

CHOOSING WISELY COLLABORATION TOOLKIT 2

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PRE-IMPLEMENTATION AND PLANNING

NARRATIVE AND FRAMING

To effectively implement change you need a positive culture and the ability to create a compelling narrative. A captivating narrative should capture why Choosing Wisely is important to the audience. While implementing your chosen topic areas, remember to frame your narrative based on your audience. For example, the narrative or story you tell to Executives will likely be different to the story shared with ward-based nurses.

When attempting to engage staff, focus on:

- Why the project is important to the audience
- What the interests of the audience are
- How the project will impact and benefit the audience
- How to motivate the audience to spread the word to others

Do not underestimate the importance of a compelling narrative on successful and sustainable implementation. Consumer stories are often an effective way to engage clinical staff and focus on a common purpose.

Suggested reading:

Lindsay Grayson, M., Macesic, N., Khai Huang, G., Bond, K., Fletcher, J., Gilbert, G. L., Cruickshank, M. (2015). Use of an innovative personality-mindset profiling tool to guide culture-change strategies among different healthcare worker groups. *PLoS ONE*.

<https://doi.org/10.1371/journal.pone.0140509>

SUCCESSFUL STORYTELLING

Storytelling is a powerful tool to assist you in getting across the key messages of your project. A toolkit has been developed by the Consumers Health Forum of Australia (CHF) to guide health services, policy makers and consumer organisations that want to gather, understand and use consumer stories to guide their strategies decision making.

The toolkit can be accessed here: <https://chf.org.au/real-people-real-data-toolkit/five-steps-successful-storytelling>

WHO ARE MY STAKEHOLDERS?

Stakeholder vs Key Stakeholder – What’s the difference?

- A stakeholder is “any person, group or institution with interests in a project or policy who may be directly or indirectly affected by the process or the outcome”
- A key stakeholder is “someone who can significantly influence, or is important to the success of the project”

(World Health Organisation, 2005)

Spend time identifying stakeholders for your project. Effective working relationships are key to a successful project so this needs to be mapped correctly. This process should include identification of each stakeholder and / or groups of stakeholders, their role in the project, the degree of support they will provide and influence they will have. Better Care Victoria has developed a spreadsheet to record this information.



BCV Stakeholder
Management Plan T

LEVELS OF STAKEHOLDER ENGAGEMENT

Once stakeholders are identified, it is important to recognise the needs of each stakeholder and/or group to help you plan how best to engage with each individual / group. There are five levels to engagement depending on their needs. These are:

Inform: Provision of balance and objective information to assist the stakeholder in understanding the problem, alternatives, opportunities and/or solutions

Consult: Obtaining feedback on analysis, alternatives and/or decisions

Involve: Working directly with the stakeholder group to ensure that concerns are consistently understood and considered

Collaborate: Partnering with the stakeholder in each aspect of the decision including the development of alternatives and the identification of the preferred solution

Empower: Placing the final decision making process in the hands of the stakeholder

Adapted from the IAP2 Public Participation Spectrum(IAP2 International Federation, 2014)

Stakeholder engagement levels and key message identification tool

Stakeholder	Key message	Inform	Consult	Involve	Collaborate	Empower
<i>Eg. Nursing staff</i>	<i>Encourage patients and medical team to utilise 5 Questions tool</i>			●		

HOW TO ENGAGE YOUR STAKEHOLDERS

Communication tools are the way in which we disperse information to our audiences. The tools are developed and then disseminated through our communication channels. Some examples of communication tools include:

- Information articles
- Patient stories
- Case studies
- Videos
- Surveys – paper or digital
- Newsletters
- Events – onsite and offsite showcases, presentations and demonstrations
- Interviews – radio, conference and workshop participation
- Promotional collateral – brochures, information cards, pamphlets or posters (digital and printed)

