulnerable population pathways?

2. How can health services redesign performance and funding frameworks to distinguish service, care, and support without fragmenting delivery?

3. How can health service management education better prepare future leaders to work with these distinctions?

## 5. Challenges and opportunities of applying One Health in health systems: a systematic review

**Presenting Author:**
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**Co-Authors:**
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**Background**

The One Health concept was developed to create a multidisciplinary and integrated health system that connects animal, human, and environmental health. This systematic review aimed to identify the challenges and opportunities associated with the application of One Health in health systems, as well as to determine potential pathways for moving forward.

**Methods**

Previous studies were systematically identified using predetermined criteria from four online databases: ProQuest Medicine, Web of Science, Scopus, and PubMed. The PRISMA checklists and diagram guided the selection and identification process. We identified the main challenges that hinder the application of One Health, as well as the factors that facilitate its implementation and acceptance. Additionally, we summarized

the actions recommended by researchers. Out of 2,606 studies identified from the online databases, 47 were considered eligible, and after a thorough screening process, only 13 were included in the final review.

**Results**

The implementation of One Health within health systems faces several challenges, including a lack of awareness, professional dominance, the absence of legal and policy frameworks, funding shortages, inadequate infrastructure, power struggles, limited political focus, the high cost of modern technologies, and difficulties in establishing common health agendas. On the other hand, there are significant opportunities that support the application of One Health in health systems. These opportunities include current global challenges such as emerging pandemics and epidemics, a growing population, climate change, global warming, rapid global travel, and urbanization. Additionally, there is a growing understanding of One Health, increased involvement from non-governmental organizations in funding One Health initiatives, a focused effort from academic and research institutions, and the commitment of essential organizations towards One Health.

**Outcomes and implications – including reference to healthcare management**

To effectively implement One Health in health systems, it is essential to create cumulative awareness, develop legal frameworks, allocate resources and budgets, establish advanced laboratories, and institutionalize the One Health approach. These steps will help facilitate the application of One Health principles.

## Parallel Concurrent Session 4

### 1. Health Record Sharing System in Public and Private Hospitals: Risks and Opportunities

**Presenting Author:**
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**Co-Authors:**
**Jasmine Tsang,** Tung Wah College

Hong Kong's Electronic Health Record Sharing System (eHRSS) serves as a critical territory-wide platform for authorized public and private healthcare providers to share patients' electronic health records (eHRs). eHRSS launched in 2016 and is currently implementing the eHealth+ five-year plan (2024-2029). According to Legislative Council member Dr. David Lam (2025), only 0.3% of records are provided by private healthcare providers. Strengthening the sharing of eHRs between public and private sectors is the goal of the "eHealth+" strategy. Therefore, identifying the problems hindering the exchange of health information between public and private sectors is crucial for improving the level of healthcare service management.

Security and financial barriers are the key concerns in eHRSS. In terms of security, the increasing prowess of attackers and the loss of unencrypted devices containing patient health information are the common causes of security breaches involving health records databases (Basil et al., 2022). Besides, AI integration can induce cybersecurity risks in healthcare nowadays, including unauthorized access to data, data breaches, and algorithmic opacity (Di Palma et al., 2025). In addition, cost is another major consideration, especially for private hospitals, which are more reluctant to participate in the eHRSS because profitability is one of their strategic goals. Regional health information organizations (RHIOs) in the US found that it is less appealing if participants have to pay for operating expenses without grant funds (Vest & Gamm, 2010). This indicates that security and financial sustainability are important considerations that hinder widespread adoption, especially among private providers.

This study aims to draw on the experiences of other regions in promoting eHR to provide insights for the improvement of Hong Kong's eHRSS. In the England national program, the primary inducement was the central procurement of software systems at no cost to the organization, aside from implementation expenses (Payne et al., 2019). In China, the government implemented a regional standardization maturity assessment for public health information interoperability in 2020. This assessment scheme was used to test whether

participating healthcare providers met the requirements of the National Health Information Platform, which is the eHRSS in China.

### 2. Innovating Health Service Management Strategies for Communication in Protracted Crises: Lessons from COVID-19 for Community-Focused Commissioning and Workforce Capacity Building

**Presenting Author:**
**Babatunde Balogun,** University of New South Wales

**Co-Authors:**
**Anne Hogden,** University of New South Wales
**Maria Agaliotis,** Western Sydney University
**Nenagh Kemp,** University of Tasmania
**Lin Yang,** University of Tasmania

This paper examines the need for innovative health service communication strategies during protracted crises, using the COVID-19 pandemic as a motivating case. It focuses on an emerging communication approach – the strategic use of humour-framed social media public service announcements (PSAs) – and considers how these innovations can strengthen the commissioning of community-focused health services. The paper also explores the role of educators in building digital communication capability, agility, and sustainability within the health workforce.

COVID-19 exposed significant weaknesses in traditional top-down communication, including message fatigue, declining trust, and inconsistent digital engagement.1 These challenges affected the ability of health services to commission effective community-focused interventions. At the same time, many practitioners lacked the training needed to design and adapt social media messages in rapidly changing conditions.2,3 Addressing these gaps is essential for improving crisis readiness, strengthening public engagement, and ensuring that health services can respond with agility through evidence-based communication strategies.4

Drawing on the research of Balogun,5 this paper argues that humour-framed messaging can reduce anxiety, enhance emotional receptivity, and stimulate positive public engagement behaviour patterns during prolonged crises. When incorporated into strategic social media practice, humour-framed messaging may improve reach, responsiveness and trust, and help make complex pandemic information more digestible. Insights from COVID-19 indicate the need for communication models that are adaptive, audience-centred, and grounded in behavioural understanding. The argument also highlights the role of educators in embedding digital communication skills, applied learning, and reflective practice into health curricula, thereby building long-term workforce capability. A model that aligns innovative message framing with strengthened digital capacity would improve communication agility across the health system.

The COVID-19 experience raises important issues for health service managers and researchers:

1. How to commission community-focused communication strategies that are both innovative and culturally responsive.

2. What organisational supports are needed to enable practitioners to design and refine digital messages in real time.

3. How educators can better prepare the future workforce for the communication demands of crisis environments.

4. How to integrate humour-based approaches into routine public health communication and to investigate their long-term impact on community engagement, trust, and the resilience of health services.

### 3. A Value-Based Healthcare Initiative in Pharmacy: Translating Evidence-Based Strategies into Practice to Minimise Waste and Improve Patient Care

**Presenting Author:**
**Viviane Khalil,** La Trobe University

**Background**

Value-based healthcare (VBHC) principles are increasingly adopted to reform health systems, enhance patient safety, and deliver cost-effective, sustainable care. However, limited evidence exists within Australian pharmacy settings on how VBHC theories can be operationalised—particularly in medication management and stock-related processes.

This study aimed to implement an evidence-based VBHC framework within a 200-bed specialist health service, focusing on stock management workflows, and to evaluate its impact on cost, value, and patient safety.

**Methods**

A quasi-experimental pre–post study was conducted from July 2023 to March 2025. A modified VBHC framework, informed by Porter et al., was developed to align with medication management processes and implemented across three domains.

Stream 1: Future State Definition – Included gap analyses of patient-safety indicators such as medication error rates, stock-holding levels, and value of expired medicines.

Stream 2: System Capacity and Workflow Optimisation – Included implementation of value-stream mapping to enhance workflow efficiency.

Stream 3: Sustainability – Focused on measures to maintain long-term improvements.

Outcome measures included medication error rates, value of stock holdings, value of expired medicines, and sustainability of interventions.

**Results**

The framework was successfully implemented across all streams. Interventions resulted in a reduction of medication error rates from 0.3 to 0.04 per 1,000 patients ($P = 0.0001$), a 53% reduction in stock-holding value ($P = 0.003$), and a 30% reduction in expired-medicine value ($P = 0.03$). Workflow efficiencies improved markedly, and gains in patient safety and cost reduction were sustained for 10 months post-intervention.

