

INFORMED CONSENT FORM

Title of Study: **Improving DVT Outcomes**

Principal Investigator: Sandra Pinkerton, Ph.D., Texas Health Research & Education Institute

Thank you for your recent participation in the *Improving DVT Prevention, Detection and Treatment in High-Risk Specialties* continuing education program. Texas Health Resources is now conducting a study on related DVT quality indicators and we would like to include your input. Hospitals from across the country will be the participants in the study. The objective of this study is to evaluate whether participation in this CME program is associated with greater adherence to guidelines for deep vein thrombosis. Seven performance measures were developed to measure and facilitate improvements in the quality of care for DVT, and these can also be used for your internal quality assessment, feedback and improvement. Reporting clinical outcomes provides an added dimension to quality of care assessment and improvement.

CONFIDENTIALITY. De-identified patient information can be simply entered using our Web-based data submission or via paper-based scantron forms. Texas Health Resources will publish an in-depth, aggregate report of the findings. Participating hospitals will also receive an analysis of their individual results benchmarked against the aggregate findings. The individual information in the study records and your hospital's performance will be kept strictly confidential. Data will be stored securely. No reference will be made in oral or written reports that could link you to the study.

COMPENSATION. The first ten hospitals to register will also receive a \$500 stipend to assist with any costs of data abstraction.

If you have any additional questions about the study or would like to register to get your login and password or paper-based toolkit, please email professionaleducation@crmhealth.com or contact Scott Dahl at 469-484-9450. Once you register, you will receive access to the online survey or forms and a guide that will aid your participation.

Thank you so much for your participation in this important initiative.

CONSENT

I have read and understand the above information. I agree to participate in this study.

Participant's signature _____ Date _____

Investigator's signature _____ Date _____