Harvard Pilgrim Health Care

Harvard Pilgrim Health Care, Inc.
Harvard Pilgrim Health Care Institute, LLC

Office of Sponsored Programs

Policy and Procedure

TITLE: Post Approval Review of Research Studies

PURPOSE:

The Harvard Pilgrim Health Care, Inc. (HPHC) Institutional Review Board (IRB) and/or Harvard Pilgrim Health Care Institute, LLC (HPHCI) IRB staff shall conduct post approval review (PAR) of currently approved research studies. The HPHCI Quality Assurance/Quality Improvement (QA/QI) staff shall conduct a concurrent PAR of related IRBNet records concerning such studies. Both types of PARs shall be conducted to verify that ethical, technical and legal requirements are met and to improve the quality of research to ensure protection of human research subjects.

PERSONS AFFECTED:

This policy & procedure (P/P) applies to all HPHC and HPHCI (collectively, HPHC/I) personnel engaged in research, teaching or research administration activities in support of the charitable and educational mission of HPHC.

POLICY:

Any active research study that has been approved by the IRB and related IRBNet records may be selected for a PAR. A Principal Investigator (PI) will have no more than one study reviewed per calendar year.

DEFINITIONS:

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PROCEDURE:

I. General Guidelines for PAR

A. Study Selection

Any active research study that has been approved by the IRB and related IRBNet records may be selected for a PAR. Selection preference will be given to studies that meet any of the following:

1. present greater than minimal risk to subjects;
2. involve vulnerable populations;
3. are PI-initiated studies;
4. involve or may involve a researcher conflict of interest;

5. have known compliance concerns; or
6. involve the testing of a drug or device.

B. Study Eligibility Determination

1. The Research Compliance QA/QI Specialist (QA/QI Specialist) will review IRBNet to ensure that the study meets the selection criteria and is accurately categorized. If discrepancies are found, IRB Staff will update IRBNet as applicable. IRBNet will also be checked to ensure the study has not been closed/terminated.
2. The QA/QI Specialist shall create a *Special Event Package* submission type "other" in IRBNet to document the PAR which will document the following as applicable:
    a. Study review documents not already documented in IRBNet, notes and final report
    b. IRB PAR Checklist
    c. Correspondence
3. QA/QI Specialist will apply the tag "PAR Record" to the *Special Event Package* created to document the PAR.

C. PI Notification

1. The PI (or designee) will be notified of study selection by email. The email will be documented in the *Special Event Package* created to document the PAR. The PI will be notified that their study has been chosen for a PAR. The initial notification email will include:
    a. A description of what a PAR is;
    b. The reason why and/or how the study was selected;
    c. How the PAR will be conducted and by whom;
    d. A table to complete and a listing of materials the PI is required to submit when not available in IRBNet;
    e. An attachment of the IRB PAR Checklist so the PI understands what is being reviewed. This is the checklist that will be used to guide the review; and
    f. A current version of the Post Approval Review Policy and Procedure document.
2. The PI will have 30 days to respond to the notification email and request for additional information.
3. The QA/QI Specialist will send a reminder 1 week prior to the 30 days if a response has not been received.
4. Study eligibility will be confirmed with the PI. A study will be deemed ineligible for the following reasons:
    a. The study has been completed (submission of study closure report to the IRB is pending).
    b. Other reasons determined by the Senior Compliance Manager (SCM) or QA/QI Specialist. Documentation of ineligible study file will be made in the *Reviewer*

Comments in the IRBNet *Special Event Package* along with the reason for this determination. The study will remain eligible for a PAR at a later date.

II. Post Approval Review Process

A. Review of IRB files

1. The QA/QI Specialist will review the IRB files, minutes and database entries specific to the selected study. At this time, basic protocol information will be reviewed and simultaneously documented in the IRB PAR Checklist. The checklist, once completed, will be uploaded in IRBNet in the *Reviewer Comments* section.
    a. The following information will be reviewed in the IRBNet record and documented on the IRB PAR Checklist:
        (1) All IRB correspondence: documents and dates for all submissions, IRB actions, PI responses and pertinent memos and email between PI and IRB.
        (2) Scientific review documentation
        (3) Recruitment method (*based on most recently approved protocol)*
        (4) Subject compensation, if any (*based on most recently approved protocol)*
        (5) Total subject enrollment (*based on most recently approved protocol)*
        (6) Data safety monitoring plan *(if applicable)*
        (7) Use of pharmacy *(if applicable)*
        (8) Subject Participation requirements (e.g. length of study, number of visits, and specific study procedures *(if applicable)*

B. IRB Security Scan

1. The QA/QI Specialist will contact HPHC IT to run a security scan on the appropriate folder on the J Drive (as applicable) to determine who has access to study data.
2. The results of this scan will be compared with the list of IRB-approved study team members and any discrepancies will be recorded.

