Appendix A: Sample Study Invitation Letter to Recruit Practices for Waiting Room Surveys

[Insert date]

Dear Sir/Madam,

The University of Ottawa has been funded by the Ontario Ministry of Health and Long Term Care to conduct a study that examines the way primary health care is organized in Ontario. Primary Health Care can be defined as the first point of contact for health care, such as the care you receive from your family doctor. The goal of this study is to understand what is working well in the primary health care system and to identify those areas that need improvement.

Patients provide very insightful information about our health care system. I am writing to request your participation in this study. With your help we can meet the study goals, creating a better health care system for you and your community.

If you agree to participate, we will ask you to complete a survey questionnaire (which will take approximately 15 minutes) regarding your experience in this medical clinic. Most of it can be filled out while you wait for your turn to visit the doctor. One page will need to be completed after the visit.

Participation is voluntary. You may withdraw from the study at any time and this would not affect your care in any way. The information you provide will be kept confidential. It will not include your name or any other identifying information, and no one at the practice will see your answers.

If you would like more information about the research, please speak with the Survey Administrator. We look forward to your involvement.

Sincerely,

_____________________________________________
Investigator Name
Principal Investigator
Study Name
Signature of Investigator
Appendix B: Letter to Receptionist from Research Assistant Outlining Receptionist’s Role in Waiting Room Surveys

Dear Ms __________________

I am contacting you as a Survey Administrator for a study called “Study Name”. It is being conducted by researchers of the [insert research institute name]. The study is funded by the [insert funders]. Your practice is one of [insert total number of practices] participating sites. The following Physicians and Nurse Practitioners (if applicable) from your practice have consented to participate:

Name physicians and nurse practitioners

The study has 3 components, one of which involves administering survey questionnaires to patients. This is the component I am writing about. These questionnaires are self-administered (by the patient) and will be completed by the patient in the waiting room. The two other components are a chart abstraction (i.e. a review of patient charts) and surveys administered to the participating care providers and office manager.

My aim in writing to you today is to provide you with information about the Patient Survey Administration. On the days when the study is taking place at your practice site, we will rely on you to identify patients who may be eligible to complete the surveys. Patients are eligible if they are 18 years of age or older and visit one of participating care provider. Your involvement will be to distribute the study information sheets to those patients who you determine meet our eligibility criteria, and then to direct them to me if they wish for more information about, or are interested in participating in, the study. This method of approaching patients indirectly, through a member of the practice, is used to maintain patient confidentiality and minimize pressure on the patient.

On my first day, I will come 15 minutes before the practice opens to introduce myself to the staff and answer any questions they may have. The current plan is to perform the first visit to your practice on [insert date]. If you have any questions or concerns, please do not hesitate to contact me directly.

I would like to take this opportunity to thank you for your assistance with this project.

I look forward to meeting you.

Kind Regards

Name and contact information
Appendix C: Receptionist Invitation Script to Recruit Patients to Participate in Waiting Room Surveys

Researchers from [insert institution name here] are conducting a study to (insert information on study here). They require patients to complete surveys about their health care services. Dr ___________________ (name doctor) is supportive of the study and encourages you to participate in it. However, your participation is entirely voluntary. Here is a Study Fact Sheet (Appendix D). If you wish to participate or learn more, please speak to this researcher (points to the research assistant who will be standing close by the receptionist).

Summary of eligibility criteria to be used by receptionist (to be adapted as needed for the study):

1. Patient is client of one of the consenting providers
2. 18 years of age or older
3. Not acutely ill or cognitively impaired
4. Patient is able to speak/comprehend English or French well enough to participate.

To ensure that a representative sample is selected, please remember not to apply any other selection criteria (e.g., avoid inviting those that are less likely to accept).
Appendix D: Sample Study Information Sheet for Waiting Room Surveys

A **Research Study** is being conducted by the following Family Physicians and their team members here today:

________________________________________
________________________________________
________________________________________
________________________________________
________________________________________
________________________________________
________________________________________
________________________________________

If you are a patient of one of these Family Physicians, you may be asked to participate in a confidential patient survey. The goal of this study is to find better ways to assess and improve health care at Family Physician Offices.

