**Complete Research Protocol (HRP-503)**

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**Template Instructions**

***Sections that do not apply:***

* In several sections, the addition of checkboxes for **Not Applicable** have been added to the template as responses.
  + If an N/A checkbox is present, select the appropriate justification from the list.
  + If an N/A checkbox is not present, or if none of the existing checkboxes apply to your study, you must write in your own justification.
* In addition:
  + For research where the only study procedures are records/chart review: Sections 19, 20, 22, 23, 24, 25, 31, and 32 do not apply.
  + For exempt research: Sections 31 and 32 do not apply.

**Studies with multiple participant groups:**

* If this study involves multiple participant groups (e.g. parents and children), provide information in applicable sections for each participant group. Clearly label responses when they differ. For example:

Response:

Intervention Group:

Control Group:

**Formatting:**

* Do not remove template instructions or section headings when they do not apply to your study.

If you are pasting information from other documents using the “Merge Formatting” Paste option will maintain the formatting of the response boxes.

**Amendments:**

* When making modifications or revisions to this and other documents, use the **Track Changes** function in Microsoft Word.
* Update the version date or number **on Page 3.**

**PROTOCOL TITLE:**

*Include the full protocol title.*

Response: Detection of Copy & Paste Activity in the Electronic Medical Record

**PRINCIPAL INVESTIGATOR:**

*Name*

*Department*

*Telephone Number*

*Email Address*

Response:

Jane Zhao

Department of Biomedical Informatics

(832) 213-7200

janezhao@buffalo.edu

**VERSION:**

*Include the version date or number.*

Response:

January 2016

**GRANT APPLICABILITY:**

*Indicate whether this protocol is funded by a grant (e.g. NIH, foundation grant). For a grant with multiple aims, indicate which aims are covered by this research proposal.*

http://www.clipartbest.com/cliparts/acq/eAx/acqeAxyRi.png*NOTE: This question does not apply to studies funded by a sponsor contract.*

*Include a copy of the grant proposal with your submission.*

Response: n/a

RESEARCH REPOSITORY:

*Indicate where the research files will be kept, including when the study has been closed. The repository should include, at minimum, copies of IRB correspondence (approval, determination letters) as well as signed consent documents. This documentation should be maintained for 3 years after the study has been closed.*

Response:

Location: Erie County Medical Center Hospital

Address: 462 Grider Street, Buffalo, NY 14215

Department: Health Information Services

# Objectives

* 1. Describe the purpose, specific aims, or objectives of this research.

Response: To create a program that is compatible with the Eric County Medical Center Electronic Medical Record, Meditech, that will be able to quantify the amount of copy and paste activity that occurs in the electronic medical record

* 1. State the hypotheses to be tested, if applicable.

NOTE: A hypothesis is a specific, testable prediction about what you expect to happen in your study that corresponds with your above listed objectives.

Response: copy and paste activity is prevalent throughout the electronic medical record, with varying degrees of consequence

# Scientific Endpoints

*2.1* Describe *the scientific endpoint(s), the main result or occurrence under study.*

*NOTE: Scientific endpoints are outcomes defined before the study begins to determine whether the objectives of the study have been met and to draw conclusions from the data. Include primary and secondary endpoints. Some example endpoints are: reduction of symptoms, improvement in quality of life, or survival. Your response should* ***not*** *be a date.*

Response: once the program can successfully demonstrate its ability to quantify and compare copy and paste activity between clinical notes documented in the electronic medical record

# Background

* 1. Provide the scientific or scholarly background, rationale, and significance of the research based on the existing literature and how it will contribute to existing knowledge. Describe any gaps in current knowledge. Include relevant preliminary findings or prior research by the investigator.

Response: Copy and paste activity is prevalent in clinical documentation and the medicolegal implications have become a major area of contention. Providers and their facilities risk professional liability, and patients may even be harmed through the propagation of wrong or outdated information in their chart. On the other hand, in certain instances (e.g., when the patient is stable and is pending discharge), copy and paste is an effective, not unsafe work around. Unfortunately, the electronic medical record systems within the Great Lakes System (or elsewhere) lack fully integrated technology that 1) quantifies the degree of copy-and-paste activity that goes on by provider and 2) qualifies the degree of copy-and-paste egregiousness. Furthermore, while copy and paste activity can be detected via manual analysis, this is a time- and labor-intensive process that is not sustainable long-term or meaningful due to its lack of generalizable applicability. What is needed is a reporting system of copy-and-paste activity that can be generated within limited time constraints to have meaningful impact.

* 1. Include complete citations or references.

Response:

Benson, C. C., & Brathwaite-Sketoe, B. M. (2003). Are electronic medical records trustworthy? Observations on copying, pasting and duplication.

Tamburello, L. M. (2013). The road to EMR noncompliance and fraud is paved with cut and paste. MD advisor: a journal for New Jersey medical community, 6(4), 24.

https://psnet.ahrq.gov/webmm/case/274

Thornton, J. D., Schold, J. D., Venkateshaiah, L., & Lander, B. (2013). The Prevalence of Copied Information by Attendings and Residents in Critical Care Progress Notes. Critical care medicine, 41(2), 382.

Mangalmurti, S. S., Murtagh, L., & Mello, M. M. (2010). Medical malpractice liability in the age of electronic health records.

