Western Health
Quality Assurance Research Project

Participant Information Sheet and Consent Form

Title	Evaluation of Recognition and Escalation of Patient Deterioration
Sponsor	Adjunct Professor Shane Crowe, Executive Director of Nursing
Principal Investigator (PI)	Dr Margie McCormick
Associate Investigator/s (AI)	Ms Eleni Kosmidis Ms Robyn Peel
Location	Footscray Hospital, Sunshine Hospital Williamstown Hospital Bacchus Marsh Hospital Melton Hospital Sunbury Day Hospital

1. Introduction

You are invited to take part in this Quality Assurance Research project, Evaluation of Recognition and Escalation of Patient Deterioration. This is because you are currently working as a nurse or midwife at Western Health. The project aims to evaluate the barriers for nurses and midwives in recognising and escalating patient deterioration at Western Health.

This Participant Information Form tells you about the Quality Assurance Research project and it explains what is involved. Knowing what is involved will help you decide if you want to take part in the research.

Please read this information carefully. Ask questions about anything that you don't understand or want to know more about. Before deciding whether to or not to take part, you might want to talk about it with a colleague.

Participation in this research is voluntary. If you don't wish to take part, you don't have to. Your decision whether to take part or not to take part, or to take part and then withdraw, will not affect your employment status or employment prospects or your relationship with Western Health.

If you decide you want to take part in the Quality Assurance Research project by completing the survey questions you will have implied your consent and you will be telling us that you:

- Understand what you have read.
- Consent to take part in the Quality Assurance Research project,
- Consent to the Quality Assurance Research project requirements that are described.
- Consent to the use of your personal and health information as described.

A copy of this Participant Information and Consent Form will be an attachment in the email invitation or it can be downloaded from the link at the beginning of the survey.

2. What is the purpose of this research?

With this research we aim to identify barriers to recognising and escalating patient deterioration and review the effectiveness of the "Don't Wait 2 Escalate" education program in addressing these barriers. The Don't Wait 2 Escalate education program will be delivered organisation wide thus participants will benefit from the program throughout the study period. The program will include case-based discussions and in-situ simulations.

Results may inform future education modalities used to deliver similar programs at Western Health. Subsequent research may be conducted to ascertain longevity of this program.

This Quality Assurance Research project has been initiated by the Investigator, Ms Eleni Kosmidis.

3. What does participation in this research involve?
You are eligible to take part in this study if you are currently working as a nurse or midwife at Western Health. Your involvement in this study will include: 1) Completion of a survey at three time-points (Baseline, at 6-Months, at 12-months). The survey will be used to collect information about your demographic information, attitudes and perceptions patient deterioration and the Rapid Response System. Your opinions about Recognition and Escalation of Patient Deterioration will be sought in a survey. Completion of the questionnaires will be implied consent.
We will ask you to create a unique code, which will be used to link data across the study periods. It should take approximately 10 minutes to complete the surveys at each time point. The surveys will be completed through REDCap, a web-based, online application.

Participants will be eligible to enter a draw for movie tickets. A question has been included at the end of each survey to express your interest in participating in the draw. If you express an interest (ie respond 'yes' to the question) you will be directed to a separate survey where you can provide your name and contact details. This will ensure your name and contact details are not submitted with your completed survey.

This Quality Assurance Research project has been designed to make sure the Investigators interpret the results in a fair and appropriate way and avoids Investigators or participants jumping to conclusions.

There are no costs associated with participating in this project, nor will you be paid.

4. Do I have to take part in this research project?
Participation in any research project is voluntary. If you do not wish to take part, you do not have to. This research project involves an online anonymous survey therefore you are able to withdraw up until your survey responses are submitted. If you withdraw after the data is submitted there will be no way to identify your data so it cannot be excluded from the study.

Your decision whether to take part or not to take part, or to take part and then withdraw, will not affect your employment status or employment prospects or your relationship with Western Health.

5. What are the possible benefits of taking part?
We cannot guarantee or promise that you will receive any benefits from this research, however the information you provide will help us evaluate Recognition and Escalation of Patient Deterioration at Western Health.

There will be a draw to win movie tickets for participating in the surveys. Expressing interest in entering the draw and providing your name and contact details does not guarantee you will win the movie tickets.

6. What are the possible risks and disadvantages of taking part?
We do not anticipate that will experience any risks related to your participation in this study However, if you do become upset or uncomfortable as a result of your participation in the Quality Assurance Research project, you can access the Employment Assistance Program (**1800 099 444**, 24 hours a day, 7 days a week). Any counselling or support will be provided

by qualified staff who are not members of the project team. This counselling will be provided free of charge.

You can suspend or end your participation in the project if you are feeling upset or uncomfortable.

There may be additional unforeseen or unknown risks.

