

SCOPE Registration Form and Consent to Participate in SCOPE Research Study

Please complete this form and fax back to (416) 521-4146 (Attn: Liz Gabison – SCOPE Navigator)

Consent to Participate in SCOPE Research Study

You are being invited to take part in a research study. Before agreeing to participate in this study, it is important that you read and understand the proposed study procedures.

BACKGROUND

SCOPE is a collaboration between Women's College Hospital (WCH), University Health Network (UHN), Mount Sinai Hospital (MSH), St. Joseph's Health Centre (SJHC), Sunnybrook Health Sciences Centre (SHSC), St. Michael's Hospital (SMH), Michael Garron Hospital (MGH), Scarborough Health Network (SHN), William Osler Health System, Ontario Health Central Region Home & Community Care, Canadian Mental Health Association Peel Dufferin (Central West OHT'), Humber River Hospital (HRH), Halton Healthcare, North York General Hospital and the TC LHIN Home & Community Care that aims to reduce utilization and improve the health care experience of complex patients. SCOPE provides a platform through which primary care providers (PCP) can link their patients to a range of services.

ELIGIBILITY

Eligible persons include community-based PCPs with practices located in the Greater Downtown Toronto area, North Toronto, the Central West OHT catchment area, and the Halton Healthcare region.

INTERVENTION

PCPs enrolled in SCOPE are provided with a one-number to call service with extensions to:

1. Direct General Internal Medicine Consultations
2. TC LHIN Home and Community Care Coordination and Ontario Health Central Region Home and Community Care Coordination
3. Acute Care Nurse Navigator
4. Medical Imaging

EVALUATION

For the evaluation of SCOPE we will be tracking the number, pattern and outcome of each contact made to SCOPE. No identifying patient information will be collected. The study will use various techniques to elicit feedback and optimize the SCOPE platform to best meet the needs of you and your patients:

- Experience of Care Survey - one-time 5-min online survey that will help us better understand your perceptions of the health care system and your ability to care for complex patients.
- User Feedback Surveys - a 2-min survey will be emailed to you following your first 5 calls to SCOPE services, you will be asked about your satisfaction with the service and suggestions for improvement.
- Testing of Intervention Design - to update you on the study and provide information on new services, your office will be contacted by the SCOPE team using a variety of methods (e.g. email, fax, telephone) in order to find the ideal approach.

You may also be approached and asked to partake in a qualitative interview; further information and an additional consent form will be provided at this time.

RISKS

There are no known risks with participating in this study.

POTENTIAL BENEFITS

You may or may not directly benefit from your participation in this study. This project is intended to provide additional support to you and your patients.

CONFIDENTIALITY

Any personal information collected or obtained, whether you choose to participate or not, will be kept confidential and protected to the fullest extent of the law. All personal information collected will be stored on a secure server at Women's College Hospital, and any data collected for the purposes of the research study will be stored in separate password-protected files. The study staff, the WCH Research Ethics Board, employees of sponsor or funder of study, and Health Canada may look at your personal information for purposes associated with the study. The mentioned authorized personnel may view your records only under the supervision of the Principal Investigator and will be obligated to protect your privacy and not disclose your personal information. None of your personal information will be given to anyone without your permission unless required by law. Following completion of the research study the data will be kept as long as required then destroyed as required according to WCH policy. Published studies will not reveal your identity.

VOLUNTARY PARTICIPATION

Your participation in this study is completely voluntary and you may withdraw at any time. Your decision whether or not to participate in the study will not influence any future relationships with WCH or any of the participating SCOPE organizations.

RIGHTS AS A PARTICIPANT

By signing this form, you do not give up any of your legal rights against the investigators, sponsor or involved institutions for compensation, nor does this form relieve the investigators, sponsor or involved institutions of their legal and professional responsibilities. Participation in this study does not require you to sign a waiver and does not affect your legal rights or liability.

If you have any questions about the research study please contact the SCOPE Research Coordinator, Patricia Rios, at 416-323-6400 x5948 or patricia.rios@wchospital.ca.

If you have any questions about your rights as a research participant, please contact either Melissa Sidhu, Coordinator of the WCH Research Ethics Board at 416-351-3732 x2723, or the WCH Research Ethics Board Chair, Dr. Nancy Walton, at 416-351-3732 x2325.

CONSENT

By checking "I agree" below you are indicating that you are at least 18 years old, have read and understood this consent form and voluntarily consent to participate in this research study. A copy of the consent form will be sent to your practice.