We thank you for considering your participation in this study.
Appendix E: Patient Consent Form to Participate in Waiting Room Surveys

Research Title:
Research Funded by:
Principal Researcher:

Introduction
The aim of the “Study Name” project is to [insert aim here]. The main objectives are to [insert objectives here].

1 Nature of the Involvement
Upon your consent, you will be asked to complete a Patient Survey regarding your experience in this organization (which will take approximately 15 minutes).

Anonymity and Confidentiality
This protocol is in accordance with the new PHIPA regulations. Participation in this study is voluntary and you may withdraw from the study at any time. It is not anticipated that you will experience any negative consequences from your participation in this research project. While you may not benefit immediately from participation in this project, this research is intended to improve the primary health care system in Ontario. All information obtained during the course of this study is confidential, and your anonymity will be protected at all times. You will be identified by a participant identifier number. Data will be stored either in secure and encrypted electronic storage or (in the case of audiotapes and transcripts) will be stored in locked files and will be available only to the principle investigators, and project research staff. You will not be identified in any publications. By signing this consent form, you do not waive your legal rights nor release the investigators from their legal and professional responsibilities.
Consent

I have read and understood the consent form for this study. I will sign both copies of the consent form and keep one for my records while the other is for the researcher. If at any time I have further questions, problems, or encounter adverse events I can contact (insert contact name and information here). If I have any questions regarding my rights as a research participant, I can contact (insert ethics contact information here).

I agree to participate in the Patient Survey element of this research project.

By my signature, I acknowledge that this form has been fully explained to me, and I have had a chance to ask questions, have no questions, or have received satisfactory answers.

__________________________________________
Name of Participant

__________________________________________
Signature of Participant                      Date

__________________________________________
Name of Investigator/Delegate

__________________________________________
Signature of Investigator/Delegate            Date
Appendix F: Sample of a Patient Waiting Room Survey

“Comparison of Models of Primary Health Care in Ontario”

Patient Survey

How to Complete This Questionnaire

This questionnaire relates only to the health care that you receive from your family doctor or nurse practitioner. In this questionnaire, these health care professionals are referred to as a provider. The place of health care provision is referred to as the provider’s office. This questionnaire is not about the health care you receive in the hospital or from specialist doctors.

Note that all responses will remain strictly anonymous and will not be shared with your doctor or nurse practitioner or anyone else in such a way that you or this practice site can be identified. You are free to skip any questions you do not wish to answer. All information will be kept strictly confidential. The pooled answers will inform policy makers in the evaluation of primary health care with the aim of improving health services in Ontario.
PART ONE
DEMOGRAPHIC/ SOCIO-ECONOMIC CHARACTERISTICS

1. Are you:  
   1 ☐ Male  
   2 ☐ Female  

2. What is your age in years?  
   __________ years  

3. Were you born in Canada?  
   1 ☐ Yes  
   2 ☐ No  
   If you were NOT born in Canada, how long have you been in Canada?  
   _____ years OR _____ months  

4. With which ethnic origin do you most identify with (mark ONE only)  
   1 ☐ White  
   2 ☐ Chinese  
   3 ☐ South Asian (e.g. East Indian, Pakistani, Punjabi, Sri Lankan)  
   4 ☐ Black  
   5 ☐ Native/Aboriginal peoples of North America (North American Indian, Metis, Inuit)  
   6 ☐ Arab  
   7 ☐ Filipino  
   8 ☐ South East Asian (e.g. Cambodian, Indonesian, Laotian, Vietnamese)  
   9 ☐ Latin American  
   10 ☐ Japanese  
   11 ☐ Korean  
   12 ☐ West Asian (e.g. Iranian, Afghan)?  
   13 ☐ Other: please specify: ______________________________.  

5. How many people in your household (EXCLUDING yourself) are in the following age groups:  
   _______ aged 0-4 years  
   _______ aged 5-9 years  
   _______ aged 10-19 years  
   _______ aged 20-64 years  
   _______ aged 65 or more years  

6. What languages are usually spoken in your home? (Mark ALL that apply)  
   1 ☐ English  
   2 ☐ French  
   3 ☐ Other, please specify: ______________________________.