

# Participant information sheet and consent form

# Study title: Evaluation of Western Victoria PHN Telehealth Implementation in Residential Aged Care Homes Program

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## Introduction

You have been invited to take part in a research study – by completing a survey or taking part in an interview.

This Participant Information Sheet and Consent Form describes the study as clearly as possible so that you can understand what is involved and decide if you would like to take part.

- This document is 4 pages long. Please check that you have received and read all pages or that they have been explained to you.
- Ask questions about anything that you don't understand or want to know more about. Before deciding whether or not to take part, you might want to talk about it with a relative, staff member or one of your healthcare team.
- Participating in this research is voluntary. If you don't wish to take part, you don't have to. You will receive the best possible care whether or not you take part.

### Purpose of the study

Western Victoria Primary Health Network (WVPHN) is providing funding to residential aged care homes in Western Victoria to improve access to 'telehealth'. Telehealth is when we have appointments with doctors and specialists (such as geriatricians or oncologists) through the telephone or video calls. The funding is being used to improve internet connections or purchase special devices so that more residents can have healthcare appointments from the home.

Larter Consulting is an independent evaluator, hired by the WVPHN to evaluate this program. The aim of the evaluation is to look at whether the program is achieving its goals: Do residents have access to telehealth? Are residents using telehealth? What are the benefits of telehealth, and what are the challenges?

### What will I be asked to do?

If you choose to take part in this research, we will invite you to complete a brief survey at a time that suits you best. You can complete the survey in hardcopy print format or on a tablet device. The survey will ask some general questions about yourself, and some questions around your satisfaction with the telehealth program available at your residential aged care home. This survey is mostly multiple-choice questions and will take about 5 minutes to complete. If you agree to take part in the survey, your consent to take part in this research is assumed when you complete the survey.

If you prefer to participate in an interview instead of a survey, or as well as the survey, this will be arranged for you.



The interviews will be a one-on-one conversation between yourself, and a researcher (Jo Grzelinska, Kate Lamont, or other members of the research team). These interviews will be over the phone or via videoconference. Usually, they will take up to 20 minutes.

If you decide to take part in an interview, you will be asked:

- to sign this form to indicate your consent, or tell the researcher verbally that you would like to participate
- your name, and demographics such as your age, gender, postcode/suburb of residence, primary language spoken, and Aboriginal and Torres Strait Islander status
- questions about your experiences with telehealth in your aged care home to find out how well it has been working for you and whether there are any ways that you can think of for making it better for you.

You are welcome to have a support person during the survey or interview (like a friend, family member, carer, staff member) or to contact after you finish.

The interviews may be recorded and the interviewer will explain this to you before asking you for your consent to be recorded. The interviewer may also write notes during the conversation. If you wish, we can give you a written summary of the information you share from your interview. Please tell the interviewer before the interview if you would like a copy of your interview information.

# What will happen afterwards?

Once the survey or interview is complete, your feedback will be added to the feedback provided by other residential aged care home residents (and carers) across Western Victoria who have spoken to us, and reported back to WVPHN as a whole. Your name will not be mentioned in the report and will be kept confidential. You will not be identified in any information that we use in reports or quotes will not that you cannot be identified, nor in a way that can be traced back to you.

### Do I have to participate?

Participating in the survey or the interview is completely voluntary. You can choose to be part of it or not be part of it. It is up to you. The support and services you receive at your home and with your healthcare providers will not change because of your decision about whether to participate.

# Will I receive a gift for participating?

As a recognition of time required for an interview, all interviewed participants will be offered a \$50 gift card. This will be arranged between the participant and a member of our research team by the participant's preferred method of contact when signing up for the interview.

# Do I have to consent to audio recording for an interview?

Consenting (or saying yes) to recording is voluntary, just like your participation. It is also not linked to your participation. For example, you may want to speak about your experience, but may say no to being recorded. It is up to you. The support and services you receive will not change because of your decision about whether you consent to being recorded.

# How will you protect my privacy and confidentiality?



Your information will be kept strictly confidential, subject to any legal requirements. Survey data, recordings, and written notes of the interviews will be kept secure by password protected electronic servers. During the interview, if you chose to share any medical history with us, this will be kept completely private and confidential, and will not be published in any way which could reveal your identity. No personal identification information, such as your name, will be used in any reports. We will not identify you in any quotes we use in the evaluation reports or other project information.

