MACH
Melbourne Academic
Centre for Health

MacHSR Future Leaders Fellowship program
Final reporting (Cohort 3)

Fellow Name: Olivia Manos

Project title: Evaluating the effect of Same Day Surgery on Length of Stay in elective benign total laparoscopic hysterectomy surgery patients at a tertiary centre – a retrospective study

Overview of the original problem and approach

Enhanced Recovery After Surgery (ERAS) programs are well established as an effective model for improving perioperative outcomes, including reduced length of stay (LOS), decreased post-operative complications, and improved patient experience. Within gynaecological surgery, the ongoing refinement of ERAS pathways has enabled the introduction of Same Day Surgery (SDS) models for selected patients undergoing benign total laparoscopic hysterectomy (TLH) surgery. These models aim to optimise patient flow, enhance recovery, and reduce inpatient bed utilisation while maintaining safety and quality of care.

Despite the increasing uptake of SDS pathways, there remains limited locally generated evidence comparing SDS with standard ERAS care for benign TLH patients within tertiary women's health services. Local data is particularly important in informing clinical decision-making, supporting sustainable service redesign, and ensuring that pathway changes are appropriate for specific patient populations.

This project was designed to address this evidence gap by evaluating the impact of SDS implementation on LOS for elective benign TLH patients at a tertiary women's health service. Using a retrospective pre–post study design, the project aimed to assess whether SDS pathways were associated with reduced LOS when compared with standard ERAS care, while also allowing for future service evaluation and research within the organisation.

Project development and refinement

During the MacHSR Fellowship, the project progressed from initial concept to a fully developed and approved research study. The study protocol was refined through structured mentorship, peer review, and engagement with multidisciplinary stakeholders, including nursing, anaesthesia, and medical staff. These discussions supported clarification of the research question, refinement of inclusion and exclusion criteria, and strengthening of the methodological approach.

Specifically, attention was given to addressing potential sources of bias inherent in retrospective study designs. Cohort definitions were refined, eligibility criteria clarified, and data analysis considerations strengthened to ensure the study would produce meaningful and interpretable results once implemented. The protocol also evolved in response to ethics committee feedback, with updates made to ensure compliance with privacy legislation, ethical standards, and local governance requirements.

This iterative process significantly strengthened the scientific and ethical rigour of the study and enhanced its feasibility within a complex tertiary health service environment.

Activities undertaken during the fellowship

Throughout the fellowship period, substantial foundational work was undertaken to support successful study implementation. Key activities included:

- Development and iterative refinement of the study protocol
- Submission of a Human Research Ethics Application (HREA) and detailed responses to ethics committee feedback
- Completion and approval of Site-Specific Assessment (SSA) documentation
- Ongoing engagement with clinical mentors and research advisors
- Establishment of interdisciplinary collaboration across nursing, anaesthesia, and surgical teams
- Development of data collection tools and preparation for data extraction and analysis

These activities required sustained engagement and coordination and reflect the significant preparatory work often required before clinical research can commence within health services.

Barriers and delays

The primary barrier encountered during the fellowship was a prolonged ethics and governance approval process. Ethics approval was granted on 14 November 2025, with SSA approval subsequently received on 22 December 2025. As a result, data collection and analysis could not commence within the formal fellowship timeframe.
While these delays were disappointing and limited the ability to generate outcome data during the fellowship period, they provided valuable insight into the practical realities of clinician-led research. The experience highlighted the complexity of navigating ethics and governance processes and reinforced the importance of early planning, mentorship, and institutional support for emerging clinician researchers.

Achievements and impacts to date
Although outcome data was not available within the fellowship period, several important achievements were realised:

- Completion of a fully approved, ethically robust study protocol
- Establishment of a strong interdisciplinary research collaboration
- Development of advanced skills in research governance, ethics processes, and protocol development
- Strengthening of research leadership capability within a clinical nursing role

These achievements reflect the fellowship's broader impact in building sustainable research capacity and leadership, beyond the immediate delivery of study outcomes.

Plans for continued activity, translation and implementation
With all ethics and governance approvals now in place, the study is well positioned to proceed with data extraction and analysis. Findings from this work are intended to inform ongoing optimisation of ERAS and SDS pathways for gynaecological surgery patients at the Women's, as well as within the broader context of care delivery within women's health.
Depending on study findings, the project may support future service redesign initiatives, inform broader implementation of SDS pathways, and contribute to the development of prospective or comparative research studies. Results may also be disseminated through internal governance forums, professional presentations, and, where appropriate, academic publication.
The project aligns closely with the Women's organisational priorities around patient-centred care, efficiency, and evidence-based practice, and is expected to contribute to continuous quality improvement within perioperative services.

Resulting collaboration and engagement
The MacHSR Fellowship facilitated meaningful collaboration between nursing leadership, anaesthetists, and medical staff, strengthening interdisciplinary approaches to service evaluation and research. Engagement with the Melbourne Academic Centre for Health Services Research supported exposure to health services research networks and has enabled ongoing involvement in research activities beyond the fellowship period.
These collaborations have strengthened relationships across disciplines and provided a strong foundation for future research and quality improvement initiatives.

Reflective statement – leadership and capability development
Participating in the MacHSR Future Leaders Fellowship has been a significant professional and leadership development experience for me. The fellowship provided an opportunity for me to move beyond the project design and engage deeply with the realities of clinician-led research within a tertiary health service. This included navigating ethics and governance processes, responding to critical feedback, and balancing research activity alongside clinical leadership responsibilities.
Throughout the fellowship, I developed a stronger understanding of the systems, structures, and relationships required to progress meaningful health services research. Engaging with multidisciplinary stakeholders strengthened my confidence in leading conversations across nursing, medical, and anaesthetic teams, and reinforced the importance of collaboration, adaptability, and persistence when working within complex healthcare environments.
While the delays associated with ethics and governance approval were challenging, they were also an opportunity for learning and growth. This experience reshaped my expectations of research timelines and reinforced the value of resilience and strategic leadership in sustaining research momentum. Importantly, it

reframed my understanding of success within clinician-led research, recognising that building robust foundations, capability, and partnerships is as critical as producing outcomes.

The fellowship has strengthened my identity as a clinician researcher and leader, and has influenced how I approach quality improvement, service evaluation, and evidence-based practice within my clinical role. I remain committed to integrating research, evaluation, and leadership into my ongoing work and to contributing to a culture of inquiry and continuous improvement within my organisation.