LETTER OF INFORMATION REGARDING:
Ontario Health Teams Leading Project in Home Care Evaluation: Provider Experience Survey

Principle Investigator: Walter P. Wodchis MA, MAE, PhD
Health System Performance Network (HSPN)
Funded by: Ontario Ministry of Health

INTRODUCTION
The Ontario Ministry of Health (MoH) is committed to a centrally coordinated evaluation of the Ontario Health Teams (OHT), including projects related to improving home care. The MoH has engaged with the Health System Performance Network (HSPN) to undertake this work. HSPN has adopted the Quadruple Aim Framework, which includes the provider experience, patient experience, health outcomes, and cost to evaluate OHTs. We invite you to participate in this evaluation by completing a provider experience survey.

WHAT DO I HAVE TO DO?
We are inviting you to participate in a survey designed to understand provider experience. The survey will take approximately 5 minutes. If you wish to participate, please complete the survey by clicking on the link provided in the email.

WILL I BENEFIT FROM THIS STUDY?
There is no compensation for your participation. The evaluation will provide an understanding of the provider's experience. Anonymized results will be provided back to each OHT and aggregated results across all participants will be shared publicly.

WHAT ARE THE RISKS?
Your participation in this evaluation is voluntary. If you choose to participate, there are no reasonably foreseeable risks to you.

WILL MY DATA BE KEPT CONFIDENTIAL?
Yes. No names or contact information will be stored in the file containing your survey data; rather a unique identifying number will be used. Only aggregate data, with a minimum of six participants, will be used in any evaluation reports or publications. Individual survey responses will be shared with OHT leadership after removing identifiable personal (demographic) information so that OHTs may be able to improve provider experiences without being able to know the source of the surveys.

CAN I CHANGE MY MIND AFTER I'VE CONSENTED TO PARTICIPATE?
Your participation is voluntary; you have the right to choose not to participate or to stop participating in this evaluation without having to provide a reason and without any consequence. If you wish to withdraw after having completed the survey, please contact the Principal Investigator of this study, Dr. Walter Wodchis, Institute of Health Policy, Management and Evaluation (IHPME), University of Toronto at 416-946-7387 or walter.wodchis@utoronto.ca. You can only withdraw from the evaluation prior to the publication of any reports.

WHOM CAN I CONTACT FOR MORE INFORMATION?
If you have questions at any time about the study or the procedures, you may contact the evaluation team at OHT.evaluation@utoronto.ca.

You waive no legal rights by participating in this research and confidentiality can only be guaranteed to the extent permitted by law. If you have questions about your rights as a participant, contact the Office of Research Ethics at the University of Toronto at ethics.review@utoronto.ca or 416-946-3273.

HOW DO I PROVIDE CONSENT?

By completing the survey, you are providing consent to participate in this evaluation.

Yours sincerely,

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