**Outcomes and implications – including reference to healthcare management.**

Implementing a VBHC framework in pharmacy settings can significantly improve patient safety while reducing the cost of medicine stock holdings and waste. Findings from this study highlight the potential for broader application of VBHC-aligned models across other health service areas and offer guidance to policymakers on embedding evidence-based frameworks to enhance sustainability and safety across the healthcare system.

## 4. Do Initial and In-Process Waiting Time Shape Subsequent Patient Visits: Evidence from Asynchronous Telemedicine

**Presenting Author:**
**Hui Zhang,** Sun Yat-sen University

**Co-Authors:**
**Xuezhu Li,** Sun Yat-sen University

**Background**

Telemedicine is a transformative solution for healthcare challenges. However, limited research has examined how initial and in-process waiting times affect both online and offline service utilization in the context of asynchronous telemedicine. This study explores the impact of these waiting times on subsequent online and offline service utilization.

**Methods**

This study focuses on three measures of waiting time in asynchronous telemedicine: initial waiting time (the duration from a patient's initial request to admission into an online consultation session), average in-process waiting time (the average time between a patient's question and the doctor's response during the session), and

the variability of in-process waiting times. The subsequent visit is defined as one made for a medical condition different from that of the focal online consultation. A total of 41,658 patients' online and offline consultation visits are obtained from an asynchronous telemedicine platform affiliated with a top-ranked hospital system (February 2021-April 2024). Logistic regression models are used to analyze the impact of initial and in-process waiting times on subsequent visits.

**Results**

The results show that a one-unit increase in average in-process waiting time (one standard deviation = 3.71 hours) decreases the odds of subsequent all visits, online visits, and offline outpatient visits by 8.6%, 15.9%, and 5.0%, respectively. Variability of in-process waiting time decreases the odds of subsequent offline outpatient visits by 3.44%. Surprisingly, initial waiting time shows no significant effect. Results remain consistent when considering whether the subsequent visits are with the same doctor. Post-hoc analysis shows that patient satisfaction serves as a mechanism linking average in-process waiting time to subsequent visits.

**Outcomes and implications – including reference to healthcare management.**

Average in-process waiting time in asynchronous telemedicine has a significant impact on both subsequent online and offline visits. The findings suggest that operational focus should shift from minimizing initial waiting time to improving responsiveness throughout the consultation. Platforms may implement real-time monitoring (e.g., response-interval dashboards), refine scheduling to match fragmented physician availability, and encourage physicians to admit patients only when they can sustain timely responses. Facilitating continuity with the same physician and using patient satisfaction feedback as an early-warning signal can further strengthen retention and loyalty.

## Parallel Concurrent Session 5

### 1. Building Agility and Capacity in Community-based Care: A Scoping Review of Virtual Care Models for Chronic Disease Management

**Presenting Author:**
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**Claire Deakin,** University of New South Wales

**Background**

Chronic diseases, or non-communicable diseases (NCDs), account for 75% of non-pandemic-related global mortality, intensifying pressure on healthcare systems to deliver sustainable care for people living with NCDs.(1) Virtual care—or telehealth—has emerged as a critical innovation for managing NCDs in the community, with utilisation rapidly expanding since the COVID-19 pandemic.(2) However, design features underpinning such care models remain poorly defined.(3,4) This scoping review maps contemporary telehealth models for NCD management delivered wholly or partially within the community, generating insights to inform future commissioning and workforce development.

**Methods**

A systematic search targeting key concepts of NCDs, telehealth, and community-based management was implemented across PubMed and EMBASE, identifying English-language articles published between 2020 and 2025. Following screening by three independent reviewers, the lead author charted data on study characteristics, population, setting, telehealth model design features and outcomes, and synthesised findings thematically.

**Results**

Of 3954 publications screened, 86 met inclusion criteria. Included articles outlined delivery of hospital outpatient, inpatient, and primary care services through community-based telehealth, with heterogeneous program designs spanning urban and regional settings worldwide. Telehealth models operationalised secure teleconferencing, structured telephone support, and web-based platforms, with wearable devices or mobile applications facilitating remote monitoring. Healthcare teams were multidisciplinary, involving combinations of medical specialists, primary care physicians, nurses, physiotherapists, occupational therapists, speech-language pathologists, exercise physiologists, pharmacists, dieticians, psychologists, social workers and community health workers. While 12 models operated entirely virtually, the remaining 74 integrated face-to-face care through in-person baseline consultations, follow-up reviews, adjunct usual care, or escalation to primary or hospital services.

**Outcomes and implications – including reference to healthcare management.**

Telehealth is reshaping the architecture of NCD management by functioning as both an adjunct to and intermediary between community, primary and hospital services. Findings highlight its potential to overcome geographical and resourcing constraints, expand access and support continuity of care. However, the heterogeneity of existing models reflects the need for clearer design parameters to guide commissioning, evaluation and scalability. Educators and system leaders have an opportunity to build workforce agility through developing capabilities in virtual care delivery, interdisciplinary collaboration and digital health literacy; ensuring emerging models are innovative, sustainable and responsive to community needs.

## 2. Health and social services challenge: an overview of Australia's complex systems

**Presenting Author:**
**Samantha Papavasiliou,** James Cook University

**Co-Authors:**
**Carmen Reaiche,** James Cook University
**Stephen Boyle,** Education Monash Malaysia

**Background**

Family, domestic and intimate partner violence (FDV/ DV/IPV) remains a critical health and social services challenge which continue to have significant implications for public health systems, service coordination, and long-term wellbeing. In Australia, approximately 20% of individuals report experiencing physical and/or family and domestic violence since the age of 15, with women and children disproportionately affected (Australian Institute of Health and Welfare [AIHW], 2025). FDV generates complex health and social needs, including trauma, mental health impacts, housing instability, and repeated engagement with emergency and community services. Despite the ongoing national health and social services policy commitments, including the National Plan to End Violence Against Women and Children 2022–2032, the outcomes appear to remain inconsistent with no clear directions for the complexities surrounding this major issue. Evidence supporting this is reflected by the fragmentation across health, justice, housing, and social support systems, where policy intent is often not translated into a coordinated, person-centred service delivery.

**Methods**

This study adopts a mixed-method, focusing on the health translational research design grounded in Systems-of-Systems (SoS) theory and complexity-informed approaches relevant to health and social services research. The research consists of four components: (1) a literature review and conceptual model development using systemigrams and fractal design concepts to represent cross-sector interactions; (2) fractal analysis of aggregated service demand data, including helpline contacts, emergency department presentations, police incidents, and shelter intake, to examine patterns of clustering and persistence; (3) mapping of domestic violence service pathways to identify repeated loops, cross-agency dependencies, and systemic barriers experienced by individuals seeking support; and (4) identification of recurring design patterns to inform trauma-informed, interoperable digital service models. The study aims to translate policy frameworks into operational service design.

**Results Outcomes and implications – including reference to healthcare management.**

The research is expected to demonstrate that domestic violence responses function as a complex adaptive ecosystem in which safety and outcomes emerge from coordinated interactions across services rather than isolated interventions. Findings will highlight how fragmented digital and governance structures contribute to repeated service entry and increased burden on healthcare and social services. For health and social services management, the proposed System-of-Systems framework offers a pathway to improve cross-sector coordination, data interoperability, and trauma-informed service design. The outcomes support integrated care approaches, enabling healthcare providers, social services, and policy-makers to design more responsive and person-centred pathways that reduce system fragmentation and improve safety outcomes for individuals experiencing violence.

## 3. Assessing Lean Healthcare Maturity and Its Influencing Factors: A Cross-Sectional Survey of Hospitals in China

**Presenting Author:**
**Ping Xia,** Guangdong Pharmaceutical University

**Co-Authors:**
**Qi Zeng,** Shenzhen Third Children's Hospital
**Lixiang Zhai,** Guangdong Pharmaceutical University
**Chaojie Liu,** La Trobe University

**Objective**

Using the previously adapted Chinese version of the Lean Healthcare Implementation Self-Assessment Instrument (LHISI), this study aims to investigate the current status of lean healthcare management maturity in Chinese hospitals, analyze its influencing factors, and explore the relationship between lean maturity, the frequency of lean tool use, and the level of multi-departmental support.