Apart from using your contact information to assign your gift card to you, only the research team will have access to your contact information. All data collected will be stored securely at Larter Consulting for 12 months after the completion of the project and will be destroyed after this time.

If you would like to be told the results of this project, please send an email to WVPHN at <u>info@westvicphn.com.au</u> and you will receive consolidated findings once we have analysed all the surveys and interviews.

# Are there any risks in participating?

If completing an interview, there is a small risk that during conversation you might feel a little anxious or uncomfortable talking about your experiences with telehealth in your residential aged care home, or about specific instances of care. If this happens and you want to stop the interview, just let your interviewer know. We can always stop the interview or reschedule it.

### What if I change my mind?

You can withdraw from participating in a survey or interview and/or being recorded at any time (even during an interview). Any withdrawal will not affect your relationship with the people conducting the interviews, or your relationship with the residential aged care home or any health worker. If you change your mind, any information that you have provided to us will be deleted and not used in any analysis or reporting as part of this evaluation.

### I'm interested - what happens next?

If you are interested in taking part:

- If you would like to complete the survey a copy of the survey will be provided to you, in hardcopy or on a tablet device (whichever you prefer)
- If you would like to take part in an interview you will be asked to complete and sign page 4 of this form, OR, if you are satisfied with the information, you can provide verbal consent to the interviewer, and they will record this on the form for you. The consent form will be sent to Jo Grzelinska, at Larter Consulting, the Responsible Researcher for this study.
- Larter Consulting will contact you to arrange a time for the interview, and how it will happen (i.e., phone, videoconference, name of interviewer who will speak with you).
- You will be given a copy of this Participant Information Sheet and Consent Form for your records.

### Who can answer my questions about the evaluation or my participation?

If you require further information or have any problems concerning this study, you can contact:

Jo Grzelinska, Larter Consulting (Responsible Researcher) on 0418 595 781 or email jo@larter.com.au



The Bellberry Human Research Ethics Committee has reviewed and approved this study in accordance with the <u>National Statement on Ethical Conduct in Human Research (2023)</u>. This Statement has been developed to protect the interests of people who agree to participate in human research studies. Should you wish to discuss the study or the complaint procedure with someone not directly involved, particularly in relation to matters concerning policies, information or complaints about the conduct of the study or your rights as a participant, you may contact the Director of HREC Operations, Bellberry Limited on 08 8361 3222.

# Evaluation of Western Victoria PHN Telehealth Implementation in Residential Aged Care Homes Program

I, \_\_\_\_\_\_, consent to my participation in this research: Evaluation of Western Victoria PHN Telehealth Implementation in Residential Aged Care Homes Program.

I acknowledge that the nature, purpose and risks of this study and alternatives to participation have been fully explained to my satisfaction by [Name of interviewer] \_\_\_\_\_\_

Specifically, the details of the interview proposed and the anticipated length of time it will take, and an indication of any discomfort that may be expected have been explained to me.

- I freely agree to participate in this study according to the conditions in the Participant Information Sheet which I confirm has been provided to me.
- I understand that my involvement in this study may not be of any substantial benefit to me.
- I have been given the opportunity to have a member of my family or another person present during the interview explained to me.
- I have been told that no information regarding my medical history will be provided to unauthorised third parties and the results of any conversations involving me will not be published to reveal my identity.
- I understand that I am free to withdraw from the study at any stage without any impact on my care or future treatment.
- I am 18 years of age or over.
- I declare that all my questions have been answered to my satisfaction.
- I have read, or have had read to me, and I understand the Participant Information Sheet, version 1, dated 15 March 2024.

### Name of participant: \_\_\_\_\_

Signature of participant: \_\_\_\_\_\_

Date: \_\_\_\_\_

# **Declaration by Researcher**

A verbal explanation of the research project, its procedures and risks has been given to the participant and I believe that the participant has understood that explanation. The participant has indicated their verbal consent to participate in the interview.

# Name of Researcher: \_\_\_\_\_\_

Signature of Researcher:	Date:	