When to use each communication tool

	INFORM	CONSULT	INVOLVE	COLLABORATE	EMPOWER
WHAT	Give information	Gather information	Stakeholders involved in process	Working together with stakeholders	Stakeholders make decisions and feed back
TOOLS	Website content Physical displays Media releases Education/training programs Factsheets Information delivery forums	Focus groups Surveys Public meetings Conferences Discussion papers	Workshops Deliberative polling Roundtables Ballots Conferences Panels Task forces Working parties	Advisory committees Scenario building Planning committees Co-design workshops	Multipurpose health services Steering committees Strategy groups Quality committees Boards Policy councils Standing strategic committees

Communication channels

There are a number of channels that can be used to communicate your message to your audience/s, both formal and informal. Some of these include, but are not limited to the below:

Formal communication channels

- Internal hospital communications
- Local newsletters / newspaper
- Local community group newsletters
- Grand Rounds
- Project focus specific publications and newsletters
- Universities
- Medical schools
- Hospital notice boards / information desks
- Intranet
- Local GPs / GP liaison officer
- Rehabilitation centres
- Consumer groups
- Social media
 - Facebook
 - Instagram
 - Twitter
 - LinkedIn
- Health service, or project email mailing lists
- Clinical networks

Another avenue that can be utilized is the **Better Care Victoria website** and **social media channels**. We can assist you to share your content through these channels to reach a state-wide and sometimes national audience (<https://www.bettercare.vic.gov.au>)

Informal communication channels

- Past colleagues
- Past project contacts
- Colleagues participating in cross campus projects outside your department (e.g. Sepsis, Patient Flow, Specialist Clinics)
- Influencers you can be introduced to through mutual contacts
- Networking events
- Corridor conversations

As part of the Choosing Wisely Scaling collaborative, you are eligible to join the broader Choosing Wisely Australia initiative (facilitated by NPS MedicineWise) and connect with the other Health Services across Australia who are currently championing the Choosing Wisely initiative (<http://www.choosingwisely.org.au/members/champion-health-services>).

There is no charge or additional requirements to be part of this group. The communication opportunities include:

- Promotion as a Choosing Wisely Champion on the Choosing Wisely website as well as other forums including media
- Opportunity for promotion through Choosing Wisely Australia electronic direct mail
- Opportunity for promotion through Choosing Wisely Australia social media channels
- Access to communication resources
- Monthly webinars designed to share learnings
- Early notification of events including the 2019 Choosing Wisely Australia national meeting

If you would like to know more please contact choosingwisely@nps.org.au

COMMUNICATING AS A CHAMPION CHOOSING WISELY HOSPITAL

CHOOSING WISELY AUSTRALIA PRINCIPLES¹

Key messages

These key messages have been developed to assist you in preparing communication materials:

- Choosing Wisely Australia is enabling healthcare professionals, consumers and stakeholders to start important conversations about tests, treatments and procedures where evidence shows they provide no benefit - and in some cases can lead to harm.
- Choosing Wisely Australia is an initiative of NPS MedicineWise in partnership with Australia's health professional colleges, societies and associations.
- Choosing Wisely Australia is supporting consumers and healthcare professionals to initiate frank discussions about what care is truly needed.
- Not all tests, treatments and procedures are in the consumer's best interest. The right choice should be based on the best available evidence and discussion between the consumer and healthcare provider.
- Unnecessary practices are a diversion from high quality care. They can lead to more frequent and invasive investigations that can expose consumers to undue risk of harm, emotional stress and financial cost.
- We can improve care by understanding what is appropriate when ordering tests, treatments and procedures.
- The healthcare community is coming together, specialty by specialty, to develop recommendations in the form of lists of tests, treatments and procedures to question.
- Choosing Wisely Australia is changing the culture around medical treatment. More is not always better when it comes to tests, treatments and procedures.
- Choosing Wisely Australia enables the healthcare community to take a leadership role in the responsible management and fair distribution of finite healthcare resources.
- Choosing Wisely Australia has reinforced the urgent need for a national conversation on the appropriate, safe and effective use of the country's health resources. It is a catalyst for change, identifying that the drivers of inappropriate care are multiple and complex.
- Effective communication between patients and their health professionals is essential to ensure each individual receives the care most appropriate for them. This will reduce stress and harm for individuals and wastage in the health system.