**Methods**

A cross-sectional survey was conducted among employees from 12 hospitals using convenience sampling. Data were collected using the Chinese version of the LHISI and analyzed using SPSS 25.0. Differences in lean healthcare management maturity scores across demographic characteristics were examined using independent t-tests, one-way ANOVA, Mann-Whitney U tests, and Kruskal-Wallis tests. Multiple stepwise regression analysis was used to identify influencing factors. Spearman's correlation coefficient was employed to assess correlations among lean maturity, multi-departmental support, and lean tool usage frequency. A two-tailed $P \leq 0.05$ was considered statistically significant.

**Results**

A total of 2,065 valid questionnaires were collected, with an effective response rate of 82.30%. The overall lean healthcare management maturity score was 7.21 (6.39, 7.78). Among respondents, 94.07% (1,475/1,568) reported that their hospital had implemented lean management, with 40.58% (237/584) indicating an implementation duration of one year or less. Most respondents (34.53%, 681/1,972) perceived their hospital to be in the "full implementation" stage. The median score for multi-departmental support was 4.36 (3.93, 5.00), and only 3.98% of respondents rated themselves as "very familiar" with lean healthcare. The most frequently used lean tools were 5S, PDCA, and total productive maintenance. Multiple stepwise regression revealed that hospital, hospital type, age, department type, education level, position, and professional title were significant influencing factors of lean healthcare management maturity ($P < 0.05$). Lean maturity showed a significant positive correlation with lean tool usage frequency ($r = 0.601$, $P < 0.01$) and multi-departmental support ($r = 0.579$, $P < 0.01$).

**Conclusion**

The overall level of lean healthcare management maturity in Chinese hospitals is moderate, with variations across dimensions. Employee familiarity with lean principles and depth of engagement remain areas for improvement. Lean maturity differs significantly across demographic groups, and both lean tool utilization and multi-departmental support are key factors associated with higher maturity levels. Hospitals should focus

on deepening lean implementation pathways, developing differentiated training systems, and strengthening cross-departmental collaboration.

### 4. Fighting Your Demons with (KPop) Demon Hunters? A Netflix Wellness Prescription for Healthcare Managers Workforce

**Presenting Author:**
**Kevin Yap,** La Trobe University

**Co-Authors:**
**Megan Sun Woo Lee,** Temasek Polytechnic
**Le Yee Ng,** Temasek Polytechnic
**Shahedah Md Ali,** Temasek Polytechnic

**Topic (the main issues that are addressed in this article)**

Health service management (HSM) students and practitioners face significant mental wellness challenges. Traditional wellness interventions (wellness programs, counseling services, mental health apps) are often expensive and perceived as stigmatizing. Streaming entertainment media (SEM) are increasingly becoming popular and can potentially be harnessed as wellness resources. This viewpoint asks: Can you fight your "demons" with "demon hunters"? Using Netflix's viral movie "Kpop Demon Hunters" (KPDH, 33 million views), I shall introduce the KEMA (K-Wave Element Mapping and Assessment) digital health humanities framework to systematically identify therapeutic elements in SEM for HSM workforce mental wellness.

**Rationale (why do the issues matter for health service management?)**

HSM workforce experience stress, anxiety, depression and burnout from heavy work/study loads and emotional fatigue. Traditional approaches don't engage digital-native students or busy managers who perceive counseling as stigmatizing. However, HSM workforce already consume SEM for stress relief and escape from work pressures, but no framework exists to identify which content contains evidence-based therapeutic elements supporting mental wellness.

**Main idea/argument (draw down a few key points to present/discuss)**

Nine therapeutic themes were identified from a systematic review of 90 music/narrative therapy studies across 5 databases: Cognitive Engagement, Community Support, Coping through Narration, Cultural Connectivity, Emotional Connection, Emotional Wellness, Healing from Psychological Distress, Self-Identity, Taking Ownership of Life. KDPH thematic analysis revealed all 9 themes through observable elements, including narrative arcs showing transformation from isolation to connection, and character recovery journeys.

Most people already consume SEM daily. KEMA harnesses existing consumption patterns to identify SEM's therapeutic potential. It can be applied across various platforms (Netflix, Disney+, Prime Video, YouTube, Spotify), genres and culture (Korean dramas, Bollywood, anime, musicals).

**Questions:**

Can KEMA enhance mental wellness outcomes for HSM workforce compared to traditional approaches?

What types of SEMs are most suitable for different HSM professional contexts?

How can KEMA be integrated into organizational wellness support?

**Opportunities:**

HSM educators can integrate KEMA into self-care curricula.

Practitioners can use KEMA to curate relevant SEM for staff mental wellness support.

Researchers can evaluate KEMA's impact on mental wellness outcomes using validated tools/scales.

During the presentation, I shall invite you to reflect on some KPDH songs: Do these resonate with your own emotional experiences and challenges?

## Concurrent Session 6

### 1. Leadership Competency as a Lever for Empowering Nursing Workforces

**Presenting Author:**
**Zhanming Liang,** James Cook University

**Co-Authors:**
**Hui Zhang,** Sun Yat-Sen University

**Background**

Effective leadership is central to nursing staff empowerment, quality improvement, and patient safety. However, limited investment in leadership competency development and insufficient alignment between leaders' self-perceptions and staff experiences remain persistent challenges in healthcare organisations. This study examines the role of leadership competency self assessment in guiding nursing leadership development and explores the relationship between nursing directors' leadership behaviours and nursing staff psychological empowerment within hospital settings.

**Methods**

A cross-sectional quantitative study was conducted in two regional hospitals in China. Data were collected through two online surveys: a leadership competency self assessment completed by 21 Nursing Directors using the Management Competency Assessment Project (MCAP) tool, and a staff survey completed by 260 nursing staff using a validated Leadership Behavioural Scale and Spreitzer's Psychological Empowerment Scale. Descriptive statistics and Pearson correlation analyses were used to examine leadership competency, observed leadership behaviours, and empowerment outcomes.

**Results**

Nursing Directors rated themselves moderately high in leadership and professionalism competencies. Between 35% and 60% of nursing staff reported positive leadership behaviours. Leadership behaviours demonstrated by Nursing Directors were significantly and positively correlated with all four dimensions of psychological empowerment (meaning, competence, determination, and impact). Consistent differences were observed between hospitals, highlighting the influence of organisational context on leadership effectiveness.

**Outcomes and implications – including reference to healthcare management.**

Leadership behaviours are critical enablers of staff empowerment and nursing management effectiveness. For healthcare management, the study underscores the value of leadership competency self assessment as a practical tool to identify capability gaps, inform targeted development strategies, and strengthen workforce empowerment within complex healthcare systems.

### 2. Improving access to Specialist Palliative Care for people with Heart Failure: Does the Kansas City Cardiomyopathy Questionnaire Aid in decision making? A Quality Improvement Project using Participatory Action Research.

**Presenting Author:**
**Peter Allcroft,** University of Technology Sydney

**Co-Authors:**
**David Lim,** University of Technology Sydney
**Meera Agar,** University of Technology Sydney
**Carmine DePasquale,** Flinders University
**Christine Burdeniuk,** Flinders University

**Abstract**

People living with heart failure (HF) experience a significant symptom burden, poor quality of life, repeated unplanned hospital admissions and have a 50% 5-year mortality rate. When compared to people with malignancy, the rates of referral to a Specialist Palliative Care (SPC) service are disappointingly low. Reasons cited for this include the lack of clear illness trajectory and markers for referral.

