

## General Info

FileNo: 107926

Title: Identification of Factors for Successful Implementation of the Incident Management System in Ontario Health Unit Emergency Management Programs

Start Date: 30/03/2016

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Keywords:

## Project Members

### Principal Investigator

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### Others

Rank	Last Name	First Name	Affiliation	Role In Project
Masters Student	Kasimos	Dimitra	Social Science\Political Science	Co-Investigator

## Common Questions

### 1. General Information

#	Question	Answer
1.1	Please provide a brief summary of the study, including the rationale, avoiding the use of technical terms and jargon. (max 500 words)	This report will attempt to answer the research question: "What are the factors for successful implementation of the Incident Management System (IMS) into Ontario health units' emergency management programs?" The research will focus on factors that health units

		have the ability manage or change including the use of implementation guides and change management models and their organizational structure. The selected factors that will be included in the research will be selected based on Emergency Management Ontario's draft guide to IMS implementation and John P. Kotter's eight stage framework for creating major change which is detailed in his book "Leading Change". The dependant variable will be the consistent implementation of IMS in the health unit emergency management operations. It will be measured as the extent to which a health unit has adopted IMS into plans and policies as well as the use of those plans and policies to prepare for, mitigate impacts of, respond to and facilitate recovery from incidents or emergencies.
1.2	If this is a funded project, please provide the ROLA reference number and/or the grant title.	NO
1.3	Has this study been submitted to any other research ethics boards (REBs)?	No
1.4	For each team member listed in the Project Team Info tab, please list the following. Their ROLE in this study. Their RESPONSIBILITY in this study. (E.g. Sam Doe, PI, responsible for the conduct of the research study. Alex Green, Research Assistant, responsible for recruitment, interviews and analysis of data.)	Carol Agocs, listed as principle investigator and is the assigned supervisor. Dimitra Kasimos, researcher responsible for conducting the research, recruitment, questionnaire administration and analysis of data.

## 2. Study Description

#	Question	Answer
2.1	What are the study hypotheses or, if specific hypothesis are not normally part of the methodology, what are the research questions ? Provide details of the procedures that will be used to test the hypotheses or research questions. In writing this section consider that the board needs to understand what a participant will experience as they take part in the study.	Research Question What are the factors for successful implementation of the Incident Management System (IMS) into Ontario health units' emergency management program? A survey with closed ended questions will be developed to collect data from thirty four of the thirty five health units in Ontario; Halton Region health department will be excluded to eliminate any potential writer conflict or bias.

The survey will include questions regarding the selected factors considered to have an impact on the successful implementation of IMS within a health unit as well as questions to assess the consistent implementation of IMS in the health unit. One section of the survey will assess the presence of the selected factors within the health units. Respondents will be asked to select responses that indicate to what extent, if at all, the factors identified are or were present for integration of IMS into their emergency management programs; including questions regarding potential change management steps that were taken in the integration of IMS within their health units. The other section of the survey will assess the current level of implementation of IMS within their health units. Respondents will be asked to select responses to indicate both frequency and consistency of use of IMS within their health units to determine the extent of implementation of IMS. The survey will be web-based for participants to complete on-line. Emergency management program managers or planners from thirty-four health units in Ontario will be invited to participate and provide only one consolidated response for each health unit. To attempt to receive a response from each health unit, individual personalised emails, rather than a generic mass email, will be sent requesting their participation in the research project. The email will be followed by individual telephone calls to follow-up on the email request in an attempt to receive a response from all health units.

Once the initial recruitment email is sent and the time to complete the survey has passed, if a response has not been received for a specific health unit, the person who was sent the initial recruitment email will be sent a follow up email. The follow up email will include resending the original email and adding a line at the beginning indicating: "This is a friendly reminder, if you haven't already completed the survey to please, if possible, do so within the next week. If you prefer to have someone else in your health unit complete it, please forward this email to them

		<p><u>on my behalf. Thank you for your assistance with this research report. ”</u></p> <p><u>Once the follow up email is sent and a week has passed, if a response has not been received for a specific health unit, the person who was sent the initial recruitment email and the follow up email will be contacted by telephone. Individual telephone numbers are available from the contact list for Emergency Planners of Ontario Health Units. The telephone script will be: “Hello (insert name), this is Dimitra Kasimos. I’m following up regarding the email I sent you on (insert date) requesting your assistance to complete a survey on the implementation of IMS. It would be very much appreciated if you could complete the survey. If you are not the most appropriate person to complete the survey please let me know who I can forward it to.”</u></p> <p><u>The email distribution list for Emergency Planners of Ontario Health Units, which I, the researcher, am a member of, will be used to identify the individual email addresses. Typically there is only one member per health unit, however in some larger health units there may be more than one. In that case, if there is a manager and a staff member on the email distribution list, the manager will be emailed first. If there are two staff members for the same health unit on the email distribution list, the first person on the list for that particular health unit will be emailed or the person identified as the primary will be emailed. In addition, the recruitment email states, “...if you prefer to have someone else in your health unit complete it to please forward this email to them on my behalf.” This will ensure the person who receives the recruitment email will have the opportunity to have the most appropriate person in their health unit respond.</u></p>
2.2	Does this study include any deception or withholding of key information that may be relevant to the participant making an informed decision about participation?	No
2.3	Please explain and justify the use of deception in this study.	
2.4	If you are giving a debriefing, describe	