C. Follow-up Meeting

1. The QA/QI Specialist will organize a meeting with the PI and requested study staff within two weeks (if possible) following the completion of the PAR checklist review and IT scan of study folders.
2. If applicable, the QA/QI Specialist will *Send Project Mail* through IRBNet with a request for study materials necessary for the additional meeting and review, this list may have been included with the initial email request and if so, does not need to be re-sent.
    a. List of all required materials for review:
        (1) Current study procedures and activities;
        (2) Informed consent process and a review of signed informed consent forms (if applicable);
        (3) Visit of data collection site (if possible) to view equipment, devices, etc.;

(4) Review of subject data/records (paper and electronic); and

(5) Training records of staff (if applicable).

b. If applicable, and the study involves direct interaction/intervention with human subjects, the PI will be asked to send a list of ID numbers for all subjects enrolled prior to the study review date. PIs will be asked not to send names, only IDs.

c. If applicable, the QA/QI Specialist will determine the number of subjects to be reviewed based on the following for clinical studies:

(1) if total enrollment is 3 or less, all 3 subjects will be selected;

(2) if total enrollment is between 4 and 14, 3 subjects will be randomly selected; and

(3) if total enrollment is 15 or more, ~20% of the subjects will be randomly selected.

d. The PI will be notified of selected subject IDs via *Project Mail* sent through IRBNet prior to subject review. The subject binders and corresponding file records for these subjects will be requested for study review as applicable.

3. The topics below, in addition to other issues necessary for the PAR, will be formally outlined and discussed with the PI at the follow-up meeting. The follow-up meeting should last approximately 30 minutes to 1 hour, depending on the complexity of the study, but should include the following elements:

a. Explanation of the IRB PAR Program. The PI should be encouraged to ask questions at any point.

b. Address any points on the IRB PAR checklist that require further discussion or clarification and document PI's corresponding responses.

c. The PI will be asked to confirm the research staff and their responsibilities as reported in the most recent approved application.

d. Verify recruitment process and evaluation of methods success.

e. Verify subject informed consent process, who consents and where.

f. Verify subjects/guardians receive copy of informed consent.

g. Discuss any observed abnormal delays in IRBNet submissions or any temporary study terminations.

h. Verify how deviations and serious/adverse events are documented.

i. Ask about obstacles in the study process.

j. Check where study materials are stored.

k. Provide an opportunity for PI to discuss ideas, concerns, opinions about the research program at HPHCI. Pertinent points will be documented in PAR checklist.

l. Schedule a Final meeting if necessary, ideally within 2 weeks of the initial follow-up meeting.

C. <u>Study and Subject Review</u>

After the follow-up meeting with the PI, all requested study and subject materials will be reviewed by the QA/QI Specialist. The study and subject materials review will be documented on the *IRB PAR Checklist.*

D. Preliminary Report

1. Within two weeks of the meeting or study/subject review (if applicable), a preliminary report will be drafted containing all the review findings and observations. Findings will be reported in the following categories:
    a. *Study strengths/Best practices* – notable strengths of the study's organization, process and procedures.
    b. *Results of IT security scan* – a summary of the findings from the security scan, including any issues identified.
    c. *Issues identified* – a summary of any issues uncovered during the PAR process will be included in the report. If these issues have been discussed with the PI and resolved, that will be noted as well.
    d. *Required corrective actions* – observation requiring mandatory action as per federal or state regulations or HPHC/HPHCI policies. Corresponding regulation or policy will be cited for PI reference immediately following each required action.
    e. *Recommended actions* – observations not requiring mandatory action, but open to recommendations deemed as good clinical practice based on other notable best practices and experiences of other studies.
2. The content of the preliminary report will be reviewed with the IRB Chair, the SCM, and the Research Integrity and Compliance Officer (RICO) before the final review with the PI.
3. The preliminary report will be sent to the PI via email for their review, allowing for any necessary clarification or questions to be addressed. A meeting will be scheduled with PI if needed to review the preliminary report and note any clarifications given by the PI.

F. PAR Final Report

The PAR Final Report will be issued following the follow-up meeting and/or email correspondence with the PI and will include any updates and clarifications made to the preliminary report.

The Final Report will be documented as a determination letter in the IRBNet *Special Event Package* within 5 days of receiving the PI's response on the Preliminary Report. The determination letter will be published in IRBNet and the notification of the published letter will automatically be sent to the PI. The IRB Chair, RICO, and Institutional Official will have access to the determination letter in IRBNet.