We used a Participatory Action Research (PAR) framework to identify a process to improve referrals to SPC for people with advanced HF. Ethics approval for this Quality Improvement project was gained from SALHN Ethics committee. Cycle 1 of this process, reflections and the outcomes are presented. The initial challenge was to build collaboration, cooperation and understanding between SPC and the HF team. Arising from this the Kansas City Cardiomyopathy Questionnaire-12 (KCCQ-12) was used in the HF outpatient clinic to identify patients with a summary score < 29/100 who had potential unmet palliative care needs.

An initial 75 KCCQ-12 were completed in Cycle 1. Average age for participants was 67.1 years (37-96 years), and 34/75 (45.3%) were female gender. The average summary score for the entire group was 59.2/100. Of these, 11/75 (14.6%) scored less than 29/100, with an average KCCQ-12 of 16.7. Only 2/75 found the KCCQ difficult to complete and no participant found the questions stressful, welcoming the ability to raise topics, especially quality of life aspects.

On reflection of these results, we have extended the screening in Cycle 1 to ensure we capture the full spectrum of a HF clinic patients and have initiated weekly Needs Rounds between the HF and SPC triage RN.

The PAR framework supported immediate new knowledge and change in practice. The KCCQ-12 is easy to use, identifies patients with HF who may have unmet needs and is welcomed by patients. Time constraints of clinicians is a significant barrier to completion of the KCCQ-12.

### 3. Cross-border healthcare: Analyzing the phenomenon of Hong Kong residents seeking care in the Greater Bay Area in Mainland China

**Presenting Author:**
**Simon Cheung,** The Hong Kong Polytechnic University

**Co-Authors:**
**Peter Yuen,** The Hong Kong Polytechnic University

**Purpose**

This study critically examines the growing trend of Hong Kong residents seeking healthcare services in the Greater Bay Area (GBA) of Mainland China. It aims to elucidate the motivations behind this shift, explore its implications, and address the systemic challenges within Hong Kong's healthcare sector.

**Design/Methodology/ Approach**

Utilizing a push-pull framework, the research analyzes factors driving Hong Kong residents to pursue medical services in GBA cities such as Shenzhen and Guangzhou. It investigates three key areas: dental care, long-term care, and expensive pharmaceuticals, supported by qualitative data from patient interviews and policy documents.

**Findings**

The findings reveal that Hong Kong's high costs, long waiting times, and inadequate public health, dental and long term care services push patients to seek affordable and accessible alternatives in the GBA. Additionally, the study identifies significant gaps in Hong Kong's healthcare financing and service provision, exacerbated by an aging population and rising demand for innovative treatments.

**Value**

This research highlights the urgent need for policy reforms in Hong Kong's healthcare system to enhance service delivery and accessibility. It underscores the potential for cross-border healthcare integration within the GBA, suggesting that coordinated efforts can improve health outcomes and optimize resource allocation, thereby transforming the region into a leading healthcare hub.

## 4. AI Literacy and Usage Intention among Healthcare Professionals: The Mediating Roles of AI Anxiety and Attitude

**Presenting Author:**
**Haiyan He,** Guangdong Pharmaceutical University

**Co-Authors:**
**Meifang Zhou,** Guangdong Pharmaceutical University
**Aijing Luo,** Central South University
**Ping Xia,** Guangdong Pharmaceutical University
**Wenzhao Xie,** Central South University
**Zirui Xin,** Central South University
**Rui Xu,** Sun Yat-Sen University

**Objective**

This study examined the influence of artificial intelligence (AI) literacy on AI usage intention among healthcare professionals and investigated the mediating roles of AI anxiety and usage attitude.

**Methods**

A cross-sectional survey was conducted among 1,425 healthcare professionals in the Pearl River Delta region of Guangdong, China, with a response rate of 93.6%. AI literacy was assessed using the Artificial Intelligence Literacy Scale, AI anxiety with the Artificial Intelligence Anxiety Scale (AIAS), and AI usage attitude and intention with the corresponding dimensions of the UTAUT model. Data were analyzed using R (version 4.5.0). Structural equation modeling (SEM) was employed to test path coefficients, and the bootstrap method was used to estimate indirect effects.

**Results**

Participants' AI literacy score was 5.50 ± 0.72, and AI anxiety score was 76.49 ± 22.06. AI literacy was negatively correlated with AI anxiety ($r = -0.321$, $p < 0.001$) and positively correlated with usage attitude ($r = 0.439$, $p < 0.001$) and usage intention ($r = 0.433$, $p < 0.001$). AI anxiety was negatively correlated with usage intention ($r = -0.224$, $p < 0.001$). SEM results indicated that AI literacy had a significant direct effect on usage intention ($\beta = 0.112$, $p < 0.001$). Indirect effects through usage attitude ($\beta = 0.216$, 95% CI [0.183–0.250]) and the serial pathway via AI anxiety and usage attitude ($\beta = 0.033$, 95% CI [0.023–0.046]) were significant, whereas the indirect pathway through AI anxiety alone was not significant ($\beta = -0.009$, 95% CI [-0.020–0.002]). Overall, the combined mediating effects accounted for 68.2% of the total effect.

**Conclusions**

AI literacy significantly enhances healthcare professionals' intention to use AI, primarily through improving usage attitude and mitigating AI anxiety. These findings provide empirical support for designing targeted training and intervention programs aimed at promoting AI adoption in healthcare settings.

## 5. Understanding Older Adults' Behaviour and Preferences in Gerontechnology Footwear

**Presenting Author:**
**Ling Cheung,** Technological and Higher Education Institute of Hong Kong

**Abstract**

As life expectancy increases, so does the population of older adults. This study aims to investigate the behaviours and buying preferences of older adults in Hong Kong. This demographic change presents opportunities for the development of gerontechnology-integrated footwear and advancement in the health and fashion market.

The study adopted a qualitative approach through semi-structured in-depth interviews, utilising a cross-sectional and non-probability sampling technique with five participants aged 55 to 75 in Hong Kong. Thematic analysis revealed five key themes: acceptance and social recognition, health and functional concerns,

behavioural transformation and buying preferences, design and quality considerations, and marketing strategies.

The results indicate that older adults interested in innovative footwear technology prioritise comfort, health benefits, affordability, and clear product information. Additionally, the study recommends that marketing strategies, along with social influence and personality traits, significantly shape their preferences. This research contributes to bridging the gap between the adoption of innovative technology, health and fashion industry. Furthermore, it offers suggestions to promote healthcare, enhance style, and improve the quality of life and mobility among older adults in the future.

There are significant opportunities for improvement, particularly in understanding customer needs and the purchasing criteria for innovative technologies that incorporate IoT. Additionally, enhancing cross-sector collaboration with healthcare, providing personalised functionality, and aligning with contemporary fashion trends in gerotechnology footwear are crucial.

## Parallel Postgraduate Student Session 1

### 1. Comparative Study on Medical AI Applications and Strategic Exploration in the Healthcare Industry

**Presenting Author:**
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**Co-Authors:**
**Po Yi Angela Chan,** The Hong Kong Polytechnic University
**Tian Tian Rilla Liu,** The Hong Kong Polytechnic University

**Research Background**

Artificial intelligence is gradually reshaping global healthcare systems, presenting new opportunities and challenges for medical practice, research, and education. This study integrates insights from physicians, technology experts, policymakers, and educators to reveal the complexity of AI applications in healthcare.

**Research Process and Methodology**

This study employs a mixed-methods approach, combining policy analysis with a systematic literature review. It references recent peer-reviewed academic articles, industry reports, and case studies. Through literature review, functional comparison, scenario analysis, and user feedback evaluation, the research compares two AI applications in health management, consultation, and diagnostic support, summarizing AI's practicality in healthcare. Analysis indicates significant application potential in areas such as population health management (Mutharasan & Walradt, 2024), medical education, and clinical practice (ZHANG Junxiang, LI Chuanfu, LYU Weifu., 2024). It enhances evidence-based decision-making, clinical workflow efficiency, and diagnostic clarity. However, the report also highlights challenges and difficulties AI currently faces, such as privacy concerns, information security, legal and ethical issues, and more. Due to these issues, trust, accountability, and governance emerge as critical challenges for healthcare systems utilizing AI.

