

Information for Survey Participants for the Nurse Practitioner Integration Study

If you have any questions about this information package, please feel free to contact the project manager:

Kathy Winter
Project Manager
Nurse Practitioner Integration Study
1-866-793-8873

Purpose of Research

Nurse practitioners are nurses who provide specialized care. They have taken additional training and are specially licensed to provide additional health care services. For example, nurse practitioners can diagnose an illness, they can order certain lab tests and can prescribe certain medications. They are an important part of the health care team.

IBM Business Consulting Services is conducting a study on behalf of the Ontario Ministry of Health and Long-Term Care (MOHLTC) and McMaster University to look at how nurse practitioners are functioning in different health care settings. As part of this study, we would like to survey patients who currently see nurse practitioners for health care services.

A very important part of this study is to understand how satisfied you are with the care being provided by the nurse practitioner. Your experiences are valuable. Your answers to the survey questions will help make recommendations for improving the health care system. Your efforts may make the system better for your family, community, and self

Description of the Research

1. Consent to Participate

We are giving you a copy of this information sheet and a consent form.

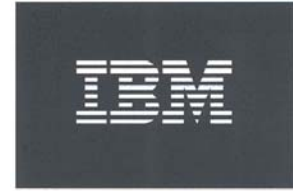
We are also giving you a copy of a survey. The survey will ask questions about your experience with the nurse practitioner such as are you satisfied with the services she/he provides, are you satisfied with the care you have received from the nurse practitioner etc.

You can fill out the survey now or at a later point in time. The survey can be mailed back to us in the stamped and addressed envelope or you can seal it and drop it into the survey box. Ask one of the staff here to show you where the drop box is located.

Your survey responses will be used for study purposes only. At no time will we have access to or knowledge of your health card number. At no time will we review your health record.

2. Confidentiality

Several steps have been taken to make sure that your personal information is kept confidential, and that the data itself is kept securely.



All researchers signed a confidentiality agreement with IBM Business Consulting Services. This agreement ensures that all personal information about you will be held in the strictest of confidence. If any researcher discloses this information, they will be removed from the project and can be fired.

The information collected will be used for study purposes only. You will not be identified in any publication of this research.

3. Participation

Participation in this survey is voluntary. Your physician or the nurse practitioner will not know whether you took part in this survey. If you choose not to take part, your health care will not be affected in any way.

We ask that you:

- sign the enclosed consent form;
- take the extra copy for your records;
- complete the survey;
- put all of these documents in the mail or drop them off at the drop box.

4. Obtaining Results

A final report of our study will be provided to the MOHLTC once complete. You can contact the MOHLTC for further information about publication of results.

Consent Form for the Nurse Practitioner Integration Study

Consent to Participate in Survey

I understand that as a patient of this health care practice, I have been invited to take part in a survey.

I understand that this survey is being conducted as part of a Study of Nurse Practitioner Integration that has been commissioned by the Ontario Ministry of Health and Long Term Care and McMaster University.

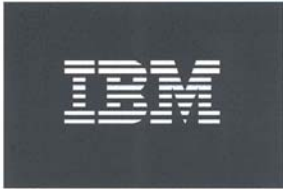
I acknowledge that I have read and understood the document entitled “**Information for Survey Participants for the Nurse Practitioner Integration Study**”.

I have been informed of the alternatives to taking part in this survey, including the right not to take part and the right to withdraw from the survey at any time without compromising the quality of my health care.

As well, the potential risks and inconveniences have been explained to me and I also understand the benefits of taking part in the survey. I understand that I can contact researchers at the 1-866-793-8873, either now or in the future, with any questions I have about the survey or the research procedures.

I understand that my survey responses will be used for study purposes only and will be kept confidential and that no information will be released or printed that would disclose my personal identity without my permission.

I hereby voluntarily consent to participate in the survey



Name of Patient

Patient's Signature

Name of Witness

Signature of Witness

Date