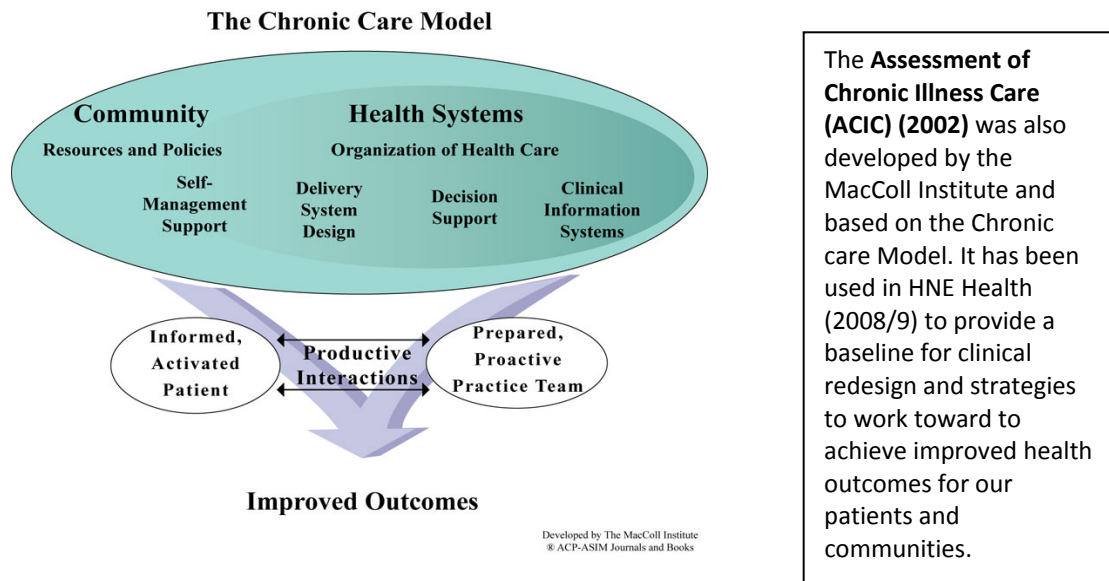


Appendix 1 – The Chronic Care Model and Assessment of Chronic Illness Care (ACIC)
 - developed by Ed Wagner et al, MacColl Institute, USA

http://www.improvingchroniccare.org/index.php?p=The_Chronic_Care_Model&s=2



The Community:

- Encourage patients to participate in effective programs.
- Form partnerships with community organizations to support or develop programs.
- Advocate for policies to improve care.

Health System:

- Visibly support improvement at all levels, starting with senior leaders.
- Promote effective improvement strategies aimed at comprehensive system change.
- Encourage open and systematic handling of problems.
- Provide incentives based on quality of care.
- Develop agreements for care coordination

Delivery System Design:

- Define roles and distribute tasks among team members.
- Use planned interactions to support evidence-based care.
- Provide clinical case management services for high risk patients.
- Ensure regular follow-up.
- Give care that patients understand and that fits their culture

Decision Support:

- Embed evidence-based guidelines into daily clinical practice.
- Integrate specialist expertise and primary care.
- Use proven provider education methods.
- Share guidelines and information with patients.

Clinical Information Systems

- Provide reminders for providers and patients.
- Identify relevant patient subpopulations for proactive care.
- Facilitate individual patient care planning.
- Share information with providers and patients.
- Monitor performance of team and system.

Self Management Support

- Provide reminders for providers and patients.
- Identify relevant patient subpopulations for proactive care.
- Facilitate individual patient care planning.
- Share information with providers and patients.
- Monitor performance of team and system.

APPENDIX 2**Chronic Care Research Questionnaire**

Page 1

Demographic details

Thank you for doing this survey. Please complete the following non-identifying information, which will help to create a picture of current chronic care services. WHEN THIS PAGE IS COMPLETED PLEASE CLICK 'NEXT' WHICH WILL TAKE YOU THE IMPORTANCE AND EVIDENCE QUESTIONS.