**Research findings and applications**

· Ali Afu: Focuses on daily health management for general users. Offers chronic disease reminders, medication guidance, and health consultations tailored to household lifestyles, demonstrating strong practicality.

· GPT-based medical AI: Excels at understanding complex issues, multilingual interaction, and comprehensive analysis. AI can assist physicians in learning, interpreting conditions, and organizing data, though its expertise and compliance require further refinement.

According to research, a thorough industry strategy is necessary for future development. Although no fully developed strategy has been widely adopted, emerging frameworks such as the US FDA's regulatory approach for AI-learning medical devices and the UK National AI Strategy show early attempts at coordinated

governance. To cultivate healthcare teams proficient in AI, educators should integrate data literacy and ethical analysis into medical curricula (Xiang Yuxin, You Menglei, Jin Kongjun, et al., 2025). While creating increasingly sophisticated predictive tools, researchers must set up frameworks for assessing system fairness and clinical impact. In addition to clearly defining automated decision management protocols and working with frontline practitioners to co-design AI solutions, hospital administrators and healthcare providers should cultivate a culture where "technology augments rather than replaces expertise."

## 2. The Mediating Role of Life Satisfaction in the Relationship Between Perceived Stress and Self-Rated Health Among Chinese University Students

**Presenting Author:**
**Zhiting Li,** Guangdong Pharmaceutical University

**Co-Authors:**
**Ping Xia,** Guangdong Pharmaceutical University
**Dongying Li,** Guangdong Pharmaceutical University
**Ping Yang,** Guangdong Pharmaceutical University
**Chaojie Liu,** La Trobe University

**Purpose and Context**

University students frequently encounter multifaceted stressors that significantly impact their health outcomes. While life satisfaction has been recognized as a crucial indicator of subjective well-being, its mediating role in the stress-health relationship remains insufficiently explored among Chinese undergraduates. This study aimed to examine the relationship between exposure to stress and self-rated health in college students, and to test whether life satisfaction serves as a mediator in this association.

**Process and Methods**

A cross-sectional online survey was conducted among 2,010 undergraduate students from multiple universities in Guangdong Province, China, between August 2024 and October 2025. Participants completed three validated instruments: the Stressor Scale for Contemporary College Students (SSCCS), the Satisfaction with Life Scale (SWLS), and the Self-Rated Health Measurement Scale (SRHMS). Data were analyzed using SPSS 26.0 with descriptive statistics, independent samples t-tests, ANOVA, Pearson correlations, and mediation analysis via the PROCESS macro (Model 4).

**Findings and Application**

Stress demonstrated significant negative correlations with both life satisfaction ($r=-0.370$, $p<0.001$) and self-rated health ($r=-0.576$, $p<0.001$), while life satisfaction positively correlated with self-rated health ($r=0.484$, $p<0.001$). Mediation analysis revealed that life satisfaction partially mediated the relationship between stress and self-rated health, accounting for 20.4% of the total effect (indirect effect=-0.060, 95%CI [-0.073, -0.049]). This finding suggests that chronic stress not only directly impairs health but also indirectly deteriorates health status by reducing life satisfaction. The results highlight the importance of implementing dual-focused interventions that simultaneously address stress management and enhance life satisfaction, particularly for female students and non-only-children who showed higher vulnerability.

## 3. Total treatment interval and quality of life of women living with breast cancer in Ethiopia: the mediating role of financial toxicity

**Presenting Author:**
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**Background**

Delays in breast cancer care are common in low-resource settings and may adversely affect patients' quality of life (QoL). Prolonged total treatment interval (TTI) can also impose substantial financial hardship. This study aimed to get insights into the potential mechanisms of how prolonged treatment interval impacts QoL through a mediation model and explore the mediating role of financial toxicity (FT) among Ethiopian women with breast cancer.

**Methods**

A cross-sectional study was conducted among 458 women with histologically confirmed breast cancer receiving treatment at three oncology centers in Ethiopia (Black Lion, Jimma, and Hiwot Fana Hospitals) between July and September 2024. QoL was assessed using the EORTC QLQ-C30, where higher functioning and global health scores indicate better QoL, while higher symptom scores reflect greater symptom burden. Financial toxicity was measured using the COST–FACIT tool, with lower scores indicating greater financial hardship. TTI was calculated as days from symptom recognition to treatment initiation. Mediation and moderated mediation analyses were performed using PROCESS v4.3 for R, controlling for sociodemographic and clinical factors.

**Results**

Of 456 (99.6%) women with complete data, 71% experienced delayed treatment initiation (>90 days). The mean (SD) global health status and EORTC QLQ-C30 summary scores were 81.2 (19.9) and 85.8 (15.2), respectively. Longer TTI was significantly associated with poorer QoL, with declines observed in both global health status (r = –0.22, p < 0.001) and the QLQ-C30 summary score (r = –0.17, p < 0.001). In multivariable models, longer TTI (>90 days) was associated with lower FT scores, indicating greater financial hardship (β = −2.72, p = 0.001). Financial toxicity was positively associated with GHS scores (β = 0.63, p < 0.001). The indirect effect of TTI on GHS through financial toxicity was significant (β = −1.70, 95% CI [−2.94, −0.66]), while direct and total effects were not. Similar patterns were observed for the EORTC QLQ-C30 summary and functional/symptom domains. Cancer stage did not significantly moderate the indirect pathway.

**Conclusion**

Prolonged TTI impair quality of life among women with breast cancer in Ethiopia primarily through increased financial hardship rather than direct clinical effects. Interventions aimed at reducing delays and mitigating financial burden may enhance patient well-being and treatment outcomes in low-resource settings.

## 4. Analysis on the Current Status and Influencing Factors of Loneliness Among College Students in Foshan Universities

**Presenting Author:**
**Mingxin Tan,** Guangdong Pharmaceutical University

**Co-Authors:**
**Ping Xia,** Guangdong Pharmaceutical University
**Chaojie Liu,** La Trobe University

**Background**

Loneliness is a prevalent mental health challenge among college students, and the disconnect between classroom-based theoretical teaching and frontline campus mental health practice weakens intervention efficiency. This creates a critical need for health management academics and practitioners to exchange insights, bridge the theory-practice gap, and improve student mental health support.

**Methods**

A cross-sectional survey was conducted among 1549 college students in Foshan using convenience sampling. Data were collected via a demographic questionnaire and the UCLA Loneliness Scale-8 (ULS-8). Univariate

analysis and multiple stepwise linear regression were performed to identify key influencing factors of loneliness.

**Results**

The mean loneliness score was 15.43±4.204 (range 8-29), with 48.3% of students reporting varying degrees of loneliness and 2.5% suffering severe loneliness. Thirteen variables showed significant correlations with loneliness ($P<0.05$), and nine independent predictors were extracted, explaining 16.9% of the variance in loneliness levels.

**Outcomes and implications – including reference to healthcare management.**

This study provides empirical evidence that fosters mutual learning between academics and practitioners. For healthcare management, academics can translate these findings into classroom curricula to cultivate practice-oriented talents; practitioners can apply the identified factors to design targeted campus interventions and feed real-world challenges back to academic research. This two-way interaction optimizes healthcare management strategies, enhances the quality of student mental health services, and closes the divide between theoretical knowledge and practical application.

## 5. The "Invisible" Workers: A Data Analysis of Job Characteristics, Perceived Organizational Justice, and Occupational Burnout among Administrative Personnel in Public Hospitals

**Presenting Author:**
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**Jiaming Wang,** Guangdong Pharmaceutical University
**Mingxin Tan,** Guangdong Pharmaceutical University
**Chaojie Liu,** La Trobe University
**Ping Xia,** Guangdong Pharmaceutical University

**Objective**

To investigate the current status of occupational burnout among administrative staff in Grade II and above public hospitals in Guangdong Province, and to explore its influencing factors.