Siegler, E. L., & Adelman, R. (2009). Copy and paste: a remediable hazard of electronic health records. The American journal of medicine, 122(6), 495-496.

Singh, H., Giardina, T. D., Meyer, A. N., Forjuoh, S. N., Reis, M. D., & Thomas, E. J. (2013). Types and origins of diagnostic errors in primary care settings. JAMA internal medicine, 173(6), 418-425.

Hosomura, N., Goldberg, S. I., Shubina, M., Zhang, M., & Turchin, A. (2015). Electronic Documentation of Lifestyle Counseling and Glycemic Control in Patients With Diabetes. Diabetes care, 38(7), 1326-1332.

Wrenn, J. O., Stein, D. M., Bakken, S., & Stetson, P. D. (2010). Quantifying clinical narrative redundancy in an electronic health record. Journal of the American Medical Informatics Association, 17(1), 49-53.

O’Reilly, K. (2013). EHRs:‘Sloppy and paste’endures despite patient safety risk. American Medical News, February, 4.

Nelson, D. D. (2011). Copying and pasting patient treatment notes. Virtual Mentor, 13(3), 144.

<http://www.healthcareitnews.com/news/ehr-copy-paste-better-think-twice>

Hirschtick, R. (2012). Cases & Commentaries. Sloppy and Paste.

Troxel, D. B. (2015). Analysis of EHR Contributing Factors in Medical Professional Liability Claims. Michigan medicine, 114(3), 16.

U.S. Department of Health and Human Services. Office of Inspector General. (2016, January 7). Provider Self-Disclosure Settlements, “01-07-2016” (para. 1). Retrieved March 17, 2016, from http://oig.hhs.gov/fraud/ enforcement/cmp/psds.asp

https://oig.hhs.gov/fraud/enforcement/cmp/psds.asp

Sinsky, C., Colligan, L., Li, L., Prgomet, M., Reynolds, S., Goeders, L., et al. (2016). Allocation of physician time in ambulatory practice: a time and motion study in 4 specialties. Ann Intern Med.

Montague, E., & Asan, O. (2014). Dynamic modeling of patient and physician eye gaze to understand the effects of electronic health records on doctor–patient communication and attention. International journal of medical informatics, 83(3), 225-234.

Farber, N. J., Liu, L., & Chen, Y. (2015). EHR usage and patient satisfaction: What we learned. The Journal of family practice, 64(11).

<https://www.statnews.com/2016/09/06/electronic-health-records-improve/>

Howard, J., Clark, E. C., Friedman, A., Crosson, J. C., Pellerano, M., Crabtree, B. F., et al. (2013). Electronic health record impact on work burden in small, unaffiliated, community-based primary care practices. Journal of general internal medicine, 28(1), 107-113.

http://bok.ahima.org/PdfView?oid=300306

https://www.ecri.org/Resources/HIT/CP\_Toolkit/CopyPaste\_Literature\_final.pdf

Benson, C. C., & Brathwaite-Sketoe, B. M. (2003). Are electronic medical records trustworthy? Observations on copying, pasting and duplication.

Weis, J. M., & Levy, P. C. (2014). Copy, paste, and cloned notes in electronic health records: prevalence, benefits, risks, and best practice recommendations. CHEST Journal, 145(3), 632-638.

O’Donnell, H. C., Kaushal, R., Barrón, Y., Callahan, M. A., Adelman, R. D., & Siegler, E. L. (2009). Physicians’ attitudes towards copy and pasting in electronic note writing. Journal of general internal medicine, 24(1), 63-68.

Merill CT, Elixhauser A. Hospitalization in the United States, 2002. Rockville, MD: Agency for Heathcare Research and Quality; 2005

Horwitz, L. I., Krumholz, H. M., Green, M. L., & Huot, S. J. (2006). Transfers of patient care between house staff on internal medicine wards: a national survey. Archives of internal medicine, 166(11), 1173-1177..

O’Donnell, H. C., Kaushal, R., Barrón, Y., Callahan, M. A., Adelman, R. D., & Siegler, E. L. (2009). Physicians’ attitudes towards copy and pasting in electronic note writing. Journal of general internal medicine, 24(1), 63-68.

O’Donnell, H. C., Kaushal, R., Barrón, Y., Callahan, M. A., Adelman, R. D., & Siegler, E. L. (2009). Physicians’ attitudes towards copy and pasting in electronic note writing. Journal of general internal medicine, 24(1), 63-68.

Siegler, E. L., & Adelman, R. (2009). Copy and paste: a remediable hazard of electronic health records. The American journal of medicine, 122(6), 495-496.

O’Donnell, H. C., Kaushal, R., Barrón, Y., Callahan, M. A., Adelman, R. D., & Siegler, E. L. (2009). Physicians’ attitudes towards copy and pasting in electronic note writing. Journal of general internal medicine, 24(1), 63-68.

Embi, P. J., Yackel, T. R., Logan, J. R., Bowen, J. L., Cooney, T. G., & Gorman, P. N. (2004). Impacts of computerized physician documentation in a teaching hospital: perceptions of faculty and resident physicians. Journal of the American Medical Informatics Association, 11(4), 300-309.

Reed, D. A., Levine, R. B., Miller, R. G., Ashar, B. H., Bass, E. B., Rice, T. N., & Cofrancesco, J. (2007). Effect of residency duty-hour limits: views of key clinical faculty. Archives of Internal Medicine, 167(14), 1487-1492.