☐ I agree

☐ I do not agree

Dear Family Physician, to complete your registration for SCOPE please answer the following questions:

Last Name:			
First Name:			
CPSO # (or additional Prof Affiliation Registration #)			
Practice Address:			
Number and Street			
Suite/Unit/Floor			
City			
Post Code			
Office Phone			
Extension			
Fax Number			
Email Address			
<p><u>We would like to get a better understanding of your practice and to clarify which factors were important to you in deciding whether or not to participate in SCOPE. Please answer the following questions by marking the correct option.</u></p>			
Which category best describes your age?	<input type="checkbox"/> Less than 30 <input type="checkbox"/> 50-59 <input type="checkbox"/> 30-39 <input type="checkbox"/> 60+ <input type="checkbox"/> 40-49		
How many years have you been in family practice?	<input type="checkbox"/> less than or equal to 5 years <input type="checkbox"/> 6-10 years <input type="checkbox"/> 11-15 years <input type="checkbox"/> more than 15 years		
Do you have previous experience practicing in an Emergency Department?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
How many other physicians work in your practice (part/full-time)?			
Which of the following appointment scheduling practices do you employ? (Check all that apply)	<input type="checkbox"/> Same day walk-in (no appointment) <input type="checkbox"/> Same day appointments (urgent and non-urgent) <input type="checkbox"/> Planned appointments (scheduling) <input type="checkbox"/> Other		
Please estimate the number of patients you see during a typical half-day/clinic?			
Approximately how many patients are in your practice?	<input type="checkbox"/> Less than or equal to 1000 <input type="checkbox"/> 1001-2000 <input type="checkbox"/> 2001-3000 <input type="checkbox"/> More than 3000 <input type="checkbox"/> Do not know		
When you have a patient in need, how confident do you feel about being able to manage the need?	<input type="checkbox"/> Never <input type="checkbox"/> Often <input type="checkbox"/> Rarely <input type="checkbox"/> Always <input type="checkbox"/> Sometimes		
When you have a patient in need, how confident are you that you can connect them to the required specialty services in a timely way?	<input type="checkbox"/> Not at all confident <input type="checkbox"/> Pretty confident <input type="checkbox"/> Somewhat confident <input type="checkbox"/> Extremely confident <input type="checkbox"/> A little confident		

<i>How knowledgeable are you regarding specialty services in your community?</i>	<input type="checkbox"/> Not at all knowledgeable <input type="checkbox"/> Somewhat knowledgeable <input type="checkbox"/> Pretty knowledgeable <input type="checkbox"/> Extremely knowledgeable				
<i>When you have a patient in need, how easy/difficult is it to get a specialist appointment:</i>	<input type="checkbox"/> Very difficult <input type="checkbox"/> Easy <input type="checkbox"/> A little difficult <input type="checkbox"/> Very easy <input type="checkbox"/> Neutral				
<i>Please estimate the average wait time for specialist appointments for your patients using your usual referral process:</i>	<input type="checkbox"/> Less than or equal to 1 week <input type="checkbox"/> Between 1 and 2 weeks <input type="checkbox"/> Between 2 and 4 weeks <input type="checkbox"/> More than 4 weeks <input type="checkbox"/> Unsure				
<i>How satisfied are you with the length of wait times for appointments your patients received using your usual referral process?</i>	<input type="checkbox"/> Very satisfied <input type="checkbox"/> Somewhat satisfied <input type="checkbox"/> Somewhat dissatisfied <input type="checkbox"/> Very dissatisfied				
<i>SCOPE offers a range of services, how likely do you think you will be using each of these:</i>					
	Not likely to use	Might use	Will definitely use		
Phone consultations with a General Internist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Home and Community Care supports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Navigation of hospital-based resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Access to medical imaging services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<i>Please answer the following questions regarding SCOPE:</i>					
	Strongly Agree	Somewhat Agree	Neither Agree nor Disagree	Somewhat Disagree	Strongly Disagree
My introduction to SCOPE was an appropriate length and provided me with the right amount of information.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The registration process was easy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have a good understanding of what SCOPE can offer me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I currently have a clear way of navigating resources for patients when I need them.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
What seems most helpful about SCOPE?					
Imagine you have a 42-year-old healthy male presenting to you with what you suspect is a deep vein thrombosis (DVT). What is your typical next course of action to confirm the diagnosis?			<input type="checkbox"/> Send patient to the ER for urgent imaging <input type="checkbox"/> Fax requisition for urgent imaging <input type="checkbox"/> Call radiologist to arrange urgent imaging <input type="checkbox"/> Other		
Thank you for registering for SCOPE. We will process your registration and email you the SCOPE Quick Reference Guide containing the SCOPE contact number within 1-2 Business Days. Thank you for your understanding and interest in SCOPE!					