1. I currently work in (please tick all categories which apply to your current employment)...*
Select at least 1 and no more than 7.
 - Aboriginal Community Controlled Health Service (eg Aboriginal Health Worker, other health professional)
 - Non-Government Organisation (eg Council funded case coordinator, Diabetes Australia volunteer)
 - community health (eg community nurse, dietitian, team manager)
 - acute hospital (eg medical ward, specialist outpatients clinic)
 - general practice (eg GP, practice nurse, other practitioner employed in a general practice)
 - private practice (eg private physiotherapist, private home care nurse)
 - Other, please specify

2. What health profession do you belong to? (Please tick one category which best describes your profession)*
 - doctor
 - nurse
 - allied health
 - health education officer/ liaison officer/ community support
 - staff educator/ project officer
 - volunteer
 - Other, please specify

3. Do you have a primarily management role?*
- Yes No

4. How long have you worked in this profession?*
- <5 years
- 5-15 years
- 15-25 years
- 25-35 years
- 35 years +

5. The town/city in which I am based has a population of approximately...*
- less than 3,000 (eg Bundarra, Wee Waa)
 - between 3,000 and 10,000 (eg Tenterfield, Manilla)
 - between 10,000 and 25,000 (eg Moree, Armidale)
 - more than 25,000 (eg Tamworth)
 - sorry, no idea
6. I have received training to work with chronic care clients/patients (please tick as many as are relevant)...*
- Select at least 1 and no more than 5.
- on the job
 - professional development within organisation
 - professional development outside organisation
 - as part of tertiary study
 - as a carer
 - no specific training
 - Other, please specify
-
7. On average, I provide chronic care support to...*
- Please Select --

Chronic Care Research Questionnaire

Importance and Evidence of chronic care support

Each of the following elements of chronic care support can be found in discussions about Chronic Disease Self Management (CDSM). In terms of providing care to chronic care patients/clients, please indicate how you rate the IMPORTANCE of each of these elements, followed by the level of EVIDENCE you see in your workplace and/or team. (If you wish to comment further on any of the items, please do so at the end in the space provided). WHEN YOU HAVE COMPLETED THIS PAGE PLEASE CLICK ON 'DONE'.

8. What is the importance of patients knowing about what contributes to their condition? *
- No importance
 - Little importance
 - Some importance
 - Great importance
 - Extreme importance
 - Not sure
9. How much evidence do you see that patients know about what contributes to their condition? *
- No evidence
 - Little evidence
 - Some evidence
 - Significant evidence
 - Considerable evidence
 - Not sure
10. What is the importance of patients knowing about the effect of their medications on their condition? *

- No importance Little importance Some importance Great importance Extreme importance
 Not sure

11. How much evidence do you see that patients know about the effect of their medications on their condition? *

- No evidence Little evidence Some evidence Significant evidence Considerable evidence
 Not sure

12. What is the importance of patients knowing about their long term treatment plan? *

- No importance Little importance Some importance Great importance Extreme importance
 Not sure

13. How much evidence do you see that patients know about their long term treatment plan? *

- No evidence Little evidence Some evidence Significant evidence Considerable evidence
 Not sure

14. What is the importance of patients being involved in decisions about their treatment? *

- No importance Little importance Some importance Great importance Extreme importance
 Not sure

15. How much evidence do you see that patients are involved in decisions about their treatment? *

- No evidence Little evidence Some evidence Significant evidence Considerable evidence
 Not sure

16. What is the importance of patients having a personal clinical management plan? *

- No importance Little importance Some importance Great importance Extreme importance
 Not sure

17. How much evidence do you see that patients have a personal clinical management plan? *

- No evidence Little evidence Some evidence Significant evidence Considerable evidence
 Not sure

18. What is the importance of patients having a separate care plan for each co-morbidity? *
(eg a plan for diabetes, and a plan for heart disease)

- No importance Little importance Some importance Great importance Extreme importance

Not sure

19. How much evidence do you see that patients have a separate care plan for each co-morbidity? *

No evidence Little evidence Some evidence Significant evidence Considerable evidence