	how and when the participants will be debriefed. Note that if you are using deception, you must always have a debriefing. Please include the debriefing letter in the Attachment tab.	
2.5	What is the anticipated number of participants needed to carry out this research?	34
2.6	How much time will a participant be asked to dedicate to the project? If there are multiple, separated sessions, please indicate the time needed for each session.	15 to 20 minutes
2.7	List all study instruments (e.g., survey, data collection forms, etc.) that will be used in this research study. For each instrument, indicate whether or not you developed the instruments yourself or if it is a standard instrument in the relevant field. Please ensure that all instruments listed here are included in the Attachment tab.	Survey that was developed.
2.8	For each of your study procedures, list the locations where the study procedures will be conducted.	via email using on-line survey tool
2.9	What is the age range of the participants?	25 years old and older <a href="#">Age is not a necessary limit to complete the survey. This section requires an age range of the participants be provided. 25 years old and older was provided as the range based on the following assumptions. Emergency Planners for Ontario health units generally come from two educational backgrounds: public health inspectors or nurses. This is not an entry level position in a health unit, 3-5 years of work experience and some specific emergency management training is generally expected for someone to be in this position. Therefore after having completed the necessary university degrees and having gained some experience and training in a health unit the person employed as an Emergency Planner would be at least 25 years old.</a>
2.10	Does this study involve research with Canadian Aboriginal peoples?	No
2.11	Does this study involve online research?	If “Yes” please complete the Online Research

		Tab.
2.12	Will this research take place in a K-12 classroom system or child-care system??	No
2.13	Describe the participants being selected for this study and the criteria for their inclusion. If your inclusion criteria involve characteristics/qualities that would require you to identify if a potential participant qualifies, describe how will you do that (e.g., if you require a participant to be fluent in a language, or have a certain personality characteristic, how will this be ascertained?).	Emergency management program managers or planners from thirty-four health units in Ontario will be invited to participate and provide only one consolidated response for each health unit.

### 3. Recruitment Process

#	Question	Answer
3.1	Describe your recruitment procedure. This should include how potential participants will become aware of your study, how they will secure their participation in the study and how they can get in touch with you. Ensure that all recruitment documentation is included in the Attachment tab.	<p>Emergency management program managers or planners from thirty-four health units in Ontario will be invited to participate and provide only one consolidated response for each health unit. To attempt to receive a response from each health unit, individual personalised emails, rather than a generic mass email, will be sent requesting their participation in the research project. The email will be followed by individual telephone calls to follow-up on the email request in an attempt to receive a response from all health units. Participants will become aware of the study via email. They can get in touch with me via email or telephone.</p> <p><a href="#">The email distribution list for Emergency Planners of Ontario Health Units, which I, the researcher, am a member of, will be used to identify the individual email addresses. Typically there is only one member per health unit, however in some larger health units there may be more than one. In that case, if there is a manager and a staff member on the email distribution list, the manager will be emailed first. If there are two staff members for the same health unit on the email distribution list, the first person on the list for that particular health unit will be emailed or the person identified as the primary will be emailed. The emails and telephone numbers for emergency planners are</a></p>

		<a href="#">publicly available by contacting the health units and requesting the contact information for the emergency planner of that health unit. The information is not private or confidential; the position of Emergency Planner for a health unit requires working and collaborating with their local community and public promotion of emergency preparedness. This email distribution list is regularly used for gathering and sharing information, collaborating on projects and for notification purposes.</a>
3.2	If you indicated that the researcher will contact the participants directly, please indicate how the researcher has access to or will obtain the contact information.	
3.3	Will a person who might have some influence (e.g., supervisor of employees, teacher of students, or other such relationships) be making initial contact with the potential participants.	If "No" please move to Section 4.
3.4	If you answered "Yes" to question 3.3, please describe the nature of the influence and what steps will be taken to ensure it does not exert undue influence on the person to participate.	