¹ Taken from the Choosing Wisely Australia Champion Hospital Communications Toolkit

Recommended language

Mechanism for achieving change

- Promoting conversations
- Starting a dialogue
- Encouraging conversations between healthcare professionals and consumers
- Important conversations
- Frank discussions
- It's ok to ask questions about tests, treatments or procedures.

Evidence

- Evidence-based care
- Current evidence
- Best available evidence

Changing the culture

- More is not always better
- Partners in care
- Shared decision making

Outcomes

- High quality care/improving the healthcare system
- Minimising waste and harm
- Informed choices/decision making
- Appropriate care/right care
- Sustainable healthcare system
- Shared responsibility

Responsible use of resources

- Unnecessary tests, treatments, medicines and procedures
- Overuse of tests, treatments, medicines and procedures
- Finite healthcare resources
- Responsible management of the health care system
- Stewardship
- Avoiding care that might be unnecessary
- Health system sustainability

Talking points

- The number of available tests, treatments and procedures in modern medicine is large and growing. Many of these are only useful under specific situations. Healthcare professionals and consumers should work together to question what is necessary.
- The list of recommendations developed as part of Choosing Wisely Australia is to help healthcare professionals and their patients engage in conversations about unnecessary tests, treatments and procedures and support healthcare professionals' efforts to help consumers make informed and effective choices.
- Recommendations are based on the most reliable evidence on the management and treatment options available within our areas of speciality.
- The lists provide targeted, evidence-based interventions to help healthcare providers work in partnership with their patients to ensure they get the care they need and avoid tests, treatments and procedures that could cause harm.
- We are proud to be working with Choosing Wisely Australia to encourage sustainable health practices.
- A number of Australia's health services have been implementing projects to reduce unnecessary tests, treatments and procedures within the hospital setting.
- [YOUR ORGANISATION] brings valuable expertise and focus on [SPECIALTY FIELD] care to the campaign as well as a trusted voice in reaching our [NUMBER OF MEMBERS] members, and in turn, their patients.
- In addition to being a part of Choosing Wisely Australia, [YOUR ORGANISATION] is also [INSERT INFORMATION ABOUT YOUR ORGANISATION'S OTHER ACTIVITIES RELATED TO THIS EFFORT].

Key questions and answers

This messaging has been developed in an effort to support communication activities and to help you respond to media enquiries.

What is Choosing Wisely Australia?

- Choosing Wisely Australia is enabling healthcare professionals, consumers and healthcare stakeholders to engage in important conversations about tests, treatments and procedures where evidence shows they provide no benefit and in some cases, lead to harm.
- Choosing Wisely Australia is part of a global movement to improve healthcare, starting with Choosing Wisely in the United States in 2012, Canada in 2013, Australia in 2015 and New Zealand in 2016. Similar initiatives are being undertaken in Germany, Italy, Japan, Netherlands, Switzerland, and the United Kingdom.
- Choosing Wisely Australia is an initiative of NPS MedicineWise in partnership with Australia's health professional colleges, societies and associations.

Why is Choosing Wisely Australia important?

- With the complexity of tests, treatments and procedures available to modern medicine, the challenge is that not all add value. Unnecessary practices are a diversion from effective care. They often lead to more frequent and invasive investigations that can expose the patient to undue risk of harm, emotional stress and financial cost. Some have become ingrained in the system.
- Consumers are often unaware that not all tests, treatments and procedures are in their best interests. It is well documented that when it comes to healthcare, most people overestimate the benefits and underestimate the harms. They have unrealistic expectations about what can be achieved and as a result the notion that more is better prevails.
- Choosing Wisely Australia is about equipping consumers with the knowledge they need to confidently ask questions about how best to limit their exposure to unnecessary tests, treatments and procedures.
- Time-poor practitioners can find themselves under pressure, struggling with decisions about prescribing tests, treatments or procedures to cover all possibilities.
- They can be made to feel that their patients won't be satisfied unless they order a test, give them a prescription or arrange a procedure.
- Choosing Wisely Australia enables consumers and health professionals to initiate frank discussions about what care is truly needed – what will be helpful and what will not.
- Choosing Wisely Australia aims to affect a cultural shift by challenging the notion that 'more is always better'. It achieves this through rigorous examination of the evidence by those best equipped to do so – health professionals who have the expertise and represent a trusted voice within the community.