**Methods**

A cross-sectional survey was conducted among 377 administrative personnel from 16 Grade II and above public hospitals in Guangdong Province, using the self-designed *Questionnaire on the Growth Status of Healthcare Talents and the Implementation of Talent Policies in Guangdong Province*. Drawing on the Job Demands-Resources (JD-R) model, data were analyses using independent samples t-test, multiple linear regression, and the PROCESS macro for mediation analysis..

**Results**

Independent samples *t*-test revealed that *bianzhi* (formal employment establishment) had no statistically significant effect on occupational burnout ($P>0.05$). Multiple linear regression analysis showed that workload ($R^2$=23.6%, $P<0.05$) and job resources ($R^2$=17.4%, $P<0.05$) specifically influenced occupational burnout; heavier workload was associated with more severe burnout, whereas abundant job resources alleviated burnout. Difficulty in professional title promotion ($R^2$=4%, $P<0.05$) had a relatively weaker impact on burnout. Additionally, work recognition among public hospital administrative staff negatively predicted occupational burnout ($B$=-0.53, $P<0.05$) and positively predicted perveived organizational justice ($B$=0.61, $P<0.05$). Furthermore, Perceived organizational justice played a partial mediating role in the relationship between work recognition and occupational burnout.

**Conclusion**

Occupational burnout among hospital administrative staff is primarily influenced by workload, job resources, and work recognition. Hospitals are advised to implement comprehensive measures to reduce workload, enrich job resources, and reshape internal organizational justice to alleviate burnout, thereby supporting the high-quality development of hospitals.

## 6. Emotional experiences of Indian Young Adults to Sensitive Social Media Content: A Qualitative Analysis

**Presenting Author:**
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**Abstract**

This study aims to explore the impact of social media content on emotional sensitivity in Indian young adults. We used convenience sampling method to collect responses through in depth interview from 32 young adults in the age group of 18-25 years from Hyderabad, Telangana, India. Thematic analysis conducted led to overarching themes which include, i) Exposure to sensitive issues build awareness; ii) Negative emotional experience, iii) Individual power to make a difference. The research study findings suggest that awareness created through social media can be thoughtfully used in preventive mental health and community programs to encourage responsible citizenship while also helping young adults manage their emotional responses and protect their well-being.

## 7. The Impact of an AI Enabled Low Radiation 3D Imaging System on Hong Kong's Public Healthcare: Enhancing Safety, Surgical Precision, and System Efficiency

**Presenting Author:**
**Ho Yee Kelly Fu,** The Hong Kong Polytechnic University

**Co-Authors:**
**Hee Man Chen,** The Hong Kong Polytechnic University
**Sheung Yan Choi,** The Hong Kong Polytechnic University

**Background**

Artificial intelligence has been introduced in the Hong Kong healthcare system, and it represents an important change with major impacts for medical effectiveness, patient safety, and systemic efficiency. This project will discover the developing influences of AI within the framework of Hong Kong's healthcare system, an environment that has advanced technological adoption, high population density, and a complex public health infrastructure.

**Research Process and Methodology**

This study uses a qualitative research approach based on secondary data analysis and case evaluation. Data were collected from the published reports, peer reviewed journal articles, and institutional press releases from The Hong Kong University of Science and Technology and its clinical partners. The methodology involves reviewing technical descriptions of the AI imaging system, comparing reported imaging performance and radiation reduction statistics to existing CT standards, cost efficiency, and patient safety.

**Findings and Implication**

The Hong Kong University of Science and Technology developed this AI medical imaging technology in 2025. The AI algorithm can make a high resolution 3D image in less than a minutes using only two to four X-ray

images. This is much faster than the 400 to 500 X-ray projections that are usually needed for a regular CT scan. The AI algorithm also keeps about 97% of the structural accuracy of a standard CT scan (HKUST, 2025). The team says that this method can cut radiation exposured by about 95 to 99% which is very important for groups that are more likely to be harmed by radiation like children, pregnant women, and patients who need to have follow up imaging often (HKUST, 2025). From a clinical point of view , reducing cumulative ionizing radiation is a important patient safety objective given that repeated CT scans are tied up with a slight yet significant elevation in lifetime cancer risk, especially among younger patients (Brenner & Hall, 2007).

This AI system could change how surgery is planned and done in addition to making it safer and more faster. HKUST is working with Koln 3D the first orthopaedic and metal component printing company in Hong Kong to use this technology for detailed pre-surgical planning, personalized 3D printed surgical implants, and real time surgical navigation inside the operating room (HKUST, 2025). This technology might help surgeons be more accurate, speed up surgeries, and lower the number of complications (HKUST, 2025). A local public hospital is currently working on clinical validation. If the pilot results are good it will be added to the public healthcare system which could happen as soon as next year (HKUST, 2025). This technology is also expected to shorten the current three week wait time for CT in Hong Kong public hospitals and lower imaging costs by replacing many CT scans with AI enhanced X-ray based 3D reconstructions. This is because X-ray equipment is much more widely available and less expensive than CT scanners (Lam & Tsang, 2025).

**Summary and Conclusion**

The HKUST's AI enabled low radiation 3D imaging system marks a milestone in Hong Kong's healthcare, reducing radiation, improving imaging access, and boosting surgical accuracy. This collaboration shows Hong Kong's growing ability to incorporate AI in healthare. If widely adopted, it could lower patient risks, reduce waiting times and enhance hospital efficiency. Future research should validate it clinically and analyse long term costs for policy and adoption.

## 8. Association between time to treatment and financial toxicity among women with breast cancer in Ethiopia: A multicentre study in a low-resource setting

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**Background**

Breast cancer imposes a substantial financial burden on patients, especially in low-income countries like Ethiopia where out-of-pocket payments dominate health financing. This study aimed to assess the association between time to treatment initiation and financial toxicity (FT) among women with breast cancer in Ethiopia.

**Methods**

A cross-sectional study was conducted from July to September 2024 involving 458 women at three tertiary hospitals in Ethiopia. Data were collected using a validated Amharic version of the COST-FACIT tool and clinical records. FT scores ranged from 0 to 44, with lower scores indicating greater hardship. Multivariable linear regression was used to assess the relationship between total treatment interval (TTI) and FT.

**Results**

The median FT score was 10 (IQR: 5–16). Seventy-one percent of participants experienced TTI >90 days. Longer TTI remained a significant predictor of higher FT after adjustment ($\beta = -2.50$; $p = 0.002$). Younger age, low income, rural residence, being on active treatment, and reliance on borrowed/assisted financing were also significant predictors of greater financial toxicity.

**Conclusion**

Financial hardship is common among Ethiopian women with breast cancer. Longer treatment delays are significantly associated with higher FT, highlighting the need for more equitable and responsive health financing systems. These findings highlight the limited role of the current health insurance arrangement in addressing the level and inequality of financial hardship associated with breast cancer care in Ethiopia.

## Parallel Postgraduate Student Session 2

### 1. Does video games has a good impact for Youngers?

**Presenting Author:**
**Ching Oo Kaci Kwok,** Tung Wah College

**Co-Authors:**
**Jasmine Tsang,** Tung Wah College

**Topic**

This presentation advocates for a paradigm shift in viewing video games as a potential health promotion resource for youth in Hong Kong, focusing on psychosocial benefits—stress relief, social connection, and cognitive enhancement—rather than solely on risks.

**Rationale**

High academic pressure contributes to rising youth mental health needs, challenging conventional health services. Video games, as a highly engaging medium, present an innovative opportunity for scalable, preventive mental health strategies that can complement traditional approaches and reach young people in a culturally relevant way.

