UNIVERSITY OF WASHINGTON

CONSENT FORM

Study Title: Performance and organizational characteristics of analytics teams in healthcare and population health

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We are asking you to be in a research study. This form gives you information to help you decide whether or not to be in the study. Being in the study is voluntary. Please read this carefully. You may ask any questions about the study. Then you can decide whether or not you want to be in the study.

PURPOSE OF THE STUDY

This study is being conducted to deepen our understanding of the work and deliverables of analytics teams in healthcare and population health organizations. Conducting this research will advance our formal and theoretical understanding of analytics work so that we can develop improved models and standards around the implementation and management of analytics teams.

STUDY PROCEDURES

Interviews and focus groups: Study participants may be asked to participate in interviews or focus groups where they will be asked about their organization, their team characteristics, and their work practices. These may last from 30 to 90 minutes. Interviews and focus groups will be recorded for analysis by researchers. Participants may refuse to participate, refuse to answer any question asked, or leave the interview or focus group at any time.

Surveys: Study participants may be asked to complete surveys or provide written answers to questions. These may include requests for information about the participant's personal and professional background, their organization, their team, and their work. Participants may refuse to respond to any survey or questions posed.

Documentation, work samples, and diagrams or pictures: Study participants may be asked to share materials that demonstrate and outline workplace processes, the tools used in those processes, or outputs from those processes. These will be requested in digital format if possible.

Any original materials provided will be digitized and returned to the subject. Participants may refuse to provide materials or redact any part of provided materials.

Transcripts of interviews, documents, and other materials and demographic information provided to researchers may be kept indefinitely and may be used in future research projects. Personal identifying information will be removed from all materials prior to public dissemination.

RISKS, STRESS, OR DISCOMFORT

By participating in this study you and your colleagues may experience increased workplace burden. Participation may expose sensitive information to researchers.

BENEFITS OF THE STUDY

Participation in this study is not expected to confer direct benefit to participants.

CONFIDENTIALITY OF RESEARCH INFORMATION

Information you provide will be linked to your, and your organization's, identity in our records. We will not use personal identifiers in public dissemination products without your consent.

Government or university staff sometimes review studies such as this one to make sure they are being done safely and legally. If a review of this study takes place, your records may be examined. The study records will not be used to put you at legal risk of harm.

There are some limits to this protection. We will voluntarily provide the information to:

- a member of the federal government who needs it in order to audit or evaluate the research;
- individuals at the institution(s) conducting the research, funding agencies, and other groups involved in the research, if they need the information to make sure the research is being done correctly;
- the federal Food and Drug Administration (FDA), if required by the FDA;
- individuals who want to conduct secondary research if allowed by federal regulations and according to your consent for future research use as described in this form;

USE OF INFORMATION AND SPECIMENS

The information and materials that we obtain from you for this study may be used for future studies. We may remove anything that will identify you from the information and materials. If we do so, that information and materials may then be used for future research studies or given to another investigator without getting additional permission from you. It is also possible that in the future we may want to use or share study information and materials that might identify you. If we do, a review board will decide whether or not we need to get additional permission from you.

OTHER INFORMATION

You may refuse to participate, and you are free to withdraw from this study at any time without penalty or loss of benefits to which you are otherwise entitled. If you wish to withdraw, please contact the researchers listed on page 1 of this consent form.

A copy of the consent form will be emailed to you at an email address that you provide. It will be a PDF document. Most computers already have a PDF viewer software installed, which will allow you to open, read, or print the consent form. The email we send you will include a link to a PDF viewer software (such as Adobe Acrobat Reader) in case your computer doesn't already have it. If you would prefer to receive a paper copy of the consent form at no cost to you, please contact the lead researcher listed on page 1 of this consent form.

Consent Presenter Statement

I have provided this participant and/or their legally authorized representative (LAR) with information about this study. The participant/LAR has been given sufficient time to consider participation and I have answered any questions they had. The participant and/or their LAR indicated that they understand the nature of the study, including risks and benefits of participating.

Printed name of study staff obtaining consent Date

Subject's statement

This study has been explained to me. I volunteer to take part in this research. I have had a chance to ask questions. If I have questions later about the research, or if I have been harmed by participating in this study, I can contact one of the researchers listed on the first page of this consent form. If I have questions about my rights as a research subject, I can call the Human Subjects Division at (206) 543-0098. I will receive a copy of this consent form.

Printed name of subject Signature of subject Date