What are the goals of Choosing Wisely Australia?

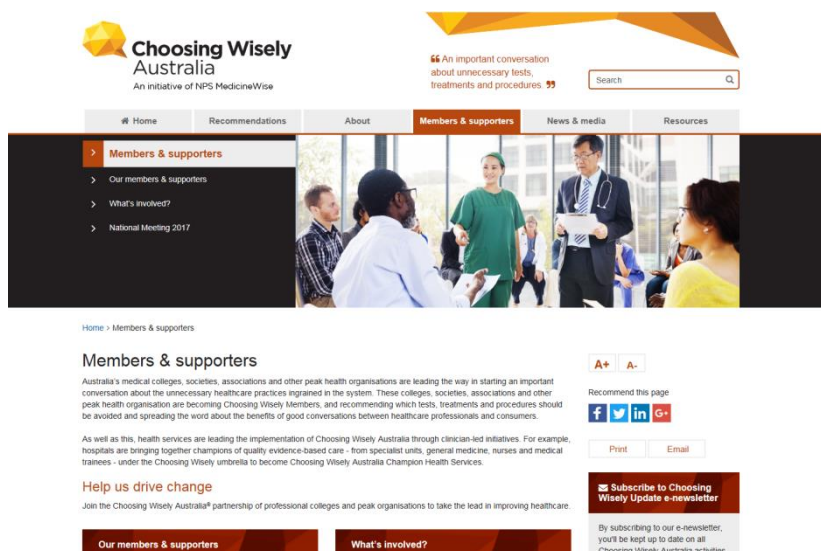
- The goal is to give healthcare professionals and consumers the tools and support to engage in conversations about what tests, treatments or procedures are needed and which are unnecessary.
- To focus on linking healthcare professionals and consumers to the best available evidence promoting high quality care.
- To promote the idea that not all tests, treatments and procedures are in the consumer's best interest. The right choice should be based on the best available evidence and discussion between consumers and healthcare professionals.
- To affect a cultural shift among health professionals and consumers. More is not always better when it comes to providing high quality healthcare. There may be safer, simpler approaches, depending on the individual circumstances.

Logo and trademarking

- Choosing Wisely® and Choosing Wisely Australia® are registered trademarks of NPS MedicineWise.
- Please ensure the first use of the term 'Choosing Wisely Australia®' is referenced with the registered trademark symbol.
- All communication should use the full text, 'Choosing Wisely Australia'.

Resources and tools

Choosing Wisely Australia website - choosingwisely.org.au



The following resources are available on the website:

- A collated list of all college, society and association recommendations
- Consumer and clinician resources on a wide variety of topics
- Consumer leaflet/poster - '5 Questions to Ask Your Doctor or Other Health Care Provider Before You Get Any Test, Treatment or Procedure'
- Overview of the Choosing Wisely Australia initiative
- Recommendations on tests, treatments and procedures to question
- Participating colleges, societies and associations
- Consumer videos
- Media releases
- Latest news stories
- How to get involved

Social media guide

We are encouraging all health professionals and member organisations to share information about the initiative across their own social media channels.