#### 4. Consent Process

#	Question	Answer
4.1	Which of the following forms of consent / assent will be used? Ensure that all consent documentation is included in the Attachment tab.	Implied Consent (e.g., for an online survey)
4.2	Please elaborate on each kind of consent listed above.	The introductory email <a href="#">and the full letter of information</a> will inform participants that their consent is implied by completing the survey and they can leave the survey at any time without completing it. <a href="#">The survey also explains that continuing to participate constitutes consent.</a>
4.3	If you selected unable to obtain consent / requesting a consent waiver, please elaborate.	
4.4	Seeking consent from individuals under the age of 18 or who may have diminished capacity without obtaining parental/legal	N/A - all participants are 18 or older and do not have diminished capacity. <a href="#">I selected the first option in the set of multiple</a>

	guardian consent should be based on whether or not they have the capacity to understand the significance of the research and the implications of the risks and benefits to them. Please indicate how consent will be obtained for those under 18 or who may have diminished capacity.	<a href="#">choice questions because it was the most appropriate response: “N/A - all participants are 18 or older and do not have diminished capacity.” This answer is not in conflict with 2.9 because all participants will be older than 18 and the option of or older was provided in the selected response for this question.</a>
4.5	If you indicated that no parental consent will be obtained for individuals under the age of 18 or with a diminished capacity, please explain here.	
4.6	Will a person who might have undue influence on the participant be consenting the participant?	If "No" please go to question 4.8.
4.7	If you answered "Yes" to question 4.6, please explain here.	
4.8	Indicate if the participants may have any of the anticipated communication difficulties listed below.	None
4.9	If there is an anticipated communication difficulty, as indicated above, please describe the procedures that will be used to address this.	

### 5. Risks, Benefits and Safety

#	Question	Answer
5.1	List and describe any foreseeable potential risks and harms. If there are risks or harms, describe what potential benefits there may be to individuals or society to justify these risks or harms.	<p>There are no foreseeable risk. The benefit is development of recommendations that can be used by local governments for implementation of IMS within their emergency management programs.</p> <p><a href="#">The results of the data are not intended to be reported by individual health unit. The health unit name is requested as the unique identifier in the survey however this was done to minimize the number of questions the responded would need to answer. By having the health unit name other data to be linked with the responses like population, geographic are etc. can be determined because the information is publicly available. The intent of the research is to identify trends and the results will be reported by standardized groupings, e.g. rural health units vs. urban health units.</a></p>



5.2	Please indicate how you will minimize any potential risks/harms in this study.	Not applicable as there are no foreseeable risks identified.
5.3	If there is a possibility that the participant may experience emotional distress, what training / qualifications does the interviewer / researcher have that equips them to recognize such distress and to know when to stop the interview?	
5.4	If there is a possibility of distress, please comment on what resources will be available to deal with potential distress (e.g., Will a list of resources be provided? Is there someone on site to deal with distress?).	
5.5	Please confirm that you are aware of any obligations that you may have for reporting information to outside agencies (e.g., information about abuse of minors to CAS, or other such information) that may arise in this study. This limit on confidentiality must also be clear in the Letter of Information and Consent.	

#### 6. Confidentiality and Data Security - Collection of ...

#	Question	Answer
6.1	Based on the information in the Guidelines for Confidentiality and Data Security, are you collecting identifiable information for this study?	If "No" go to Section 7.
6.2	If yes to question 6.1, identify any personal identifiers collected for this study. Select all that apply.	
6.3	If you have selected "Other" above, please specify.	
6.4	Explain and justify the use of each identifier selected above.	

#### 7. Confidentiality and Data Security - Transporting o ...

#	Question	Answer
7.1	Will the transport of study records conform to the requirements of the Guidelines for Confidentiality and Data Security Section A - Transporting of Study Data?	N/A – study data (identifiable or de-identified) will not be transported off-site – proceed to Section 8

7.2	If you answered "Yes" to question 7.1, who will have access to the data (identifiable or de-identified data)?	
7.3	If you answered "Yes" to question 7.1 and the data to be transferred include identifiable information, list the type of identifiable information that will be included with the data sent off-site.	
7.4	If you answered "No" to question 7.1, please describe the deviations you are requesting with respect to the transport of study data containing identifiable information, and explain why these deviations are essential to being able to conduct the study?	

#### 8. Confidentiality and Data Security – Storage, reten ...

#	Question	Answer
8.1	How are you storing your data	Electronic
8.2	Will the storage of study data conform to the Guidelines for Confidentiality and Data Security Section B - Storage, Retention and Destruction of Study Data?	If "Yes" please go to question 8.4.
8.3	If you have answered "No" to question 8.2, please describe any deviations you are requesting with respect to the storage of study data, and explain why those deviations are necessary for the conduct of the study.	
8.4	If someone other than the local Principal Investigator will be retaining the study data please specify who will store the data, how the data will be stored, and where the data will be stored.	The researcher, Dimitra Kasimos, will be retaining the study data on a secured personal lap top. <a href="#">The personal lap top is not transported “off-site”, the site being the researcher’s house. The lap to is not stationary in the house but it is not moved outside of the house (off-site) as it is bulky and a tablet is available for use outside the house. This personal laptop is not used for work purposes; there is a separate lap top that is transported off-site for work.</a>
8.5	Please confirm that data (identifiable and/or de-identifiable) will be retained for a minimum of 5 years as per regulatory guidelines (e.g., granting agency	Yes

	guidelines).	
8.6	Will you be retaining data with identifiable information for longer than 5 years	If "No" go to question 8.10.
8.7	Will the data with identifiable information being retained for longer than 5 years be professionally archived?	
8.8	If yes to question 8.7, please provide information on the professional archive depository and confirm that the Letter of Information and Consent contains information that data with identifiable information will be archived.	
8.9	If you will be retaining data with identifiable information for longer than 5 years describe (1) how long it will retained, (2) why it is necessary it be retained for longer than 5 years, and (3) how you will ensure the confidentiality of the data during the extended retention period.	
8.10	If you are collecting identifiable information how will you destroy that data after the retention period indicated in the above questions?	