Wachter, R. M., & Goldman, L. (1996). The emerging role of “hospitalists” in the American health care system.

Benson, C. C., & Brathwaite-Sketoe, B. M. (2003). Are electronic medical records trustworthy? Observations on copying, pasting and duplication.

# Study Design

* 1. Describe and explain the study design (e.g. case-control, cross-sectional, ethnographic, experimental, interventional, longitudinal, observational).

Response: n/a. The eventual publication will be a case report, since it will describe the program’s capabilities

# Local Number of Subjects

* 1. Indicate the total number of subjects that will be enrolled or records that will be reviewed locally.

Response: n/a. This project involves the creation of a program that can compare clinical documentation for instances of copy-and-paste activity. The program will need to examine patient information to evaluate which providers are the perpetuators of copy-and-paste activity, but the project does not specifically target patients.

* 1. If applicable, indicate how many subjects you expect to screen to reach your target sample (i.e. your screen failure rate).

Response: n/a

* 1. Justify the feasibility of recruiting the proposed number of eligible subjects within the anticipated recruitment period. For example, how many potential subjects do you have access to? What percentage of those potential subjects do you need to recruit?

Response: n/a

# Inclusion and Exclusion Criteria

* 1. Describe the criteria that define who will be **included** in your final study sample.

NOTE: This may be done in bullet point fashion.

Response: all clinical notes, including admission history and physicals, consult history and physicals, transfer summaries, discharge summaries, critical care notes, progress notes

* 1. Describe the criteria that define who will be **excluded** from your final study sample.

NOTE: This may be done in bullet point fashion.

Response: nursing notes, parts of clinical documentation that do not involve free text

* 1. Indicate specifically whether you will include any of the following special populations in your study using the checkboxes below.

**NOTE: Members of special populations may not be targeted for enrollment in your study unless you indicate this in your inclusion criteria.**

Response:

Adults unable to consent

Individuals who are not yet adults (infants, children, teenagers)

Pregnant women

Prisoners

* 1. Indicate whether you will include non-English speaking individuals in your study. **Provide justification if you will exclude non-English speaking individuals.**

In order to meet one of the primary ethical principles of equitable selection of subjects, non-English speaking individuals may **not** be routinely excluded from research as a matter of convenience.

In cases where the research is of therapeutic intent or is designed to investigate areas that would necessarily require certain populations who may not speak English, the researcher is required to make efforts to recruit and include non-English speaking individuals. However, there are studies in which it would be reasonable to limit subjects to those who speak English. Some examples include pilot studies, small unfunded studies with validated instruments not available in other languages, studies with numerous questionnaires, and some non-therapeutic studies which offer no direct benefit.

Response: non-English speaking patients may be “included” if the provider taking care of them copies and pastes portions of the patients’ clinical documentation

# Vulnerable Populations

If the research involves special populations that are considered vulnerable, **describe the safeguards included to protect their rights and welfare.**

NOTE: You should refer to the appropriate checklists, referenced below, to ensure you have provided adequate detail regarding safeguards and protections. You do not, however, need to provide these checklists to the IRB.

* 1. For research that involves **pregnant women,** safeguards include:  
     NOTE CHECKLIST: Pregnant Women (HRP-412)

Response:

Pregnant patients may be “included” if the provider taking care of them copies and pastes portions of the patients’ clinical documentation. Bear in mind that the goal of the project is to identify which providers are the ones repeatedly performing egregious acts of copy-and-paste within the electronic medical record, not to not target specific patients or patient populations.

**N/A**: This research does not involve pregnant women.

* 1. For research that involves **neonates of uncertain viability or non-viable neonates,** safeguards include:

NOTE CHECKLISTS: Non-Viable Neonates (HRP-413), or Neonates of Uncertain Viability (HRP-414)

Response: This study will take place at ECMC, which does not have any neonatal patients.

**N/A:** This research does not involve non-viable neonates or neonates of uncertain viability.

* 1. For research that involves **prisoners**, safeguards include:

NOTE CHECKLIST: Prisoners (HRP-415)

Response: Prison patients may be “included” if the provider taking care of them copies and pastes portions of the patients’ clinical documentation. Bear in mind that the goal of the project is to identify which providers are the ones repeatedly performing egregious acts of copy-and-paste within the electronic medical record, not to not target specific patients or patient populations.

**N/A:** This research does not involve prisoners.

* 1. For research that involves **persons who have not attained the legal age for consent to treatments or procedures involved in the research (“children”)**, safeguards include:   
     NOTE CHECKLIST: Children (HRP-416)

Response: Patients under 18 years of age may be “included” if the provider taking care of them copies and pastes portions of the patients’ clinical documentation. Bear in mind that the goal of the project is to identify which providers are the ones repeatedly performing egregious acts of copy-and-paste within the electronic medical record, not to not target specific patients or patient populations.

**N/A:** This research does not involve persons who have not attained the legal age for consent to treatments or procedures (“children”).