Long messages

Suitable for Facebook or blogs

- With the complexity of tests, treatments and procedures available, the challenge is that not all add value. **#ChoosingWisely** Australia is an initiative led by healthcare colleges, societies and associations and is facilitated by NPS MedicineWise. Choosing Wisely is changing the face of Australia's health care. Join us as we investigate the issues and start the conversation.
Find out more: www.choosingwisely.org.au
- **#ChoosingWisely** sets out to affect a cultural shift within the community by challenging the notion that 'more is not always better' with healthcare tests, treatments, and procedures. Patients are often unaware that not all of these are in their best interests. Get on board, visit www.choosingwisely.org.au for more information.
- **#ChoosingWisely** is giving the healthcare community a platform to take a leadership role in the responsible management of Australian healthcare.
Join the conversation by visiting www.choosingwisely.org.au

Short messages

Suitable for Twitter, or attaching to images

- We are working with **@ChooseWiselyAU** to help Australians make better health choices www.choosingwisely.org.au
- **@ChooseWiselyAU** – helping consumer and healthcare professionals start important conversations about unnecessary tests, treatments and procedures www.choosingwisely.org.au
- More is not always better – **@ChooseWiselyAU** is helping Australians with tests, treatments & procedures www.choosingwisely.org.au
- Australia's healthcare providers leading the way **@ChooseWiselyAU** www.choosingwisely.org.au
- Consumers are often unaware that not all tests, treatments & procedures are in their best interests **@ChooseWiselyAU** www.choosingwisely.org.au
- Promote the cultural shift: **#ChoosingWisely** to help change Australian health attitudes www.choosingwisely.org.au
- Expert opinion and best practice – visit www.choosingwisely.org.au for **#ChoosingWisely** Australia
- Help everyday Aussies make informed decisions about their health through **#ChoosingWisely** Australia www.choosingwisely.org.au

Follow @ChooseWiselyAU for all the latest updates

Use the hashtag #ChoosingWisely

EXAMPLES FROM AUSTIN HEALTH

Key Initiative	Tasks Involved	By Whom	By When
Logo	Provided by Choosing Wisely Australia	Choosing Wisely Australia	To be used on all external presentations and promotional materials (in addition to BCV and SCV logos)
Intranet Page	A dedicated Choosing Wisely intranet page available to all staff with links to each topic area (and related data reports, guidelines and promotional materials), photos of Choosing Wisely champions, links to relevant literature, resource request forms	Project Team, Communications Team	Updates regularly
Internal News Articles	Story placement to coincide with critical rollout points and topic launches. Provided via Newsletter format	Project Team	Monthly
Posters	Consider multiple types of posters: 1. Topic launch dates 2. Guideline release 3. Clinical area specific posters	Project Team Communications Team	Regularly
Lanyards	Create lanyards with recommendations or 5 Questions for consumers / registrars / medical students	Project Team	At topic launch / Orientation
Facebook and Twitter Pages	Promotion of the project and success stories	Communications Team	Regularly
Videos	Promotion of the project teams or topic areas	Communications Team Project Team	As appropriate

DATA COLLECTION AND MEASUREMENT STRATEGIES

MINIMUM DATA SET

It is important when commencing a project to measure unnecessary tests, treatments and procedures, that your data measures are carefully defined. The following tables will assist you in planning for your project.

Referral source details pre-implementation (to help target staff education)

Low value care practice	Location of low value care practice ordering / referral	Clinical staff responsible for ordering	Size of clinical staff workforce in location identified
<i>E.g. Urine cultures</i>	<i>Emergency Department</i>	<i>Nursing staff</i>	<i>120</i>
		<i>Medical staff</i>	<i>45</i>

The table below provides some important additional data fields that you should incorporate into your data set.