G. PI Response

The PI is required to address all required and recommended actions as outlined in the Final Report. The PI is responsible for ensuring all actions were appropriately taken or considered and will document their response in a letter uploaded by the PI in the IRBNet *Special Event Package*

within one month after receipt of the Final Report. The PI will notify the IRB office once they have uploaded the response letter.

H. Study Review Completed

The QA/QI Specialist as well as the SCM and IRB Chair, if applicable, will review the PI response letter. If any actions are deemed inadequate, the QA/QI Specialist will contact the PI for further explanation or clarification until all issues are adequately resolved. Once all the responses are adequately addressed, the PAR *Special Event Package* submission will be completed and formally acknowledged.

1. Procedures following completion of the PAR:
    a. The QA/QI Specialist will update IRBNet to acknowledge the completion of the PAR in the Review Details of the *Special Event Package*. The following fields will be updated:
        (1) Review type, Action, Effective Date
        (2) Minutes will be recorded as appropriate to include a summary of review.
    b. A Board Action notification will automatically be sent to the PI in IRBNet.
    c. The QA/QI Specialist will apply or remove any additional submission tag(s) as appropriate to the study as necessary. IRB staff will apply a global tag "PAR has occurred *current year*" to document the PAR of that study.
    d. The QA/QI Specialist will send the Final Report and PI response (if applicable) to the SCM to place the materials on the next available agenda for the convened IRB to notify the IRB of the PAR activity.

III. Concurrent Quality Assurance Review of IRB Records

For each study that is undergoing an IRB PAR review, QA/QI staff will conduct a concurrent review of related study IRB records located on IRBNet and elsewhere in accordance with the QA/QI compliance plan and communicate review observations in a report to IRB staff, the SCM, and the IRB.

1. A preliminary review of the IRB files, minutes and database entries specific to the selected study will be conducted.
2. The *Quality Assurance Review of IRB Records Form* will be used during the study review to compare the content of the IRB and study files (if applicable). If any significant discrepancies are discovered or missing documents are noted in the IRB files, the *Quality Assurance Review of IRB Records Form* will be updated to reflect this information.

IV. Final Actions on IRB Records Review

A. Draft IRB Report

A draft IRB report will be generated following the IRB records review. The report will be organized and formatted to include:

1. Title page: includes basic study information and IRB review date
2. IRB review timeline: document meeting dates and notable meeting minutes

3. IRB Records review results will be reported to the IRB and the Institutional Official (IO) at IRB meetings as follows:
    a. Description of positive findings
    b. Description of corrective actions
    c. Description of recommendations
    d. Description of corrective actions, improvements, new guidance, etc. for the IRB
4. Recommended Actions: outlines review observations that ***do not require*** follow up action according to federal guidelines and/or HPHC/HPHCI policy but are considered issues that could be improved upon in light of human subject protections. Each observation in this section will be immediately followed with a recommended action for the IRB to consider.
5. Required corrective actions: outlines review observations that require ***immediate*** corrective actions according to federal guidelines and/or HPHC/HPHCI policy. Each observation in this section will be immediately followed with the required corrective action and the corresponding regulation and/or policy for reference.
6. IRB Response Form: attached to final report, the response form outlines all required and recommended actions in a table format, allowing space to document IRB response. The SCM will review recommendations and respond as:
    a. Accept: Action taken. Recommended action is incorporated into current practice and policy.
    b. Postpone: Action cannot logistically be incorporated into current practice and policy immediately (due to resources, time, etc.). Action will be postponed until reasonable and practicable. A reason for the postponement should be provided and actions that will be taken at a future time should be fully explained.
    c. Decline: IRB decides that it will not implement the recommendation and provides explanation.
7. The SCM ensures that appropriate actions are taken pursuant to the IRB Response Form. The IRB Chair reviews the IRB Response Form.

B. Meeting with IRB Chair

If applicable, a meeting will be scheduled with the IRB Chair and IRB Staff to discuss preliminary findings, recommendations and to answer any questions. The IRB Response Form will be shared with the IRB Chair and IRB Staff at this time.

C. Final Report on IRB Records Review

8. The final IRB PAR Report will be updated to reflect all discussions and clarifications from the meetings with the IRB Chair, IRB Staff and IRB members. The report will be organized using the format in Section A. The IRB review is formally closed when all actions are appropriately addressed.

REVISION HISTORY:

Department: OSP – Research Integrity & Compliance	**Title**: Post Approval Review of Research Studies
Effective Date: 07/13/21	**Owner:** Research Compliance QA/QI Specialist
Replaces P/P Dated:	
Related Documents: Policy and Procedure: *Quality Assurance and Quality Improvement Program*; IRB PAR Checklist; Quality Assurance Review of IRB Records Form; IRB Response Form	
References: AAHRPP Elements I.5.A and I.5.B; HPHCI Board of Managers Research Compliance Committee Charter	