Not sure

20. What is the importance of patients being able to monitor their own symptoms/condition? *

No importance Little importance Some importance Great importance Extreme importance

Not sure

21. How much evidence do you see that patients are able to monitor their own symptoms/condition? *

No evidence Little evidence Some evidence Significant evidence Considerable evidence

Not sure

22. What is the importance of patients being able to confidently identify exacerbations? *

No importance Little importance Some importance Great importance Extreme importance

Not sure

23. How much evidence do you see that patients are able to confidently identify exacerbations? *

No evidence Little evidence Some evidence Significant evidence Considerable evidence

Not sure

24. What is the importance of patients being able to confidently adjust their own medications? *

No importance Little importance Some importance Great importance Extreme importance

Not sure

25. How much evidence do you see that patients are able to confidently adjust their own medications? *

No evidence Little evidence Some evidence Significant evidence Considerable evidence

Not sure

26. What is the importance of patients being able to identify risk factors for chronic disease? *

No importance Little importance Some importance Great importance Extreme importance

Not sure

27. How much evidence do you see that patients are able to identify risk factors for chronic disease?*
- No evidence Little evidence Some evidence Significant evidence Considerable evidence
 Not sure
28. What is the importance of patients learning appropriate problem-solving skills? *
- No importance Little importance Some importance Great importance Extreme importance
 Not sure
29. How much evidence do you see that patients have learned appropriate problem-solving skills? *
- No evidence Little evidence Some evidence Significant evidence Considerable evidence
 Not sure
30. What is the importance of assessing a patient's capacity to self manage? *
- No importance Little importance Some importance Great importance Extreme importance
 Not sure
31. How much evidence do you see of assessing a patient's capacity to self manage? *
- No evidence Little evidence Some evidence Significant evidence Considerable evidence
 Not sure
32. What is the importance of assessing what a patient knows about their condition? *
- No importance Little importance Some importance Great importance Extreme importance
 Not sure
33. How much evidence do you see of assessing what a patient knows about their condition? *
- No evidence Little evidence Some evidence Significant evidence Considerable evidence
 Not sure
34. What is the importance of supporting patients to set their own personal goals for change? *
- No importance Little importance Some importance Great importance Extreme importance
 Not sure
35. How much evidence do you see of patients being supported to set their own personal goals for change? *

No evidence Little evidence Some evidence Significant evidence Considerable evidence
 Not sure

36. What is the importance of understanding a patient's priorities? *

No importance Little importance Some importance Great importance Extreme importance
 Not sure

37. How much evidence do you see of patient's priorities being understood? *

No evidence Little evidence Some evidence Significant evidence Considerable evidence
 Not sure

38. What is the importance of establishing both clinical goals and personal goals? *

No importance Little importance Some importance Great importance Extreme importance
 Not sure

39. How much evidence do you see of clinical goals and personal goals being established? *

No evidence Little evidence Some evidence Significant evidence Considerable evidence
 Not sure

40. What is the importance of addressing a patient's stress / anxiety / depression? *

No importance Little importance Some importance Great importance Extreme importance
 Not sure

41. How much evidence do you see that patients' stress / anxiety / depression is addressed? *

No evidence Little evidence Some evidence Significant evidence Considerable evidence
 Not sure

42. What is the importance of patients having access to peer support? *

No importance Little importance Some importance Great importance Extreme importance
 Not sure

43. How much evidence do you see of patients having access to peer support? *

No evidence Little evidence Some evidence Significant evidence Considerable evidence

Not sure

44. What is the importance of involving family / carer in treatment? *

No importance Little importance Some importance Great importance Extreme importance

Not sure

45. How much evidence do you see of involving family / carer in treatment? *

No evidence Little evidence Some evidence Significant evidence Considerable evidence

Not sure

46. What is the importance of having access to self management tools to guide discussions? *

No importance Little importance Some importance Great importance Extreme importance

Not sure

47. How much evidence do you see of self management tools being available to guide discussions? *

No evidence Little evidence Some evidence Significant evidence Considerable evidence