* 1. For research that involves **cognitively impaired adults**, safeguards include:

NOTE CHECKLIST: Cognitively Impaired Adults (HRP-417)

Response: Patients who are cognitively impaired may be “included” if the provider taking care of them copies and pastes portions of the patients’ clinical documentation. Bear in mind that the goal of the project is to identify which providers are the ones repeatedly performing egregious acts of copy-and-paste within the electronic medical record, not to not target specific patients or patient populations

**N/A:** This research does not involve cognitively impaired adults.

* 1. Consider if other specifically targeted populations such as students, employees of a specific firm, or educationally or economically disadvantaged persons are vulnerable. **Provide information regarding their safeguards and protections, including safeguards to eliminate coercion or undue influence.**

Response: Other vulnerable patients may be “included” if the provider taking care of them copies and pastes portions of the patients’ clinical documentation. Bear in mind that the goal of the project is to identify which providers are the ones repeatedly performing egregious acts of copy-and-paste within the electronic medical record, not to not target specific patients or patient populations

# Eligibility Screening

* 1. Describe **screening procedures** for determining subjects’ eligibility. Screening refers to determining if prospective participants meet inclusion and exclusion criteria.

http://www.clipartbest.com/cliparts/acq/eAx/acqeAxyRi.pngInclude all relevant screening documents with your submission (e.g. screening protocol, script, questionnaire).

Response:

**N/A:** There is no screening as part of this protocol.

# Recruitment Methods

**N/A:** This is a records review only, and subjects will not be recruited. NOTE: If you select this option, please make sure that all records review procedures and inclusion/exclusion screening are adequately described in other sections.

* 1. Describe when, where, and how potential subjects will be recruited.

NOTE: Recruitment refers to how you are identifying potential participants and introducing them to the study. Include specific methods you will use (e.g. searching charts for specific ICD code numbers, Research Participant Groups, posted advertisements, etc.).

Response:

* 1. Describe how you will protect the privacy interests of prospective subjects during the recruitment process.

NOTE: Privacy refers to an individual’s right to control access to him or herself.

Response:

* 1. Identify any materials that will be used to recruit subjects.

NOTE: Examples include scripts for telephone calls, in person announcements / presentations, email invitations.

http://www.clipartbest.com/cliparts/acq/eAx/acqeAxyRi.pngFor advertisements, include the final copy of printed advertisements with your submission. When advertisements are taped for broadcast, attach the final audio/video tape. NOTE: You may submit the wording of the advertisement prior to taping to ensure there will be no IRB-required revisions, provided the IRB also reviews and approves the final version.

Response:

# Procedures Involved

* 1. Provide a description of **all research procedures or activities** being performed and when they are performed once a subject is screened and determined to be eligible. Provide as much detail as possible.

NOTE: This should serve as a blueprint for your study and include enough detail so that another investigator could pick up your protocol and replicate the research. For studies that have multiple or complex visits or procedures, consider the addition of a schedule of events table in in your response.

Response: Jayson Schubbe, a computer scientist from the ECMC Health Information Services team, will write a program that is able to detect for incidences of copy-and-paste activity within Meditech clinical documentation. His code will compare notes and detect similarities in the documentation from one note to another and will be able to generate a report of the providers who were responsible for those notes based on a copy-and-paste activity threshold and on a pre-selected time period.

* 1. Describe what data will be collected.

NOTE: For studies with multiple data collection points or long-term follow up, consider the addition of a schedule or table in your response.

Response: Degree of similarity between free text in clinical notes and authors of similar notes

* 1. List any instruments or measurement tools used to collect data (e.g. questionnaire, interview guide, validated instrument, data collection form).   
     http://www.clipartbest.com/cliparts/acq/eAx/acqeAxyRi.png  
     Include copies of these documents with your submission.

Response: none

* 1. Describe any source records that will be used to collect data about subjects (e.g. school records, electronic medical records).

Response: electronic medical record

* 1. Indicate whether or not **individual** subject results, such as results of investigational diagnostic tests, genetic tests, or incidental findings will be shared with subjects or others (e.g., the subject’s primary care physician) and if so, describe how these will be shared.

Response: no

* 1. Indicate whether or not **study** results will be shared with subjects or others, and if so, describe how these will be shared.

Response: weekly reports of the clinical decision support system’s results will be shared with Dr. Mandip Panesar, CMIO at ECMC, for quality assurance purposes. Providers who consistently demonstrate nearly word-for-word similarity between consecutive clinical notes will be notified and monitored for improvements in behavior. Types of copy-and-paste will be qualified; for example, redundancy in stable patients awaiting discharge is less egregious than redundancy of false information in a critically ill patient. Given the novelty of this type of clinical decision support, the study results will likely be shared in the medical literature pending IRB approval/exemption.

# Study Timelines

* 1. Describe the anticipated duration needed to enroll all study subjects.

Response: n/a. There is no enrollment period necessary to enroll study subjects.

* 1. Describe the duration of an individual subject’s participation in the study. Include length of study visits, and overall study follow-up time.

Response: n/a

* 1. Describe the estimated duration for the investigators to complete this study (i.e. all data is collected and all analyses have been completed).

Response: The proof of concept study has already been demonstrated internally at ECMC. Now it requires additional computer science expertise to be able to demonstrate greater copy and paste detection capabilities.

# Setting

* 1. Describe all facilities/sites where you will be conducting research procedures. Include a description of the security and privacy of the facilities (e.g. locked facility, limited access, privacy barriers). Facility, department, and type of room are relevant. Do not abbreviate facility names.

