CLINIC PROCESS For RESEARCH REQUESTS

Research Request

- All requests are forwarded to the Quality Coordinator for processing. Information required includes:
  - Research protocol with detailed description of what is being asked of the practice.
  - An up-to-date copy of research ethics appoval letter.
  - Operational approval (as required for AHS and Covernant Health facilities).

Review of Research Request

- Evaluating group = designated group or individuals to review the request(s) shall:
  - Consider all potential impacts (personnel, space, costs) on the clinic.
  - Evaluate Health Information Act requirements and, if necessary, the Quality Coordinator will obtain and store in a secure location at the clinic with the following study documents:
    - -->Research Agreement with investigators to disclose patient health informaton.
    - -->Signed Oath of Confidentiality from study team members accessing patient information.

Decision on Research Request

- Evaluating group presents research requests and recommendation to the Quality Coordinator and the physician group.
- Physician group makes the final decision and informs the Quality Coordinator of the decision. If more information is required, the researcher may be invited to present the project to the group and address any questions.

Project Implementation

- Designate specific space and files in the clinic to securely house research documents (research agreements, Oaths of Confidentiality, protocols, ethics, consents, etc).
- When required, designate one individual (e.g nurse, assistant) to assist the researchers with study implementation.

Assessment and Follow-up

- Quality Coordinator to assess research process and impact.
- Quality Coordinator maintain a research tracking log to submit to the Research Program bi-annually.
- Store study information in secure location for a minimum of 5 years unless otherwise specified.