7. What if I withdrew from this research project?
If you decide to withdraw from this Quality Assurance Research project, please notify a member of the project team before you withdraw. A member of the project team will inform you if there are any special requirements linked to withdrawing. You may be asked why you are withdrawing from this project and you do not have to give a reason and it is entirely up to you. The researchers and relevant research staff will not collect additional personal information from you, although personal information already collected will be retained to ensure that the results of the research project can be measured properly and to comply with law. You should be aware that data collected by the researchers up to the time you withdraw will form part of the research project results. This research project involves an online anonymous survey therefore your data will not be able to be removed if you withdraw after the data collection is completed. Once the survey is submitted there is no way to retrieve your individual data as there are no identifiers. If you do not want them to do this, you must tell them before you join the research project.

8. What happens when the research project ends?
It is anticipated that the results of this research project will be published and/or presented in a variety of forums such as peer education sessions, conferences, and journal publications. In any publication and/or presentation, information will be presented in grouped (aggregate form) so that no one can be identified. You will be provided with a summary of the research findings approximately six months after the project is completed (approximately September 2026).

9. What happens to the information about me?
After reading this consent form and completing the survey and submitting it you will have implied your consent to the Principal Investigator and authorised project staff collecting and using information for the research project. Any information obtained in connection with this research project that can identify you will remain confidential however due to the survey being anonymous there will be no identifying information obtained. Your information will only be used for the purpose of this project, and it will only be disclosed with your permission, except as required by law. Only the research team will have access to this data. All data will be destroyed 5 years after completion of the project.

It is anticipated that the results of this project will be published and/or presented in a variety of forums. In any publication and/or presentation, information will be provided in such a way that you cannot be identified as no identifying information will have been obtained.

In accordance with relevant Australian and/or Victorian privacy and other relevant laws, you have the right to request access to the information collected and stored by the project team about you. However due to the survey being anonymous there is no way to retrieve your individual data as there are no identifiers.

Any information obtained for the purpose of this project and for the future research described in Section 9 that can identify you will be treated as confidential and securely stored. It will be disclosed only with your permission, or as required by law.
10. Who is organising and funding the project?

This research has been funded by Western Health, Department of Nursing and Midwifery. No member of the research team will receive a personal financial benefit from your involvement in this research project (other than their ordinary wages).

11. Who has reviewed the research project?
The ethical aspects of this Quality Assurance Research project have been reviewed and approved by the Office for Research of Western Health.

This project is consistent with Ethical Considerations in Quality Assurance and Evaluation Activities (NHMRC, 2014) and it will be carried out according to the National Statement on Ethical Conduct in Human Research (2023 and updates). This statement has been developed to protect the interests of people who agree to participate in human research studies.

The Western Health Department of Nursing and Midwifery have approved the Evaluation of Recognition and Escalation of Patient Deterioration Quality Assurance Research project being carried out.

12. Further information and who to contact
The person you may need to contact will depend on the nature of your query. If you want any further information concerning this project, you can contact any of the following people:

Research contact person

Name	Dr Margie McCormick
Position	Education Coordinator – Research & Innovation
Telephone	0478 408 989
Email	Margaret.mccormick@wh.org.au

Educator contact person

Name	Ms Eleni Kosmidis
Position	Acting Deteriorating Patient Educator
Telephone	0435 190 519
Email	Eleni.kosmidis@wh.org.au

Other resources available to participants

Wilim Berrbang (Aboriginal Health Unit): Telephone: (03) 8345 0952 or email: wilim.berrbang@wh.org.au
Diversity, Equity, and Inclusion: Telephone: 0466 651 146 or email: wh-dei@wh.org.au
Disability Liaison: Telephone:0481 396 300 or email: Disabilityliaison@wh.org.au

If you have any complaints about any aspect of the project, the way it is being conducted or any questions about being a research participant in general, then you may contact the local site complaints person at Western Health:

Complaint contact person

Position	Research Program Director, Western Health Office for Research
Telephone	(03) 8395 8073
Email	ComplaintandFeedback@wh.org.au

You will need to tell the Research Program Director the name of the project contact person(s) provided in the section above.

Western Health

Form for Withdrawal of Participation

Title	Evaluation of Recognition and Escalation of Patient Deterioration
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Declaration by Participant

I wish to withdraw from participation in the above Quality Assurance Research project and understand that such withdrawal will not affect my relationship with Western Health.

Name of Participant (please print) _____

Signature _____ Date _____

In the event that the participant's decision to withdraw is communicated verbally, the Principal Investigator/Senior Investigator will need to provide a description of the circumstances below.

Declaration by the Interpreter (if applicable)

Name of Interpreter* (please print)

Signature Date

*Required when this document is read to the participant in a language other than English.

Declaration by Principal Investigator/Senior Investigator†

I have given a verbal explanation of the implications of withdrawal from the Quality Assurance Research project, and I believe that the participant has understood that explanation.

Name of Principal Investigator/
Senior Investigator† (please print)

Signature Date

† A senior member of the project team must provide the explanation of and information concerning withdrawal from the project.

Note: All parties signing the consent section must date their own signature.