NOTE: Examples of acceptable response may be: “A classroom setting in the Department of Psychology equipped with a computer with relevant survey administration software,” “The angiogram suite at Buffalo General Medical Center, a fully accredited tertiary care institution within New York State with badge access,” or, “Community Center meeting hall.”

Response: ECMC. The electronic medical record and other forms of electronic communications are fully encrypted and password-encrypted. The IT team at ECMC is responsible for coding the program and for housing any generated reports.

* 1. For research conducted outside of UB and its affiliates, describe:
* Site-specific regulations or customs affecting the research
* Local scientific and ethical review structure

NOTE: This question is referring to UB affiliated research taking place outside UB, i.e. research conducted in the community, school-based research, international research, etc. It is not referring to multi-site research. UB affiliated institutions include Kaleida Health, ECMC, and Roswell Park Cancer Institute.

Response:

**N/A:** This study is not conducted outside of UB or its affiliates.

# Community-Based Participatory Research

* 1. Describe involvement of the community in the design and conduct of the research.

NOTE: Community-Based Participatory Research (CBPR) is a collaborative approach to research that equitably involves all partners in the research process and recognizes the unique strengths that each brings. CBPR begins with a research topic of importance to the community, has the aim of combining knowledge with action and achieving social change to improve health outcomes and eliminate health disparities.

Response:

**N/A:** This study does not utilize CBPR.

* 1. Describe the composition and involvement of a community advisory board.

Response:

**N/A:** This study does not have a community advisory board.

# Resources and Qualifications

* 1. Describe the qualifications (e.g., education, training, experience, expertise, or certifications) of the Principal Investigator **and** staff to perform the research. When applicable describe their knowledge of the local study sites, culture, and society. Provide enough information to convince the IRB that you have qualified staff for the proposed research.

NOTE: If you specify a person by name, a change to that person will require prior approval by the IRB. If you specify a person by role (e.g., coordinator, research assistant, co-investigator, or pharmacist), a change to that person will not usually require prior approval by the IRB, provided that the person meets the qualifications described to fulfill their roles.

Response: Jane Zhao, MD, Edwin Anand, MD, and Buer Song, MD, PhD are clinical informatics fellows within the Department of Biomedical Informatics who rotate through ECMC as part of their fellowship. Each fellow has extensive experience with research and quality improvement projects and are required to work on ECMC’s copy-and-paste project as part of their fellowship.

Mandip Panesar, MD is the CMIO at ECMC and ECMC site director for the clinical informatics program. He oversees the copy-and-paste project.

Jayson Schubbe is the computer scientist who works in the ECMC Health Information Services Department who is the one performing all of the coding for the copy-and-paste clinical decision support system.

**Describe other resources available to conduct the research.**

* 1. Describe the time and effort that the Principal Investigator and research staff will devote to conducting and completing the research.

NOTE: Examples include the percentage of Full Time Equivalents (FTE), hours per week. The question will elicit whether there are appropriate resources to conduct the research.

Response: 0.25 FTE for Jayson Schubbe et al. The coding required for the copy-and-paste clinical decision support system is one of many projects that all individuals involved in this project are working on.

* 1. Describe the availability of medical or psychological resources that subjects might need as a result of anticipated consequences of the human research, if applicable.

NOTE: One example includes: on-call availability of a counselor or psychologist for a study that screens subjects for depression.

Response: n/a

* 1. Describe your process to ensure that all persons assisting with the research are adequately informed about the protocol, the research procedures, and their duties and functions.

Response: each clinical informatics fellow will be oriented to the project at the start of their rotation.

# Other Approvals

* 1. Describe any approvals that will be obtained prior to commencing the research (e.g., school, external site, funding agency, laboratory, radiation safety, or biosafety).

Response:

**N/A:** This study does not require any other approvals.

# Provisions to Protect the Privacy Interests of Subjects

* 1. Describe how you will protect subjects’ privacy interests during the course of this research.

NOTE: Privacy refers to an individual’s right to control access to him or herself. Privacy applies to the person. Confidentiality refers to how data collected about individuals for the research will be protected by the researcher from release. Confidentiality applies to the data.

Examples of appropriate responses include: “participant only meets with a study coordinator in a classroom setting where no one can overhear”, or “the participant is reminded that they are free to refuse to answer any questions that they do not feel comfortable answering.”

Response: the reports that are generated only have the provider’s name, dates in which copy-and-paste activity occurred, degree of note similarity, and the patient’s MRN. No other patient information is made readily available. All reports are stored on the password-protected, encrypted, ECMC server.

* 1. Indicate how the research team is permitted to access any sources of information about the subjects.

NOTE: Examples of appropriate responses include: school permission for review of records, consent of the subject, HIPAA waiver. This question **does apply** to records reviews.

Response: members of the research team have to look up the patient’s chart for the matching date and provider name to access the notes in which copy and paste activity was detected.

# Data Management and Analysis

* 1. Describe the data analysis plan, including any statistical procedures. This section applies to both quantitative and qualitative analysis.

Response: n/a

* 1. If applicable, provide a power analysis.

NOTE: This may not apply to certain types of studies, including chart/records reviews, survey studies, or observational studies. This question is asked to elicit whether the investigator has an adequate sample size to achieve the study objectives and justify a conclusion.

Response: n/a

* 1. Describe any procedures that will be used for quality control of collected data.