### 9. Compensation

#	Question	Answer
9.1	Will participants receive any compensation or incentive for participation?	No
9.2	Please elaborate on any compensation or incentive the participants will receive.	
9.3	Will participants receive any reimbursement for expenses?	No
9.4	Please elaborate on any reimbursement for expenses that participants will receive.	
9.5	If any compensation or reimbursement will be prorated please provide details of the prorating here and in the Letter of Information and Consent.	
9.6	If compensation involves entering the participant into a draw, describe how the participant will be entered into the draw and how they will be notified of winning. Ensure that the identifiable information for	

	the draw is not associated with the data.	
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#### 10. Online Research

#	Question	Answer
10.1	All questions in an online survey must be optional as participation is voluntary.	I confirm that the online survey is formatted to allow skipping of any or all questions
10.2	Identifiable information, including IP address, cannot be collected or stored with the data at any time.	I confirm that no identifiable information will be collected or stored on the survey or with the data.
10.3	If you will be entering the participants into a draw at the end of the survey, the participants must be able to skip all questions and still gain access to be entered into the draw.	N/A

#### 11. Research with Canadian Aboriginal Peoples

#	Question	Answer
11.1	Will the research be conducted on Canadian Aboriginal lands, include Canadian Aboriginal people or seek input from participants regarding a Canadian Aboriginal community's cultural heritage, artefacts, traditional knowledge or unique characteristics?	No
11.2	Will interpretation of research results refer to Canadian Aboriginal communities, peoples, language, history or culture?	No
11.3	Please describe the nature and extent of your engagement with the Aboriginal community(s) being researched. The nature of community engagement should be appropriate to the unique characteristics of the community(s) and the research. The extent of community engagement should be determined jointly by the researchers and the relevant communities. Include any information/advice received from or about the Aboriginal community under study.	

#### 12. K-12 Classroom

#	Question	Answer
12.1	Have you consulted with the Research	

	Services department at the school board that you wish to enter before submitting this application? Please include any relevant correspondence with the Research Services department and/or principal which indicates you can collect data at their school.	
12.2	Please confirm that your research project will be submitted to the appropriate school boards once Western approval has been granted and that all school board approval notices will be forwarded to the Office of Research Ethics.	
12.3	Have the research team members that will be directly interacting with K-12 students received a police check to enter into the classroom and work with children?	
12.4	If the research is happening during school hours, what will the children who have not been consented/assented to participate in the research do during this time?	
12.5	Indicate which of the groups you will recruit from the school. Please select all that will apply.	
12.6	If you have selected "other" above, please specify here.	
12.7	If you have indicated that you are recruiting students above, please select the age range(s) of the students from one of the following groups. Please select all that apply.	
12.8	If you will be requesting any information from the school or the board (e.g., student achievement scores, report card grades), indicate which information and how parent consent for this information will be sought.	
12.9	If research procedures require individual students to participate by being alone with the researcher in a private room/area, there must be at least two researchers present during these times. Does your study include any such conditions?	
12.10	If you have answered "Yes" to question 12.9 please confirm that the requirement of having at least two researchers present will	

	be met.	
12.11	Is the project in any way testing or evaluating a new curriculum or pedagogy?	
12.12	If you answered "Yes" to question 12.11, is the new procedure only being introduced as a result of the research project (i.e. It is not part of the normal curriculum that would be occurring even if the research was not being conducted?)	
12.13	If you answered "Yes" to question 12.12 please explain.	
12.14	How will you distribute materials and collect informed consent when children are involved?	

### 13. Conflict of Interest

#	Question	Answer
13.1	Will the researcher(s), members of the research team, and/or their partners or immediate family members receive any personal benefits (for example a financial benefit such as remuneration, intellectual property rights, rights of employment, consultancies, board membership, share ownership, stock options etc.) as a result of or by being connected to this study?	No
13.2	If you answered "Yes" in question 13.1, please describe the benefits below (do not include conference and travel expense coverage, possible academic promotion, or other benefits that are integral to the conduct of research generally).	
13.3	If applicable, describe any restrictions regarding access to or disclosure of information (during or at the end of the study) that the sponsor has placed on the researcher(s).	