Low Value Practice	General Definitions	Baseline Data Per Month									Prospective Data Per Month														
<i>Low Value Practice selected:</i> <i>Clinical area:</i> <i>Patient population (specify all presentations versus specific patient group):</i> <i>Change target:</i>		1	2	3	4	5	6	7	8	9	1	1	1	1	2	3	4	5	6	7	8	9	1	1	1
											0	1	2										0	1	2
Numerator	Number of tests for the patient population																								
Denominator Definition:	Number of patients / presentations in the specific clinical location being targeted in project; see CW Workshop 2 Toolkit pg. 25																								
Average LOS for the patient population (if appropriate)	Only if LOS is an appropriate measure for the selected patient population. If more than 1 clinical area, specify which one relates to LOS																								
Ratio of numerator / denominator	Auto calculation																								
Cost per unit Origin of the unit cost:	Cost data from the health service (or a unit cost will be provided)																								
Cost of low value practice for the month	Auto calculation																								
Behavioural change strategy implemented	Commentary: report & define the strategy that was implemented	-	-	-	-	-	-	-	-	-	-	-	-												
Adverse events related to reduction in low value practice	The steering committee is considering ways of measuring adverse events therefore the measure for adverse events is to be confirmed																								
Monthly checks	Commentary: limitations of data, report red flags, e.g. change in denominator, barriers, etc																								

Acknowledgement: Content on this page provided by Alpha Crucis Group alphacrucisgroup.com.au

AUDIT TOOLS

A clinical audit can be defined as:

*“The systematic review of elements of clinical care against **predetermined criteria**, with the aim of identifying areas for improvement and then developing, implementing and evaluating strategies intended to achieve that improvement”*

As identified in the Department of Health and Human Services *Understanding clinical practice toolkit* (2016), successful auditing requires:

- a clearly defined issue or problem
- an ability to measure clinically relevant elements of care which clearly reflects the problem
- an ability to apply that measure in a rigorous and consistent way
- an ability to change care processes to drive any subsequent improvement in the chosen measure

Consistency is key and to ensure that each member of the project team conducts the audit in the same way, it is important to develop an auditing guide. This guide should establish the exact steps that will be taken to extract the data as well as agreement on how key terms will be defined. An auditing template or tool should be developed alongside the guide.

The recommendation or topic area that is the focus of your project will define the data points extracted during the audit as will the guidelines or appropriate practice you are hoping to implement during the project. For example, examination of appropriate urine cultures at Austin Health stipulated that the following were appropriate indications for urine culture ordering:

- Symptoms of a UTI (dysuria / frequency / loin pain / urgency)
- Delirium OR febrile symptoms without obvious alternative explanation AND reduced ability to identify symptoms of a UTI (UA should be done first, if positive, MSU performed)
- Pregnancy
- Undergoing urological procedure
- Septic screen

This indication was deemed inappropriate:

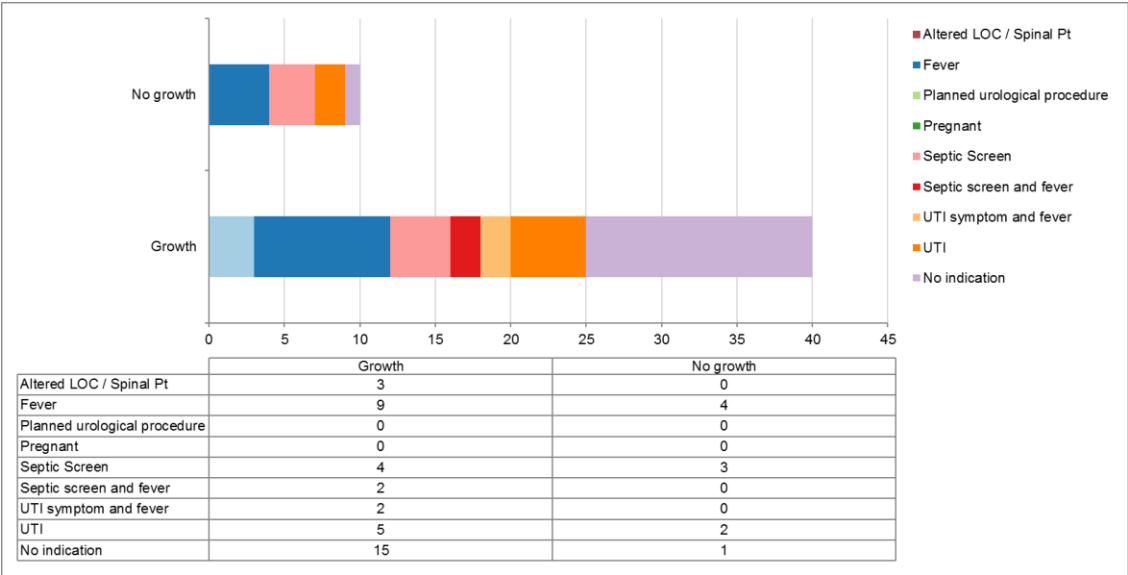
- Patient undergoing prosthetic joint replacement (and no UTI symptoms)