Response: n/a

# Confidentiality

## **Confidentiality of Study Data**

*Describe the local procedures for maintenance of confidentiality of* ***study data and any records that will be reviewed for data collection****.*

* 1. A. Where and how will all data and records be stored? Include information about: password protection, encryption, physical controls, authorization of access, and separation of identifiers and data, as applicable. Include physical (e.g. paper) **and** electronic files.

Response: password-protected, encrypted ECMC server

* 1. A. How long will the data be stored?

Response: indefinitely in Meditech, the electornic health record

* 1. A. Who will have access to the data?

Response: Jayson Schubbe, Mandip Panesar, Rotating Clinical Fellows

* 1. A. Who is responsible for receipt or transmission of the data?

Response: Mandip Panesar, Jayson Schubbe

* 1. A. How will the data be transported?

Response: via password-protected, encrypted, ECMC email

## **Confidentiality of Study Specimens**

*Describe the local procedures for maintenance of confidentiality of* ***study specimens****.*

**N/A:** No specimens will be collected or analyzed in this research.   
(Skip to Section 19.0)

* 1. B. Where and how will all specimens be stored? Include information about: physical controls, authorization of access, and labeling of specimens, as applicable.

Response:

* 1. B. How long will the specimens be stored?

Response:

* 1. B. Who will have access to the specimens?

Response:

* 1. B. Who is responsible for receipt or transmission of the specimens?

Response:

* 1. B. How will the specimens be transported?

Response:

# Provisions to Monitor the Data to Ensure the Safety of Subjects

**N/A:** This study is not enrolling subjects, or is limited to records review procedures only. This section does not apply.

**NOTE: Minimal risk studies may be required to monitor subject safety if the research procedures include procedures that present unique risks to subjects that require monitoring. Some examples include: exercising to exertion, or instruments that elicit suicidality or substance abuse behavior. In such cases, N/A is not an acceptable response.**

* 1. Describe the plan to periodically evaluate the data collected regarding both harms and benefits to determine whether subjects remain safe.

Response:

* 1. Describe what data are reviewed, including safety data, untoward events, and efficacy data.

Response:

* 1. Describe any safety endpoints.

Response:

* 1. Describe how the safety information will be collected (e.g., with case report forms, at study visits, by telephone calls with participants).

Response:

* 1. Describe the frequency of safety data collection.

Response:

* 1. Describe who will review the safety data.

Response:

* 1. Describe the frequency or periodicity of review of cumulative safety data.

Response:

* 1. Describe the statistical tests for analyzing the safety data to determine whether harm is occurring.

Response:

* 1. Describe any conditions that trigger an immediate suspension of the research.

Response:

# Withdrawal of Subjects

**N/A:** This study is not enrolling subjects. This section does not apply.

* 1. Describe **anticipated** circumstances under which subjects may be withdrawn from the research without their consent.

Response:

* 1. Describe any procedures for orderly termination.

NOTE: Examples may include return of study drug, exit interview with clinician. Include whether additional follow up is recommended for safety reasons for physical or emotional health.

Response:

* 1. Describe procedures that will be followed when subjects withdraw from the research, including retention of already collected data, and partial withdrawal from procedures with continued data collection, as applicable.

Response:

# Risks to Subjects

* 1. List the reasonably foreseeable risks, discomforts, hazards, or inconveniences to the subjects related to their participation in the research. Consider physical, psychological, social, legal, and economic risks. Include a description of the probability, magnitude, duration, and reversibility of the risks.

NOTE: Breach of confidentiality is always a risk for identifiable subject data.

Response:

Breach of confidentiality if a report were to accidentally be made available to someone outside of the research team.

* 1. Describe procedures performed to lessen the probability or magnitude of risks, including procedures being performed to monitor subjects for safety.

Response: no patient information beyond the MRN will be available on report. Furthermore, the reports are only going to available to members of the research team who have been provided access to the password-protected, encrypted program.

* 1. If applicable, indicate **which procedures** may have risks to the subjects that are currently unforeseeable.

Response: n/a

* 1. If applicable, indicate which research procedures may have risks to an embryo or fetus should the subject be or become pregnant.

Response: n/a

* 1. If applicable, describe risks to others who are not subjects.

Response: n/a

# Potential Benefits to Subjects

* 1. Describe the potential benefits that individual subjects may experience by taking part in the research. Include the probability, magnitude, and duration of the potential benefits. Indicate if there is no direct benefit.

NOTE: Compensation **cannot** be stated as a benefit.

Response: ability to detect providers who are responsible for conducting copy-and-paste activity and potentially uncover unsafe work conditions that lead providers to copy-and-paste as a workaround to save time on documentation. Ability to detect egregious episodes of copy-and-paste that may harm or endanger patient safety.

# Compensation for Research-Related Injury

**N/A:** The research procedures for this study do not present risk of research related injury (e.g. survey studies, records review studies). This section does not apply.

* 1. **If the research procedures carry a risk of research related injury,** describe the available compensation to subjects in the event that such injury should occur.

Response:

* 1. Provide a copy of contract language, if any, relevant to compensation for research related injury.

NOTE: If the contract is not yet approved at the time of this submission, submit the current version here. If the contract is later approved with **different** **language regarding research related injury**, you must modify your response here and submit an amendment to the IRB for review and approval.

Response:

# Economic Burden to Subjects

* 1. Describe any costs that subjects may be responsible for because of participation in the research.

NOTE: Some examples include transportation or parking.