### 14. Confirmation of Responsibility

#	Question	Answer
14.1	I confirm that I have read all study documents, assume full responsibility for the scientific and ethical conduct of this	Yes

	research and agree to conduct this study as outlined in the approved Western Protocol and documents approved by the REB in compliance with the TCPS2 guidelines.	
14.2	Have you exported a copy of this submission to Word using the "Export to Word" button? Note that you will be unable to submit your response or future amendments if this is not done.	Yes

### Attachments

Description	File Name	Version Date
Initial Recommendations	107926 Agocs (P).pdf	26/04/2016

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Response to REB Recommendations – REB ID 107926

Study title - Identification of Factors for Successful Implementation of the Incident Management System in Ontario Health Unit Emergency Management Programs

Principle Investigator – Dr. C. Agocs

Researcher – Dimitra Kasimos

1. 2.1 – please provide the telephone script you will use as well as the follow-up emails.
  - a. Once the initial recruitment email is sent and the time to complete the survey has passed, if a response has not been received for a specific health unit, the person who was sent the initial recruitment email will be sent a follow up email. The follow up email will include resending the original email and adding a line at the beginning indicating: “This is a friendly reminder, if you haven’t already completed the survey to please, if possible, do so within the next week. If you prefer to have someone else in your health unit complete it, please forward this email to them on my behalf. Thank you for your assistance with this research report. ”
  - b. Once the follow up email is sent and a week has passed, if a response has not been received for a specific health unit, the person who was sent the initial recruitment email and the follow up email will be contacted by telephone. Individual telephone numbers are available from the contact list for Emergency Planners of Ontario Health Units, which I am a member of. The telephone script will be: “Hello (insert name), this is Dimitra Kasimos. I’m following up regarding the email I sent you on (insert date) requesting your assistance to complete a survey on the implementation of IMS. It would be very much appreciated if you could complete the survey. If you are not the most appropriate person to complete the survey please let me know who I can forward it to.”
2. 2.1 How will individual emails for recruitment be identified? Who will be emailed first if there are multiple people that might be appropriate in a unit?
  - a. The email distribution list for Emergency Planners of Ontario Health Units, which I, the researcher, am a member of, will be used to identify the individual email addresses. Typically there is only one member per health unit, however in some larger health units there may be more than one. In that case, if there is a manager and a staff member on the email distribution list, the manager will be emailed first. If there are two staff members for the same health unit on the email distribution list, the first person on the list for that particular health unit will be emailed or the person identified as the primary will be emailed. In addition, the recruitment email states, “...if you prefer to have someone else in your health unit complete it to please forward this email to them on my behalf.” This will ensure the person who receives the recruitment email will have the opportunity to have the most appropriate person in their health unit respond.
3. 2.9 – can you be sure that all individuals are over 25? Is this a necessary limit? It also conflicts with 4.4 which says over 18.



- a. Age is not a necessary limit to complete the survey. Section 2.9 required that I provide an age range of the participants. I indicated they would be 25 years old and older based on the following assumptions. Emergency Planners for Ontario health units generally come from two educational backgrounds: public health inspectors or nurses. This is not an entry level position in a health unit, 3-5 years of work experience and some specific emergency management training is generally expected for someone to be in this position. Therefore after having completed the necessary university degrees and having gained some experience and training in a health unit the person employed as an Emergency Planner would be at least 25 years old.
  - b. In section 4.4, there was no option to provide an age range. I selected the first option in the set of multiple choice questions because it was the most appropriate response: "N/A - all participants are 18 or older and do not have diminished capacity." I don't interpret this as a conflict because all participants will be older than 18 and the option of or older was provided in the response selected for this question.
4. 3.1 – Please note in the LOI that the interviewee is speaking on behalf of unit.
  - a. This statement was included in the LOI: "Your responses will be on behalf of the health unit you represent."
5. 3.1 – please indicate how you will find the email addresses of the individuals that you will be emailing – are they publicly available?
  - a. The email distribution list for Emergency Planners of Ontario Health Units, which I, the researcher, am a member of, will be used to identify the individual email addresses. Typically there is only one member per health unit, however in some larger health units there may be more than one. In that case, if there is a manager and a staff member on the email distribution list, the manager will be emailed first. If there are two staff members for the same health unit on the email distribution list, the first person on the list for that particular health unit will be emailed or the person identified as the primary will be emailed. The emails and telephone numbers for emergency planners are publicly available by contacting the health units and requesting the contact information for the emergency planner of that health unit. The information is not private or confidential; the position of Emergency Planner for a health unit requires working and collaborating with their local community and public promotion of emergency preparedness.
6. 4.1 – please note that the email you have provided is not sufficient for fully informing the participants about the research. Please provide (in addition to the email) a full letter of information (as per our template)
  - a. The introductory email, which will contain the full letter of information, has been attached along with the full letter of information.
7. 4.1 – the survey should have an explanation that continuing to participate constitutes consent.
  - a. The survey was updated to include an explanation that continuing to participate constitutes consent. Please see attached surveys one version with track changes and the clean version.
8. 5.1 – if an individual is speaking for an entire health unit, is there not some possibility of some backlash for that employee?