Not sure

48. What is the importance of assessing patients' problems with their ongoing treatment? *

No importance Little importance Some importance Great importance Extreme importance

Not sure

49. How much evidence do you see of patients' problems with their ongoing treatment being assessed? *

No evidence Little evidence Some evidence Significant evidence Considerable evidence

Not sure

50. What is the importance of developing rapport between patient and health professional? *

No importance Little importance Some importance Great importance Extreme importance

Not sure

51. How much evidence do you see of rapport development between patient and health professional? *

No evidence Little evidence Some evidence Significant evidence Considerable evidence

Not sure

52. What is the importance of providing support for achievement of clinical goals? *
- No importance Little importance Some importance Great importance Extreme importance
 Not sure
53. How much evidence do you see of support provided for the achievement of clinical goals? *
- No evidence Little evidence Some evidence Significant evidence Considerable evidence
 Not sure
54. What is the importance of providing support for achievement of personal goals? *
- No importance Little importance Some importance Great importance Extreme importance
 Not sure
55. How much evidence do you see of support provided for the achievement of personal goals? *
- No evidence Little evidence Some evidence Significant evidence Considerable evidence
 Not sure
56. What is the importance of understanding the social / emotional impact of a patient's condition? *
- No importance Little importance Some importance Great importance Extreme importance
 Not sure
57. How much evidence do you see of efforts of understand the social / emotional impact of a patient's condition? *
- No evidence Little evidence Some evidence Significant evidence Considerable evidence
 Not sure
58. What is the importance of asking patients about their experience with their condition? *
- No importance Little importance Some importance Great importance Extreme importance
 Not sure
59. How much evidence do you see of asking patients about their experience with their condition? *
- No evidence Little evidence Some evidence Significant evidence Considerable evidence
 Not sure
60. What is the importance of providing information on how to access support services? *

No importance Little importance Some importance Great importance Extreme importance
 Not sure

61. How much evidence do you see of providing information on how to access support services? *

No evidence Little evidence Some evidence Significant evidence Considerable evidence
 Not sure

62. What is the importance of documenting diagnosis and care plan? *

No importance Little importance Some importance Great importance Extreme importance
 Not sure

63. How much evidence do you see of documenting diagnosis and care plan? *

No evidence Little evidence Some evidence Significant evidence Considerable evidence
 Not sure

64. What is the importance of documenting patient's problems, needs, personal goals? *

No importance Little importance Some importance Great importance Extreme importance
 Not sure

65. How much evidence do you see of documenting problems, needs, personal goals? *

No evidence Little evidence Some evidence Significant evidence Considerable evidence
 Not sure

66. What is the importance of patients taking responsibility for their own health? *

No importance Little importance Some importance Great importance Extreme importance
 Not sure

67. How much evidence do you see of patients taking responsibility for their own health? *

No evidence Little evidence Some evidence Significant evidence Considerable evidence
 Not sure

68. What is the importance of clinicians taking responsibility for improving patient's health? *

No importance Little importance Some importance Great importance Extreme importance

Not sure

69. How much evidence do you see that clinicians take responsibility for their patient's health? *

No evidence Little evidence Some evidence Significant evidence Considerable evidence

Not sure

70. What is the importance of ensuring patients have access to a multi-disciplinary team? *

No importance Little importance Some importance Great importance Extreme importance

Not sure

71. How much evidence do you see that patients have access to a multi-disciplinary team? *

No evidence Little evidence Some evidence Significant evidence Considerable evidence

Not sure

72. What is the importance of ensuring good communication across team participants? *

No importance Little importance Some importance Great importance Extreme importance

Not sure

73. How much evidence do you see of good communication across team participants? *

No evidence Little evidence Some evidence Significant evidence Considerable evidence

Not sure

74. What is the importance of basing care and support on evidence based practice? *

No importance Little importance Some importance Great importance Extreme importance

Not sure

75. How much evidence do you see of basing care and support on evidence based practice? *

No evidence Little evidence Some evidence Significant evidence Considerable evidence