Therefore, the auditing template looked like the following table:

Urine cultures data auditing tool

UR	Dr Code	Age	Sample findings y/n	Contamination y/n	UTI symptoms y/n	Planned prosthetic joint replacement? y/n	Fever y/n	Pregnant y/n	Planned urological procedure? y/n	Septic screen? y/n	Spinal patient/ altered LOC? y/n

Data from the table above can then be aggregated to develop a summary chart similar to the graph below:



MAKING SENSE OF YOUR DATA

The definition of low value care has been clearly illustrated by Chalmers et al (2017) in the BMJ Quality & Safety Paper, *Quantifying low-value care: a patient-centric versus service centric lens*. This paper uses the following algorithm to help define low value care:

If **Patient characteristics** ≠ **Indication** for a service → **Low value care service**

Determining an appropriate comparison and denominator

In order to give greater meaning to the data you have audited, it is important to determine what your denominator will be and also what you will be comparing this data to over the course of the project.

If you take your numerator to be the number of patients with a low-value indication that underwent the test, treatment or procedure, *e.g. 125 ED presentations with syncope that underwent a carotid ultrasound*, there are a number of options for how you can define a denominator:

1. The number of patients with that specific indication, *e.g. 650 ED presentations with syncope*. This is considered a **patient-indication** measure.

Using this method, your finding would provide the percentage of the population with a specific indication receiving the low-value service. *E.g. 19% of ED presentations with syncope had a carotid ultrasound*

2. The number of patients in your cohort, *e.g. 7800 ED presentations*. This is considered a **patient-population** measure.

Using this method, your finding would provide the percentage of the cohort receiving the low-value service. *E.g. 1.6% of ED presentation had syncope and underwent a carotid ultrasound*

3. The number of patients who underwent the specific test, treatment or procedure, *e.g. 1200 ED presentations who underwent a carotid ultrasound*. This is considered a **service** measure.

Using this method, your finding would provide a percentage of the service (test, treatment or procedure) that is low-value. *E.g. 10.4% of ED presentation who received a carotid ultrasound presented with syncope*.

The key factor is ensuring that a consistent measure is being used across the project and if you are benchmarking with another health service, that you are each defining the denominator in the same way.

To determine the size of the reduction of low value service over the project, your baseline should be prior to any intervention commencing. When determining the baseline time period, be sure to identify whether there were events or seasonal changes that may have contributed to your values. Examples include new staff commencing, low activity period, ward closures, competing projects etc. If this is the case, ensure that your data analysis adjusts for these factors or alternatively, choose a baseline period that is in the same time of the year and when you will be analysing your post-intervention data.

Further reading:

Chalmers, K., Pearson, S. A., & Elshaug, A. G. (2017). Quantifying low-value care: A patient-centric versus service-centric lens. *BMJ Quality and Safety*.
<https://doi.org/10.1136/bmjqs-2017-006678>

Vecellio, E., Georgiou, A., Toouli, G., Eigenstetter, A., Li, L., Wilson, R., & Westbrook, J. I. (2013). Examination of changes in pathology tests ordered by Diagnosis-Related Group (DRGs) following CPOE introduction. In *Studies in Health Technology and Informatics*.
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