Response:

**N/A:** This study is not enrolling subjects, or is limited to records review procedures only. This section does not apply.

# Compensation for Participation

25.1 Describe the amount and timing of any compensation to subjects, including monetary, course credit, or gift card compensation.

Response:

**N/A:** This study is not enrolling subjects, or is limited to records review procedures only. This section does not apply.

**N/A:** There is no compensation for participation. This section does not apply.

# Consent Process

* 1. Indicate whether you will be obtaining consent.

NOTE: This does not refer to consent documentation, but rather whether you will be obtaining permission from subjects to participate in a research study.   
Consent documentation is addressed in Section 27.0.

**Yes** (If yes, Provide responses to each question in this Section)

**No** (If no, Skip to Section 27.0)

* 1. Describe where the consent process will take place. Include steps to maximize subjects’ privacy.

Response:

* 1. Describe how you will ensure that subjects are provided with a sufficient period of time to consider taking part in the research study.

NOTE: It is always a requirement that a prospective subject is given sufficient time to have their questions answered and consider their participation. See “SOP: Informed Consent Process for Research (HRP-090)” Sections 5.5 and 5.6.

Response:

* 1. Describe any process to ensure ongoing consent, defined as a subject’s willingness to continue participation for the duration of the research study.

Response:

* 1. Indicate whether you will be following “SOP: Informed Consent Process for Research (HRP-090).” If not, or if there are any exceptions or additional details to what is covered in the SOP, describe:
     + The role of the individuals listed in the application who are involved in the consent process
     + The time that will be devoted to the consent discussion
     + Steps that will be taken to minimize the possibility of coercion or undue influence
     + Steps that will be taken to ensure the subjects’ understanding

Response:

We have reviewed and will be following “SOP: Informed Consent Process for Research (HRP-090).”

**Non-English Speaking Subjects**

**N/A:** This study will not enroll Non-English speaking subjects.   
(Skip to Section 26.8)

* 1. Indicate which language(s) other than English are likely to be spoken/understood by your prospective study population or their legally authorized representatives.

NOTE: The response to this Section should correspond with your response to Section 6.4 of this protocol.

Response:

* 1. If subjects who do not speak English will be enrolled, describe the process to ensure that the oral and written information provided to those subjects will be in that language. Indicate the language that will be used by those obtaining consent.

NOTE: Guidance is provided on “SOP: Informed Consent Process for Research (HRP-090).”

Response:

**Cognitively Impaired Adults**

**N/A**: This study will not enroll cognitively impaired adults.   
*(Skip to Section 26.9)*

* 1. Describe the process to determine whether an individual is capable of consent.

Response:

**Adults Unable to Consent**

**N/A**: This study will not enroll adults unable to consent.   
(*Skip to Section 26.13)*

When a person is not capable of consent due to cognitive impairment, a legally authorized representative should be used to provide consent (Sections 26.9 and 26.10) **and, where possible, assent of the individual should also be solicited** (Sections 26.11 and 26.12).

* 1. Describe how you will identify a Legally Authorized Representative (LAR). Indicate that you have reviewed the “SOP: Legally Authorized Representatives, Children, and Guardians (HRP-013)” for research in New York State.

NOTE: Examples of acceptable response includes: verifying the electronic medical record to determine if an LAR is recorded.

Response:

We have reviewed and will be following “SOP: Legally Authorized Representatives, Children, and Guardians (HRP-013).”

* 1. **For research conducted outside of New York State**, provide information that describes which individuals are authorized under applicable law to consent on behalf of a prospective subject to their participation in the research. One method of obtaining this information is to have a legal counsel or authority review your protocol along with the definition of “legally authorized representative” in “SOP: Legally Authorized Representatives, Children, and Guardians (HRP-013).”

Response:

* 1. Describe the process for **assent of the** **adults**:
     + Indicate whether assent will be obtained from all, some, or none of the subjects. If some, indicate which adults will be required to assent and which will not.

Response:

* + - If assent will not be obtained from some or all subjects, provide an explanation of why not.

Response:

* 1. Describe whether **assent of the** **adult** subjects will be documented and the process to document assent.

NOTE: The IRB allows the person obtaining assent to document assent on the consent document using the “Template Consent Document (HRP-502)” Signature Block for Assent of Adults who are Legally Unable to Consent.

Response:

**Subjects who are not yet Adults (Infants, Children, and Teenagers)**

**N/A**: This study will not enroll subjects who are not yet adults.   
*(Skip to Section 27.0)*

* 1. Describe the criteria that will be used to determine **whether a prospective subject has not attained the legal age for consent to treatments or procedures involved in the research** under the applicable law of the jurisdiction in which the research will be conducted **(e.g., individuals under the age of 18 years)**. For research conducted in NYS, review “SOP: Legally Authorized Representatives, Children, and Guardians (HRP-013)” to be aware of which individuals in the state meet the definition of “children.”

NOTE: Examples of acceptable responses include: verification via electronic medical record, driver’s license or state-issued ID, screening questionnaire.

Response:

* 1. **For research conducted outside of New York State**, provide information that describes which persons have not attained the legal age for consent to treatments or procedures involved the research, under the applicable law of the jurisdiction in which research will be conducted. One method of obtaining this information is to have a legal counsel or authority review your protocol along the definition of “children” in “SOP: Legally Authorized Representatives, Children, and Guardians (HRP-013).”