**Main Ideas/Arguments**

1. Evidence Supports Benefits: Specific game genres (e.g., social, puzzle, sports games) show efficacy in reducing anxiety, fostering social support, and improving cognitive functions like attention and problem-solving.
2. Reframing is Required: Overcoming the prevailing stigma around gaming is essential to harness its benefits. Health managers can lead in developing balanced, evidence-based guidelines.
3. Actionable Integration: Potential applications include recommending therapeutic game use, incorporating gamification into digital health tools, and fostering cross-sector partnerships to develop or evaluate games designed with mental health outcomes in mind.

**Questions and Opportunities**

- For Health Managers: How can we create practical frameworks to distinguish beneficial gaming patterns from harmful ones? What role can health services play in educating parents and schools?
- For Research: What specific game mechanics (e.g., cooperation, achievement) drive positive outcomes, and how can they be standardized for public health use?
- Strategic Opportunity: Proactively exploring game-based interventions aligns with digital health innovation, offering a preventive, community-focused approach that could reduce long-term service demand.

### 2. An Evaluation on the Implementation Process and Effectiveness of Hong Kong's Diabetes Management Policy Based on the RE-AIM Framework

**Presenting Author:**
**Hao Yan Liu,** Tung Wah College

**Co-Authors:**
**Fowie Ng,** Tung Wah College

**Background**

The situation of diabetes in Hong Kong is characterized by increasing prevalence to 8.2% (IDF,2024) due to intensifying aging population. Being a common chronic condition, diabetes not only consumes the medical resources but also leads to poor quality of life among patients. The inconsistency in the policy information further affects patients. This study will focus on the key policies in Hong Kong, including the "Chronic Disease Management Scheme"（District Health Centers, 2023）and the "Healthy Living Scheme"（Department of Health, 2020.

**Methods**

The study is based on systematic literature review and content analysis of the policy through the application of the RE-AIM framework (Reach, Effectiveness, Adoption, Implementation, Sustainability) (King et al., 2010). Official documents, academic literature, and open databases form the source of secondary data, which are retrieved and validated after target search.

**Results**

The policies in Hong Kong are beneficial towards enhancing the health indicators of patients (e.g., glycemic control), medical resources utilization, and also provide the basic sustainability provisions. Nevertheless, skewed geographical distribution (urban vs. rural) and lack of flexibility to the aging process remain.

**Results and Conclusions**

The RE-AIM framework serves as an effective multi-dimensional tool to comprehensively evaluate Hong Kong diabetes management policies, cover core implementation dimension. Hong Kong's policies have achieved remarkable success, such as improved patients' key health indicators (e.g., glycemic control), optimized medical resource allocation, and establishing basic long-term operation guarantee. However, obvious defects exist, including unbalanced regional development—there are significant disparities in screening site distribution and service accessibility between urban core areas and remote regions. Furthermore, the cooperation mechanism between public and private sectors in policy execution (Hospital Authority, 2026), resource sharing, and service coordination needs further improvement to better meet the diverse needs of diabetic patients.

## 3. A Case Study of Pets-Assisted Therapy for Children with Autism Spectrum Disorder (ASD) in Hong Kong

**Presenting Author:**
**Qiao Zhou,** Tung Wah College

**Co-Authors:**
**Fowie Ng,** Tung Wah College

**Abstract**

Autism Spectrum Disorder (ASD) is a neurodevelopmental condition characterized by persistent difficulties in social communication, challenges in emotional regulation, and restricted or repetitive patterns of behavior. These characteristics often appear in early childhood and can significantly affect children's daily functioning, learning experiences, and social relationships. Although there is no cure for ASD, previous research suggests that early intervention and appropriate support can improve social communication skills and emotional development. However, traditional therapeutic approaches are often highly structured, which may cause stress or resistance among some children with ASD.

In recent years, Pet-Assisted Therapy (PAT) has been increasingly adopted as a complementary intervention in countries such as the United States, Japan, and Taiwan. Research indicates that interactions with animals can provide emotional comfort and create a relaxed and supportive environment for children with ASD. Animals do not impose complex social expectations, allowing children to engage in social interaction in a non-threatening and natural way. Through activities such as playing, touching, or caring for animals, children may develop emotional awareness, reduce anxiety, and increase their willingness to communicate and participate in social activities.

Despite growing international interest, the application of PAT in Hong Kong remains limited, and there is a lack of local research exploring its effectiveness and feasibility. Therefore, this study aims to examine the experiences and perspectives of children with ASD and their parents regarding Pet-Assisted Therapy in the Hong Kong context. A qualitative research design is adopted, using semi-structured interviews with ten children with ASD and/or their parents who have participated in PAT programs. The interviews focus on parents' reasons for choosing PAT, their sources of information about the therapy, and their observations of changes in their children's emotional regulation, social interaction, and behavior.

The data collected will be analyzed using thematic analysis to identify common experiences and key themes. It is expected that parents will report improvements in emotional stability, reduced anxiety, and increased social engagement among some children after participating in PAT, although individual differences are anticipated. The findings of this study aim to contribute to a better understanding of the potential benefits and limitations of Pet-Assisted Therapy, providing practical insights for educators, social workers, and families. Ultimately, this research seeks to support the development of more human-centered, flexible, and inclusive intervention approaches for children with ASD in Hong Kong.

## 4. Clinical and Digital Support System (CDSS) for Community-and Home-Based Care of Senior Adults: A Scoping Review

**Presenting Author:**
**Xiao Jin Pan,** Tung Wah College

**Co-Authors:**
**Fowie Ng,** Tung Wah College

**Topic**

Clinical Decision Support Systems (CDSSs) provide clinical knowledge, patient information and related health information to support decision-making, and have become an important part of medical technology (Chen et al., 2023; Sutton et al., 2020). However, this usage still mainly concentrates in hospitals, while applications in community-and home-based elderly care remain relatively limited despite rapid population ageing-particularly in Hong Kong where senior adults already account for nearly one-fifth of the population.It placed tremendous growing pressure on long-term and community care services (2021 Population Census-Short Articles, n.d.).

**Rationale**

To address this gap, this paper aims to map the global evidence on CDSS and related smart tools for community/home-based care of older adults, and to explore how these tools could be integrated into Hong Kong's elderly care policies and service planning.

**Main Ideas**

The paper adopts a scoping review and narrative synthesis, supplemented by policy analysis and case descriptions. English and Chinese literatures published between 2020 to 2025 will be searched in PubMed, Scopus, Web of Science and Google Scholar, focusing on identifying major types of CDSS and smart tools and their application scenarios in community/home care; assessing reported impacts on care quality, workflow efficiency and user experience; and summarizing implementation barriers and facilitators, including interoperability, workforce readiness and the digital divide. Linked to Hong Kong's three-tier elderly care strategy (Home-Elderly Commission, 2025) of "home-based care as the foundation, community-based care as the mainstay, and residential care as the backup", the paper will further propose an implementation pathway for community/home-based CDSS, including embedding functions into existing services to moving towards a smart community care ecosystem , and discuss key questions such as the most suitable CDSSs for community- and home-based care, how these tools can be integrated into routine workflows, the benefits while improving the safety of health service management in Hong Kong.

**Questions and Opportunities**

The review is expected to provide practitioners with practical ideas for selecting and implementing CDSS modules in community care, while identifying evidence gaps and future research opportunities to further refine informatized elderly care and strengthen health service management.

## 5. From Offline to Online: Association between Offline Service Quality and Online Service Utilization in Asynchronous Telemedicine

**Presenting Author:**
**Xuezhu Li,** Sun Yat-sen University

**Co-Authors:**
**Hui Zhang,** Sun Yat-sen University

**Background**

Asynchronous telemedicine is an increasingly used channel for delivering care alongside offline visits. However, evidence remains limited regarding whether offline service quality is associated with subsequent utilization of asynchronous telemedicine and the mechanisms underlying this relationship. This study examines the association between offline service quality and subsequent utilization of asynchronous telemedicine, and explores the mediation effect of patient satisfaction.