- a. The results of the data are not intended to be reported by individual health unit. The health unit name is requested as the unique identifier in the survey however this was done to minimize the number of questions the responded would need to answer. By having the health unit name other data to be linked with the responses like population, geographic are etc. can be determined because the information is publicly available. The intent of the research is to identify trends and the results will be reported by standardized groupings, e.g. rural health units vs. urban health units.
9. 8.4 says info will be on a secured lap top, but 7.1 says data won't be transported – unless lap top stationary at all times while it has data can 7.1 claim that data will not be transported off-site?
  - a. The personal lap top is not transported “off-site”, the site being the house. The lap to is not stationary and is moved around the house but it is not moved outside of the house (off-site) as it is bulky and a tablet is available for use outside the house. The personal laptop is not used for work purposes there is a separate lap top that is transported off-site.

#### Email

10. Email – please delete the first paragraph and information about this being for your Master's.
  - a. The first paragraph was removed.
11. Email – please add a version date in the footer of this document.
  - a. A version date was added in the footer of the document.

#### Survey

12. Survey – in the survey you ask the name of the health unit- could this potentially identify an individual? If yes, please revise the confidentiality sections of the Western Protocol.
  - a. The results of the data are not intended to be reported by individual health unit. The health unit name is requested as the unique identifier in the survey however this was done to minimize the number of questions the responded would need to answer. By having the health unit name other data to be linked with the responses like population, geographic are etc. can be determined because the information is publicly available. The intent of the research is to identify trends and the results will be reported by standardized groupings, e.g. rural health units vs. urban health units. The individual survey responses will not be available to anyone except the researcher.



## Email Script for Recruitment

### Subject Line: Invitation to participate in research

Dear Colleagues:

~~I am currently completing Western's Master of Public Administration program. Part of the requirement of my graduate degree is to complete a Faculty supervised major research paper.~~

~~For my research paper, I have decided to collect~~ am collecting data to examine the factors that lead to successful implementation of the Incident Management System in health unit emergency management programs.

I am reaching out to you as the emergency planner for your health unit and requesting your assistance to complete the questionnaire. I only require one completed questionnaire for each health unit so it would be greatly appreciated if you could complete the questionnaire or if you prefer to have someone else in your health unit complete it to please forward this email to them on my behalf.

This short on-line questionnaire should only take about 15-20 minutes to complete. A PDF version is also attached if you would like to preview the questions before answering on-line. The data collected will be health unit specific and no personal information will be collected. Your participation in this study is completely voluntary and you may withdraw from completing the questionnaire at any time by closing the link to the questionnaire.

For further information about this research paper or if you have any questions you may contact me at the email below. If you choose to participate in this study, please click on this link: (insert link). This link will remain active until, (insert date) 2016. Completion of this survey will be the indication of your consent to participate.

To request a copy of the report after it has been submitted please send your request by responding to this email.

Thank you for your willingness to participate.

Researcher: Dimitra Kasimos [dkasimos@gmail.com](mailto:dkasimos@gmail.com)

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## **Letter of Information and Consent**

**Project Title:** Identification of Factors for Successful Implementation of the Incident Management System (IMS) in Ontario Health Unit Emergency Management Programs

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This study will attempt to answer the research question: "What are the factors for successful implementation of IMS into Ontario health units' emergency management programs?" I am reaching out to you as the emergency planner for your health unit to participate in this research study to identify the factors that lead to successful implementation of IMS in health unit emergency management programs. Your assistance to complete this short on-line questionnaire is requested and it is expected it will take 15-20 minutes to complete.

The data collected will be health unit specific and no personal information will be collected. Your responses will be on behalf of the health unit you represent and individual responses will not be reported as part of the results. The data will be retained by the researcher on a secure personal lap top for a minimum of 5 years as per regulatory guidelines. All information collected during this study will be kept confidential and will not be shared with anyone outside the study unless required by law. Only representatives of The University of Western Ontario Non-Medical Research Ethics Board may require access to study-related records to monitor the conduct of the research.

Completion of this survey will be the indication of your consent to participate **and- you do not waive any legal rights by consenting to this study.** Your participation in this study is completely voluntary and you may withdraw from completing the questionnaire at any time by closing the link to the questionnaire. The online survey is also formatted to allow skipping of any or all questions. There are no

known or anticipated risks associated with participating in this study. If you choose not to participate or to leave the study at any time it will have no effect on your employment. There is no compensation for your participation in this research but you can request a copy of the report after it has been submitted.

If you require more information regarding the research study please contact the researcher, Dimitra Kasimos by email at [dkasimos@gmail.com](mailto:dkasimos@gmail.com) or by telephone at 416-230-1297.