Not sure

76. What is the importance of clinicians being aware of community resources? *

No importance Little importance Some importance Great importance Extreme importance

Not sure

77. How much evidence do you see of clinicians being aware of community resources? *

- No evidence
- Little evidence
- Some evidence
- Significant evidence
- Considerable evidence
- Not sure

78. What is the importance of organisations standardising chronic care treatment and support systems? *

- No importance
- Little importance
- Some importance
- Great importance
- Extreme importance
- Not sure

79. How much evidence do you see organisations standardising chronic care treatment and support systems? *

- No evidence
- Little evidence
- Some evidence
- Significant evidence
- Considerable evidence
- Not sure

80. Do you have any comments you wish to add regarding any of the items above? (eg to clarify your responses; express concern about the item etc)

81. Please elaborate on any other issues you think are important to chronic disease self management support.

Appendix 3 - Table of Survey Elements by CDSM Theme, Model of Care and Capability Required

Survey questions were generated from 36 elements of CDSM support discussed in CDSM literature, which were used to generate paired questions relating to perceived 'importance' of the element and 'evidence' of each of these elements in their workplace – Questions 8-79. (Question 1-7 relate to demographic data)

These elements have been grouped in three ways:

1. According to the **action** involved in the element
 - Clinical Information and Treatment Planning (Clinical)
 - Skill enablement (Enable)
 - Assessment (Assess)
 - Goal setting/support (Goals)
 - Social Emotional Needs (Soc/Emot)
 - Tools/Systems/Documentation (Systems)
 - Patient vs clinician responsibility/Locus of control (Control)
 - Multi Disciplinary Team Care (MDT)
2. According to the **Model of Care** it broadly fits into
 - Medical Model (Med)
 - Primary Health Care Model (PHC)
 - Chronic Care Model (CCM)
 - Self Management Models eg Flinders/Stanford/Health Coaching (SM)
3. According to a broad **capability/skillset** required for the element as identified by Battersby in his capability framework (2009)
 - General patient-centred capabilities (PCC)
 - Behaviour change capabilities (BCC)
 - Organisational/Systems Capability (OSC)

Question Pair / No.	Questionnaire Elements	Action	Model of Care	Capability/Skillset req
8/9	Patients knowing about what contributes to their condition	Clinical	PHC/ CCM	PCC / OSC*
10/11	Patients knowing about the effect of their medications on their condition	Clinical	Med/PHC CCM/ SM	PCC / OSC*
12/13	Patients knowing about their long term treatment plan	Clinical	Med/PHC CCM/ SM	PCC
14/15	Patients being involved in decisions about their treatment	Clinical	Med/PHC CCM/ SM	PCC
16/17	Patients having a personal clinical management plan	Clinical	Med/PHC CCM/ SM	PCC / OSC*
18/19	Patients having a separate care plan for each co-morbidity	Clinical ¹	Med	
20/21	Patients being able to monitor their own symptoms/condition	Enable	PHC / CCM / SM	PCC
22/23	Patients being able to confidently identify exacerbations	Enable	PHC / CCM/ SM	PCC
24/25	Patients being able to confidently adjust their own medications	Enable	PHC / CCM/ SM	PCC

¹ This element is found in clinical care within the Medical Model, but not generally considered appropriate for patient-centred chronic care