**Methods**

We collect data on patient perceived offline outpatient service quality at a large hospital system in China (October 2023-April 2024). Patients' online utilization of the affiliated asynchronous telemedicine platform during the same period are collected. Offline outpatient service quality is measured by a SERVQUAL-based instrument in which all items are rated on a 4-point Likert scale. An overall service quality score is computed by averaging item ratings within each dimension and then averaging the five-dimension scores. Online service utilization is a binary variable indicating whether patients use online services within 30 days following an offline outpatient visit or not. Patient satisfaction is a binary variable indicating whether patients are satisfied with the offline outpatient visit. This study includes 11,267 samples. We employ logistic regression models to assess the association between offline outpatient service quality and subsequent online service utilization and conduct a mediation analysis. We further explore heterogeneity between chronic patients vs. non-chronic patients.

**Results**

The results show that one-point higher offline outpatient service quality score is associated with 22.02% higher odds of online service utilization. Mediation analysis indicates that patient satisfaction partially mediates the association between offline outpatient service quality and online service utilization. Regarding chronic conditions, the positive association between offline outpatient service quality and subsequent online service utilization is observed among patients with non-chronic conditions, while no significant association is observed for patients with chronic conditions.

**Outcomes and implications – including reference to healthcare management.**

Our findings suggest that improving offline outpatient service quality can help attract patients to the asynchronous telemedicine platform of the affiliated hospitals, especially among patients with non-chronic conditions. Hospitals could consider enhance offline service quality by improving service processes, ensuring better communication, and conveying empathy, which might lead to increasing usage ofsubsequent online consultations.

## 6. Digital Transformation for a Traditional Chinese Medicine Clinic

**Presenting Author:**
**Chun Chung Wong,** Tung Wah College

**Abstract**

My clients is my mentor Dr. Hui improve digital present. She request me to provide voice-to-text diganosis report for her and update the social media, website content include event photo and health information. I train the Cantonese model with AI, medical terms training model and booking system on website make the clinic handle medical information more effection.

## 7. A systematic review of the cost-effectiveness of acupuncture in low back pain management

**Presenting Author:**
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**Background**

Low back pain (LBP) remains one of the most prevalent causes of disability worldwide and imposes substantial clinical, social, and economic burdens. 1-5 Although acupuncture has been widely used for LBP management and is generally considered effective and safe, evidence regarding its economic value has not been comprehensively synthesised. This study therefore aimed to collate and appraise existing evidence on the cost-effectiveness of acupuncture for LBP.

**Methods**

A systematic search of both English and Chinese databases was conducted from inception to the end of 2024. We considered a broad range of full economic evaluations, including trial-based and model-based studies assessing acupuncture for LBP management. Study selection, data extraction, and synthesis were independently performed by two reviewers. The review process adhered to PRISMA guidelines, and reporting quality was evaluated using the CHEERS 2022 checklist.

**Results**

From the initial pool of 749 records, nine studies were ultimately eligible for inclusion. All included studies originated from English databases. Among them, four were based on clinical trials, one utilised a cross-sectional approach, and the remaining four applied decision-analytic models. The evidence consistently suggested that acupuncture was cost-effective across all studies, and it was found to be cost-saving in more than 50% of cases. In terms of reporting quality, around four-fifths of the CHEERS 2022 criteria were satisfied on average.

**Outcomes and implications – including reference to healthcare management.**

The findings indicate that acupuncture represent a cost-effective, and in some contexts cost-saving, option for managing LBP. The coverage of acupuncture within public reimbursement systems for LBP management should be considered by the policymakers. Future studies should consider extending analytic time horizons, strengthening the measurement of health-related quality of life, and more fully capturing indirect costs for estimating productivity losses.

## 8. Organizational, behavioral and technical determinants contributing to poor quality of routinely collected health data in Indonesia: a sequential mixed-methods study

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**Background**

Robust health information systems are essential for high-performing health services, enabling the generation of reliable data to support decision-making, improve efficiency, and drive continuous quality improvement. In Malang, Indonesia, digital health initiatives rely on community health centers (Puskesmas) and community health workers (CHWs) to collect health data. However, concerns persist regarding the quality and utility of these data for improving access to care and health outcomes. Using the digital Elderly Management Information System (EMIS), this study assesses the quality of routinely collected data by CHWs and examines factors influencing data quality.

**Methods**

An explanatory sequential mixed-methods design was adopted. The quantitative phase evaluated completeness and accuracy of EMIS data for 110,746 older adults (2022–2024) across 57 villages. Data quality was assessed by examining missing values and implausible or outlier entries. Analyses were conducted using STATA 18. Findings from this phase informed the qualitative inquiry, comprising nine focus group discussions with 16 program coordinators, 17 CHWs, and two District Health Officers (DHOs). Thematic analysis using NVivo explored organizational, behavioral, and technical determinants of data quality.

**Results**

Data coverage increased from 13% in 2022 to 39% in 2024; however, overall data quality remained suboptimal. Missing values were substantial, including 31–40% missing insurance numbers and 33–42% missing or erroneous cholesterol measurements. Age-related outliers increased from 2% to 5% over the study period. The highest proportion of outliers occurred in total blood cholesterol levels, reaching 49% in 2022 and 42% in both 2023 and 2024. Qualitative findings highlighted low demand for high-quality data among key stakeholders, delayed feedback mechanisms, unclear verification structures, limited motivation among data collectors due to high data-entry burden, inadequate skills and data literacy, and multiple technical challenges, including system design issues and restricted data integration and interoperability.

**Implications**

Improving the quality and use of routine health data requires coordinated interventions across organizational, behavioral, and technical domains. Priority actions should include strengthening coordination mechanisms, implementing standardized data verification protocols, providing competency-based training for CHWs, and redesigning digital systems to incorporate automated validation features.

## 9. Impact of AI Disruption on Resource Perceptions and Career Outcomes in Medical Practice: A Conservation of Resources Framework Across Career Stages

**Presenting Author:**
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**Abstract**

AI-enabled systems are increasingly embedded in clinical workflows, influencing how clinical knowledge is produced, interpreted, and authorised, with implications for judgement, responsibility, and accountability in practice (Natali et al., 2025). While often framed as adoption or compliance challenges, AI disruption also constitutes a shift in valued personal and work resources with implications for workforce sustainability (Radhwi & Khafaji, 2024). This study applies Conservation of Resources (COR) theory to examine how doctors perceive AI-driven change through resource loss and resource gain spirals over time, positioning professional identity (competence, authority, judgement, responsibility) as a central personal resource (Jia et al., 2025). COR theory explains cumulative resource erosion and accumulation processes, including the tendency for loss spirals to accelerate and compound if resource replenishment is constrained (Halbesleben et al., 2014).

An exploratory sequential mixed-methods design will be used. Study 1 comprises qualitative semi-structured interviews to elicit doctors' experiences of AI integration and identify perceived resource losses and gains in professional identity and work resources (e.g., support systems, learning access and implementation conditions), and how these patterns differ across early-, mid-, and late-career stages. Study 2 is a two-wave quantitative study in which constructs, measures, and hypotheses are informed by Study 1, testing relationships between perceived resource losses/gains and outcomes including career retention, engagement, wellbeing, and job satisfaction. The model incorporates moderators at two levels: organisational conditions (learning climate; AI adaptability) and personal conditions (career stage; self-efficacy; career salience). In line with COR's "resource caravans" and organisational "passageways," (Hobfoll, 2011) the study also examines how supportive contexts enable doctors to convert AI-related resource investments (e.g., learning and accountability) into sustained resource gains rather than depletion.

The study will generate evidence on how AI-driven change is experienced through cumulative resource loss/gain processes, and how these patterns differ across career stages and organisational contexts. By linking these dynamics to career sustainability outcomes, the research will inform health service leaders, educators, and workforce planners seeking to align AI capability-building with retention, wellbeing, and quality-of-care priorities. It will also support policy conversations about responsible AI implementation that accounts for professional work and resource constraints, providing a theory-driven agenda for future workforce and health services research in AI-enabled healthcare.