If you have any questions about your rights as a research participant or the conduct of this study, you may contact The Office of Research Ethics (519) 661-3036, email: [ethics@uwo.ca](mailto:ethics@uwo.ca).

**This letter is yours to keep for future reference.**

The Ontario Public Health Standards and Emergency Management Protocol (protocol), published by the Ministry of Health and Long-Term Care (MOHLTC) set out standards that must be met when delivering public health programs and services including emergency response. According to the protocol the Incident Management System (IMS) is to be used to facilitate the management of public health services to respond to incidents or emergencies with public health impacts. Participation in this survey is voluntary and continuing to participate in the survey will constitute consent.

Part 1 – Integration of the Incident Management System (IMS) in the Health Unit emergency management program

- **For each statement below please select ONE response which best reflects the current status within your health unit** regarding the use of IMS to respond to incidents or emergencies.
  - If there have been no incidents or emergencies in your health unit that have warranted activating your emergency response plan, in part or in whole, or your emergency operations centre, please select the answer that best reflects the expectations in your health unit.
  - Additional comments can also be provided after each response if you want to elaborate on your answer.

1. The name of my health unit is: (name of health unit)

2. In my health unit:

- a. There is no written public health emergency response plan
- b. There is a public health emergency response plan but it is not written in IMS format
- c. There is a public health emergency response plan and it is written in IMS format
- d. I prefer not to answer

Additional Comments:

3. In my health unit:

- a. There is no formal health unit policy requiring IMS to be used to respond to public health incidents or emergencies.
- b. There is a formal health unit policy requiring IMS to be used to respond to public health incidents or emergencies but it is not consistently implemented
- c. There is a formal health unit policy requiring IMS to be used to respond to public health incidents or emergencies and it is consistently implemented
- d. I prefer not to answer

Additional Comments:

4. My health unit responds to specific incidents with public health impacts (adverse water quality response procedures, outbreak response procedures, etc.) by using:
- The public health emergency response plan only; there are no procedures to respond to specific incidents
  - Procedures not written in IMS format to respond to specific incidents
  - Procedures written in IMS format to respond to specific incidents
  - I prefer not to answer

Additional Comments:

5. My health unit responds to minor public health incidents that do not require the public health emergency plan to be activated, in part or in whole by:
- Never implementing IMS to respond to minor public health incidents
  - Sometimes implementing IMS to respond to minor public health incidents
  - Always implementing IMS to respond to minor public health incidents
  - I prefer not to answer

Additional Comments:

6. My health unit responds to planned special events (e.g. large public gatherings for festivals or concerts, etc.) by:
- Never implementing IMS to respond to planned special events
  - Sometimes implementing IMS to respond to planned special events
  - Always implementing IMS to respond to planned special events
  - I prefer not to answer

Additional Comments:

7. My health unit emergency operations centre (EOC) is:
- Never staffed using IMS structure
  - Sometimes staffed using IMS structure
  - Always staffed using IMS structure
  - I prefer not to answer

Additional Comments:

## Part 2 – The Change Management Process

For the questions below, please select ONE answer that best reflects your health unit's situation based on your recollection or knowledge from the period between the time the Emergency Management Protocol was published in 2008 until now.

1. Were clear objectives to implement IMS into the health unit emergency management program established?
  - a. Unknown or cannot recall
  - b. No, objectives to implement IMS were never established
  - c. Objectives to implement IMS into my health unit's emergency management program were established but they were not clear
  - d. Yes, there were clear objectives established to implement IMS into my health unit's emergency management program
  - e. I prefer not to answer

Additional Comments:

2. Was a formal communication strategy developed to raise awareness among front line staff regarding implementation of IMS in the health unit's emergency management program?
  - a. Unknown or cannot recall
  - b. A communication strategy was not developed to raise awareness of IMS implementation among front line staff
  - c. There was some informal communication regarding IMS implementation to front line staff
  - d. There was a formal communication strategy developed to raise awareness of IMS implementation among front line staff
  - e. I prefer not to answer

Additional Comments:

3. Has any senior manager (director level or above) in your health unit clearly endorsed (formally through a memo/presentation, or informally through emails etc.) the requirement to implement IMS within your health unit's emergency management program?
  - a. Unknown or cannot recall
  - b. No, there was no endorsement from senior management regarding implementing IMS into my health unit's emergency management program
  - c. There was some communication from senior management regarding IMS but it was not a clear endorsement to implement it into my health unit's emergency management program
  - d. Yes, senior management have clearly endorsed the requirement to implement IMS into my health unit's emergency management program
  - e. I prefer not to answer

Additional Comments:



4. Has any mid-level manager (manager, supervisor or team leader) in your health unit endorsed (formally through a memo/presentation, or informally through emails etc.) the requirement to implement IMS within your health unit's emergency management program?
  - a. Unknown or cannot recall
  - b. There was no endorsement from mid-level management regarding implementing IMS into my health unit's emergency management program
  - c. There was some communication from mid-level management regarding IMS but it was not a clear endorsement to implement it into my health unit's emergency management program
  - d. Yes, mid-level management have clearly endorsed the requirement to implement IMS into my health unit's emergency management program
  - e. I prefer not to answer

