



MCW Office of Research Standard Operating Procedure

QA/QI ROUTINE REVIEW PROCESS

Unit: Human Research Protections Program (HRPP), Office of Research

Applies to: Faculty and Staff involved in human research

PURPOSE:

The purpose of the Routine Review is to:

1. verify the conduct, documentation and reporting of research related activities is in accordance with the IRB approved protocol, and applicable federal regulations, tribal laws and other state and institutional policies in addition to the protection of the rights, safety, and welfare of the subjects, and
2. provide feedback to the project team and IRB regarding the conduct, documentation and reporting of the research.

Routine Reviews are conducted on a sample of research projects approved by the MCW IRB, this includes research reviewed by a convened IRB committee, expedited review and registered projects.

DEFINITIONS:

Corrective Action Plan (CAP): The CAP is developed in response to findings and recommendations provided in the QI Specialist's final summary. The CAP should include action items implemented within 5 calendar days of the filed final summary as well as action items for implemented at other times in response to the final summary findings. The CAP is submitted to the QI Specialist in response to the findings listed in the final summary.

Debriefing: The process of reviewing findings, commending good practices, requesting clarification, identify activities not consistent with policy, protocol, and regulations and outlining follow up activities.

QA Summary: A summation of findings and recommendations documented upon completion of the QI Specialist's onsite routine review activities. The document includes information regarding the review activities, and the subsequent findings.

Routine Review: A Routine Review is a Quality Improvement Program effort to review and verify the conduct and documentation and reporting of human subject research within the framework of institutional policy and regulatory requirements and to identify educational resources for Investigators and members of the project team and provide feedback specific to the research project.

Routine review activities may include: interview with member(s) of the project team, review of project related documentation, feedback regarding review findings, and if applicable recommendations and corrective actions.

PROCEDURE:

Notification

1. The QI Specialist will notify the Principal Investigator (PI) and Primary Contact and the key contact person for that department/division that their research project has been selected for routine review. The notification will include information identifying the timeframe for Routine Reviews in the researcher's department/division as well as the onsite review activities.
 - a. If applicable, the following parties will be copied on the notification
 - i. TRU Research Subject Advocate, if research is supported by the CTSI (resources or funding)
 - ii. Children's Hospital of Wisconsin (CHW) IRB administrator, if research project involves activity with minors or the records of minors from CHW.
 - iii. Blood Center of Wisconsin (BCW) Point of Contact, if researcher is identified as a BCW researcher by BCW.
 - iv. MCW Point of Contact (POC) and HRPP Office of the relying institution(s) if there is a Reliance Agreement/sIRB review in place and MCW IRB is the IRB of record.
 - v. The external institutions HRPP Office if the selected research project takes place at both locations and has dual IRB review.
 - b. The notification is emailed via eBridge at least two weeks prior to the potential review period.
 - c. If the QI Specialist does not receive PI's response within 4 business days of the initial notification, a reminder email is sent via eBridge
 - d. If the QI Specialist does not receive PI's response within 4 business days of the reminder notification, the QI Manager will contact the identified individuals requesting a response.
 - e. If no response is received, the information is forwarded to the HRPP Director.
2. Upon response from the project team, the QI Specialist will arrange for a mutually agreeable time to conduct the onsite Routine Review activities that accommodates the project team's schedule needs.
3. PI or Primary Contact to provide information to QI Specialist concerning the number of subjects consented and the number of research subjects that participated in the project.
4. The QI Specialist will send confirmation regarding the scheduled Routine Review to the PI and Primary Contact.
 - a. In the event the research project remains open to enrollment and there is a consenting process, the QI Specialist will query the research team regarding the possibility of observing the consenting process or a portion of the process.
 - b. In the event there are any questions regarding the routine Review or need to reschedule, a member of the research team should contact the QI Specialist at the earliest opportunity.
5. If applicable, the QI Specialist will email a required training reminder to the PI and applicable research team member identifying members of the research team who do not have current HSRP training.

Onsite Review Activities

1. In the event the research team will be meeting with a prospective subject or subject who needs to be re-consented, the QI Specialist will inquire of the potential for observation of the consenting process or a portion of the process.
 - a. No observation of the consenting process will take place if the (prospective) subjects declines.
2. The QI Specialist will meet with the designated member(s) of the project team.

3. The QI Specialist will provide the following information at the beginning of the review.
 - a. The purpose of the routine review
 - b. The activities associated with the routine review
4. The QI Specialist will conduct an initial interview
 - a. Review the roles and responsibilities of the members of the project team
 - b. Review the conduct, documentation and reporting practices and other activities related to the research project.
 - c. Review IRB required training status for members of the research team
5. The QI Specialist will review the project related documents and document findings of the review on QI worksheets.
 - a. The designated member(s) of the project team may be asked to provide clarification or additional information regarding process or documentation.
6. The QI Specialist will meet with the designated member of the project team to discuss initial findings of the review, and if applicable provide recommendations, describe the next set of steps in the Routine Review process and provide an opportunity for research team's questions in the debriefing.
 - a. The debriefing meeting occurs upon completion of the Routine Review activities but may be deferred if there is a conflict in scheduling.
7. The QI Specialist will notify the IRB Chair and HRPP Director of findings that may represent serious noncompliance or unanticipated problems involving risk to participants or others (UPIRSO).

Post Review Activities

1. The QI Specialist does not provide the project team with a written summary of the review of Registered projects.
2. The QI Specialist will provide a written summary of the Routine Review activities and findings to the PI and Primary Contact within one week of completing the Routine Review activities.
3. In the event there were no findings requiring a Corrective Action Plan (CAP), the QI Specialist will forward a final summary to the PI and Primary Contact within one week of completing the Routine Review activities
4. If the QI Specialist identified findings that require a CAP, the QI Specialist will forward a draft summary to the PI and Primary Contact with a request for the team to review and provide feedback.
 - a. The QI Specialist will issue a final summary to the PI and Primary Contact one week after providing the draft summary. The final summary will include the Routine Review findings and recommended corrective actions.
 - i. The final summary will include research team's comments/clarifications.
 - b. The QI specialist will honor requests for additional review time.
5. The research team to provide the requested CAP to the QI Specialist within 30 days of the final summary.
 - a. A reminder will be sent via eBridge if no CAP received in 30 days.
 - b. If CAP received within 14 days of emailed reminder, the QI Manager will contact the PI and Primary Contact requesting the CAP.
6. Upon receipt of the research team's CAP, the QI Specialist will submit the final summary to the IRB Chair for review and determination.
 - a. If no CAP received after eBridge reminder and QI Manager's request for CAP, the QI Specialist will forward the final summary to the IRB Chair for review and potential follow-up.
7. If applicable, the following parties will be copied on final summaries

- a. TRU Research Subject Advocate, if research is supported by the CTSI (resources or funding)
- b. CHW IRB administrator, if research project involves activity with minors or the records of minors from CHW.
- c. BCW Point of Contact, if researcher is identified as a BCW researcher by BCW.
- d. MCW POC and HRPP Office of the relying institution(s) if there is a Reliance Agreement/sIRB review in place and MCW IRB is the IRB of record.
- e. The external institutions HRPP Office if the selected research project takes place at both locations and has dual IRB review.

Continuing Progress Report

The PI must provide information to the IRB regarding the routine review in the next progress report for the research project and provide a copy of the CAP if applicable.

REFERENCES:

N/A

SUPPORTING DOCUMENTS:

N/A

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