26/27	Patients being able to identify risk factors for chronic disease	Enable	PHC / CCM/ SM	PCC
28/29	Patients learning appropriate problem-solving skills	Enable	CCM/ SM	BCC / OSC*
30/31	Health professionals assessing a patient's capacity to self manage	Assess	CCM/ SM	PCC
32/33	Health professionals assessing what a patient knows about their condition	Assess	CCM/ SM	BCC
34/35	Health professionals supporting patients to set their own personal goals for change	Goals	CCM/ SM	BCC
36/37	Health professionals understanding a patient's priorities	Goals	CCM/ SM	BCC
38/39	Establishing both clinical goals and personal goals	Goals	CCM/ SM	BCC
40/41	Addressing a patient's stress / anxiety / depression	Soc/Emot	CCM/ SM	PCC
42/43	Patients having access to peer support	Soc/Emot	PHC / CCM/ SM	PCC
44/45	Involving family / carer in treatment	Soc/Emot	PHC / CCM/ SM	PCC
46/47	Having access to self management tools to guide discussions	Systems	CCM/ SM	OSC / OSC
48/49	Assessing patients' problems with their ongoing treatment	Soc/Emot	CCM/ SM	PCC
50/51	Developing rapport between patient and health professional	Soc/Emot	PHC / CCM/ SM	PCC
52/53	Providing support for achievement of clinical goals	Goals	PHC / CCM/ SM	BCC
54/55	Providing support for achievement of personal goals	Goals	CCM/ SM	BCC
56/57	Understanding the social / emotional impact of a patient's condition	Soc/Emot	CCM/ SM	PCC
58/59	Asking patients about their experience with their condition	Soc/Emot	PHC / CCM/ SM	PCC
60/61	Providing information on how to access support services	MDT	Med/ PHC CCM/ SM	OSC
62/63	Documenting diagnosis and care plan	Systems	Med/ PHC CCM/ SM	OSC
64/65	Documenting patient's problems, needs, personal goals	Systems	CCM/ SM	OSC
66/67	Patients taking responsibility for their own health	Control	PHC / CCM/ SM	PCC /BCC
68/69	Clinicians taking responsibility for improving patient's health	Control	Medical	
70/71	Ensuring patients have access to a multi-disciplinary team	MDT	PHC / CCM/ SM	PCC / OSC
72/73	Ensuring good communication across team participants	MDT	PHC / CCM/ SM	PCC / OSC
74/75	Basing care and support on evidence based practice	Systems	Med/ PHC / CCM/ SM	OSC
76/77	Clinicians being aware of community resources	MDT	PHC / CCM/ SM	OSC
78/79	Organisations standardising chronic care treatment and support systems	Systems	CCM/ SM	OSC

* Organisation-wide training required for specific skill development

Appendix 4 – Invitation to participate in research - Email sent to managers for forwarding to all health professionals (medical, nursing, allied health and Aboriginal Health)

Forwarding e-mail

To: Individual staff members and associates who provide chronic care support to patients and clients

Subject: Invitation to participate in a Chronic Care Research Project

Dear health professional,

Attached is an invitation to participate in a research study looking at chronic care support and specifically chronic disease self management.

Please read the attached Information Sheet which explains what is required and then if you wish to proceed, click on the link below to complete the 15-20 minute Questionnaire.

<http://selectsurvey.hnehealth.nsw.gov.au/TakeSurvey.aspx?SurveyID=780Mmol>

For further information about the research project, please contact Kay Cope on 6776 9817 / 0419 293075 or by email kay.cope@hnehealth.nsw.gov.au

Kay Cope

Practice Development Officer, Chronic Disease
Community Health Strategy Group

Hunter New England Health

Address: Clair House (LMB 8), Rusden St, ARMIDALE, NSW 2350

Ph: 6776 9817

Mob: 0419 293075

kay.cope@hnehealth.nsw.gov.au

Appendix 5 – Demographic Results (Questions 1-8 of Survey)

Responses from the 64 participants showed a significant range across rural and remote sites, nursing and allied health professional groups, length of time working in their profession, as well as a range of managerial and clinical responsibilities.

Location:

- 21.9% (14) worked in communities of less than 10,000 people (equivalent to towns with an Multi-Purpose Health Service, HealthOne or community hospital)
- 37.5% (24) worked in smaller regional centres of between 10-25,000 people (equivalent to towns with a District Hospital and separate Community Health Centre)
- 39.1% (25) worked in larger regional centres with a population of over 25,000 people (equivalent to towns with a Rural Referral Hospital, a private hospital and separate Community Health Centre)
- One (1) participant was not able to estimate the size of the community in which they lived

Profession:

- Over half (53.2% or 34 participants) worked as nurses, including acute, community health and practice nurses, as well as specialist clinical nurse consultants
- Allied health participants accounted for 40.6% (26). The allied health group includes participants who identified specifically as allied health and well as Aboriginal health workers.
- Three (3) participants identified as project workers and education officers
- One (1) doctor also participated, but his/her responses will not be able to demonstrate any trends with general practice.
- For the purposes of this analysis, the responses from the doctor and project/education officers were included with the allied health group

Workplace:

- 20.3% (13) of participants reported working exclusively in acute care
- 42.2% (27) reported working only in the community health setting
- 7.8% (5) worked exclusively in private practice
- 20.3% (13) reported working in a combination of community as well as acute health facilities
- The remainder (9.4%, 6 participants) reported working in combined services such as Aboriginal health care, Area projects and private practice
- Cross tabulation confirmed that many rural staff working in smaller communities, are likely to work across acute and community health settings.

Management/client responsibilities:

- 28.1% (18) of participants identified as having management responsibilities
- 15.6% (10) of participants had no direct client contact
- At least 12.4% (8) participants had management and clinical or other chronic care responsibilities (eg education). In many smaller rural communities managers often have some level of clinical load on top of their management responsibilities.
- Nearly 30% (19) reported seeing 1- 5 chronic care patients/clients per week, suggesting that chronic care is only part of their responsibility.
- 68% (45) reported that they work in community health setting or private practice
- It is assumed that the low chronic care patient load reflects the diverse work typically undertaken by rural staff (eg. a physiotherapist may support chronic care clients in a rehabilitation clinic, but mainly work with trauma clients; or a generalist nurse may

provide support to chronic care clients in partnership with specialist services, while their main role is wound care or early childhood).

- 39.1% (25) reported seeing 5-20 chronic care clients per week, which may account for specialized chronic care services in larger regional centres.
- 15.6% (10) who reported having no direct patient/client contact, which would account for the project and education officers and some managers.

Time in work:

- Participants were fairly evenly spread across the three main categories for time worked in their identified profession: less than 5 years (23.4%/15), 5-15 years (25%/16), 15-25 years (23.4%/15), 25-35 years (25%), with a further 5% working more than 35 years.
- For the purposes of this study, these last two groups were collapsed into a group of participants who had worked over 25 years. From NSW Health Workforce data¹ it is known that the average age of rural nursing staff working within the rural areas of Hunter New England Health included in this study was 45.2 years while the average age of allied health staff is considerably lower at 38 years.
- Cross-tabulation of Q2 and Q4 showed that 21 of the 26 allied health participants had worked for less than 15 years, while only nine (9) of the 34 nurses had worked less than 15 years.

Training:

- 37.5% (24) said they learnt chronic care skills primarily on the job and as a part of their tertiary study.
- The complement (62.5%/40) also said they learnt chronic care skills on the job, but added that they had completed professional development in the area (either within the organization or outside the organization, or both).
- The number of staff with no formal training in working with chronic care clients is not surprising. Anecdotal evidence suggests it is common for generalist staff with an interest in a specialist field (such as chronic care) to be employed in the role with an expectation that they will receive support and professional development, and/or will engage in tertiary training, to complement their existing skills.

Participation rate:

- Managers within Hunter New England Health and Divisions of General Practice were asked to forward an invitation (*Appendix 4*) to all staff who currently work with chronic care clients in their area. This was to include nursing, medical, community health, allied health and Aboriginal health.
- Despite getting agreement from senior managers about the distribution of the invitation, this did not necessarily translate down to middle management issuing the invitation.
- One rural Division of General Practice sent the invitation to all of their 23 general practices, while another Division of General Practice sent the invitation to two 'potentially interested' practices only.
- One Community Health manager said she sent the invitation to all of her 35 staff regardless of their role, while another manager said she posted the invitation on the hospital notice board and hand delivered to two staff.
- Because of the largely generalist roles in rural areas, it is impossible to accurately estimate how many potential participants could have been invited to participate.

¹Hunter New England Supero payroll system via Business Objects (report run 12/11/10), NSW Health