Additional Comments:

5. Was an evaluation or feedback survey ever conducted to determine the effectiveness of the implementation of IMS into the health unit's emergency management program and used to further inform the implementation of IMS?
  - a. Unknown of cannot recall
  - b. An evaluation survey was never conducted to determine the effectiveness of the implementation of IMS into my health unit emergency management program
  - c. A survey was conducted to determine the effectiveness of the implementation of IMS into my health unit's emergency management program, **but** feedback from the survey was not used to further inform the implementation of IMS
  - d. Yes, a survey was conducted to determine the effectiveness of the implementation of IMS into my health unit's emergency management program **and** feedback from the survey was used to further inform the implementation of IMS.
  - e. I prefer not to answer

Additional Comments:

### Part 3 – The Contextual Factors

1. Does your health unit require emergency management training that includes IMS training (e.g. IMS 100 or an equivalent) as part of orientation for new staff?
  - a. Unknown
  - b. No, emergency management training is not part of the orientation for new staff
  - c. Only general emergency management training is included in the orientation and it does not include any IMS training
  - d. Yes, all new staff are required to complete emergency management training that includes IMS training
  - e. I prefer not to answer

Additional Comments:

2. Does your health unit have at least one designated instructor to conduct IMS training (i.e. instructors have completed PHO IMS 100 supplemental train the trainer course)?
  - a. Unknown
  - b. No, there are no designated instructors to conduct IMS training
  - c. There are no designated instructors to conduct IMS training at this time **but** there is a plan to have at least one instructor trained by the end of this year
  - d. Yes, there is at least one designated instructor to conduct IMS training
  - e. I prefer not to answer

Additional Comments:

3. Does your health unit have IMS training tools or resources (e.g. presentations, learning modules, reading material, etc.) available for staff?
  - a. Unknown
  - b. No, there are no IMS training tools or resources available for staff
  - c. There are no IMS training tools or resources available for staff at this time **but** there is a plan to have some available by the end of this year
  - d. Yes, there are IMS training tools or resources available for staff
  - e. I prefer not to answer

Additional Comments:

4. Does your health unit currently conduct their annual emergency exercise using IMS?
  - a. Unknown
  - b. No, the annual emergency exercise is not conducted using IMS
  - c. There has been no emergency exercise conducted using IMS but here is a plan to conduct an annual emergency exercise using IMS this year
  - d. Yes, the annual emergency exercise is conducted using IMS
  - e. I prefer not to answer

Additional Comments:

5. Do the local municipalities, townships, cities, etc. located within your health unit's jurisdiction have their emergency plans written in IMS format?
  - a. Unknown
  - b. No, none of the local municipalities, townships, cities, etc. have their emergency plans written in IMS format
  - c. Less than half of the local municipalities, townships, cities, etc. have their emergency plans written in IMS format

- d. Yes, half or more of the local municipalities, townships, cities, etc. have their emergency plans written in IMS format
- e. I prefer not to answer

Additional Comments:

6. Do the local municipalities, townships, cities, etc. within your health unit's jurisdiction conduct their annual emergency exercises in IMS format?
- a. Unknown
  - b. No, their annual emergency exercise is not conducted using IMS
  - c. Less than half of the local municipalities, townships, cities, etc. conduct their annual emergency exercise using IMS
  - d. Yes, half or more of the local municipalities, townships, cities, etc. conduct their annual emergency exercise using IMS
  - e. I prefer not to answer

Additional Comments:

7. How many manager/supervisor full time equivalents (FTEs) does your health unit have assigned to the emergency management program (i.e. at least 50% of their program management responsibilities are for the emergency management program)?
- a. Unknown
  - b. None, the responsibilities for the emergency management program are dispersed among a number of managers/supervisors throughout the health unit
  - c. Less than one manager/supervisor FTE is assigned to the emergency management program
  - d. At least one or more manager/supervisor FTE is assigned to the emergency management program
  - e. I prefer not to answer

Additional Comments:

8. How many front line staff full time equivalents (FTEs) does your health unit have assigned to the emergency management program (i.e. at least 50% of their work is for the emergency management program)?
- a. Unknown
  - b. None, the responsibilities for the emergency management program are dispersed among front line staff throughout the health unit
  - c. Less than one front line staff FTE is assigned to the emergency management program
  - d. At least one or more front line staff FTE is assigned to the emergency management program
  - e. I prefer not to answer

Additional Comments:

Open ended questions:

1. Is the budget for the emergency management program in your health unit part of the base budget or there is a dedicated budget for the emergency management program?
2. If there is a dedicated budget for the emergency management program in your health unit, could you provide the amount that is allocated to the program and approximately what percentage that is of the overall health unit budget?