Response:

* 1. Describe whether parental permission will be obtained from:

Response:

One parent even if the other parent is alive, known, competent, reasonably available, and shares legal responsibility for the care and custody of the child.

Both parents unless one parent is deceased, unknown, incompetent, or not reasonably available, or when only one parent has legal responsibility for the care and custody of the child.

Parent permission will not be obtained. A waiver of parent permission is being requested.

NOTE: The requirement for parent permission is a protocol-specific determination made by the IRB based on the risk level of the research. For guidance, review the “CHECKLIST: Children (HRP-416).”

* 1. Describe whether permission will be obtained from individuals **other than parents**, and if so, who will be allowed to provide permission. Describe your procedure for determining an individual’s authority to consent to the child’s general medical care.

Response:

* 1. Indicate whether assent will be obtained from all, some, or none of the **children**. If assent will be obtained from some children, indicate which children will be required to assent.

Response:

* 1. When assent of children is obtained, describe how it will be documented.

Response:

# Waiver or Alteration of Consent Process

**Consent will not be obtained, required information will not be disclosed, or the research involves deception.**

**N/A:** A waiver or alteration of consent is not being requested.

* 1. If the research involves a waiver or alteration of the consent process, please review the “CHECKLIST: Waiver or Alteration of Consent Process (HRP-410)” to ensure that you have provided sufficient information for the IRB to make the determination that a waiver or alteration can be granted.

NOTE: For records review studies, the first set of criteria on the “CHECKLIST: Waiver or Alteration of Consent Process (HRP-410)” applies.

Response:

* 1. If the research involves a waiver of the consent process for planned emergency research, please review the “CHECKLIST: Waiver of Consent for Emergency Research (HRP-419)” to ensure you have provided sufficient information for the IRB to make these determinations. Provide any additional information necessary here:

Response:

# Process to Document Consent

**N/A:** A Waiver of Consent is being requested.   
(Skip to Section 29.0)

* 1. Indicate whether you will be following “SOP: Written Documentation of Consent (HRP-091).” If not or if there are any exceptions, describe whether and how consent of the subject will be obtained including whether or not it will be documented in writing.

NOTE: If your research presents no more than minimal risk of harm to subjects and involves no procedures for which written documentation of consent is normally required outside of the research context, the IRB will generally waive the requirement to obtain written documentation of consent. This is sometimes referred to as ‘verbal consent.’ Review “CHECKLIST: Waiver of Written Documentation of Consent (HRP-411)” to ensure that you have provided sufficient information.

http://www.clipartbest.com/cliparts/acq/eAx/acqeAxyRi.pngIf you will document consent in writing, attach a consent document with your submission. You may use “TEMPLATE CONSENT DOCUMENT (HRP-502)”. If you will obtain consent, but not document consent in writing, attach the script of the information to be provided orally or in writing (i.e. consent script or Information Sheet).

Response:

We will be following “SOP: Written Documentation of Consent”  
(HRP-091).

# Multi-Site Research (Multisite/Multicenter Only)

**N/A:** This study is not an investigator-initiated multi-site study. This section does not apply.

* 1. If this is a multi-site study **where you are the lead investigator**, describe the processes to ensure communication among sites, such as:
     + All sites have the most current version of the IRB documents, including the protocol, consent document, and HIPAA authorization.
     + All required approvals have been obtained at each site (including approval by the site’s IRB of record).
     + All modifications have been communicated to sites, and approved (including approval by the site’s IRB of record) before the modification is implemented.
     + All engaged participating sites will safeguard data as required by local information security policies.
     + All local site investigators conduct the study appropriately.
     + All non-compliance with the study protocol or applicable requirements will be reported in accordance with local policy.

Response:

* 1. Describe the method for communicating to engaged participating sites:
     + Problems
     + Interim results
     + Study closure

Response:

* 1. Indicate the total number of subjects that will be enrolled or records that will be reviewed across all sites.

Response:

* 1. If this is a multicenter study for which UB will serve as the IRB of record, and subjects will be recruited by methods not under the control of the local site (e.g., call centers, national advertisements) describe those methods.

Response:

# Banking Data or Specimens for Future Use

**N/A:** This study is not banking data or specimens for future use or research outside the scope of the present protocol. This section does not apply.

* 1. If data or specimens will be banked (stored) for **future use, that is, use or research outside of the scope of the present protocol**, describe where the data/specimens will be stored, how long they will be stored, how the data/specimens will be accessed, and who will have access to the data/specimens.

NOTE: Your response here must be consistent with your response at the “What happens if I say yes, I want to be in this research?” Section of the Template Consent Document (HRP-502).

Response:

* 1. List the data to be stored or associated with each specimen.

Response:

* 1. Describe the procedures to release banked data or specimens for future uses, including: the process to request a release, approvals required for release, who can obtain data or specimens, and the data to be provided with specimens.

Response:

# Drugs or Devices

**N/A:** This study does not involve drugs or devices. This section does not apply.

* 1. If the research involves drugs or devices, list and describe all drugs and devices used in the research, the purpose of their use, and their regulatory approval status.

Response:

* 1. Describe your plans to store, handle, and administer those drugs or devices so that they will be used only on subjects and be used only by authorized investigators.

Response:

**If the drug is investigational (has an IND) or the device has an IDE or a claim of abbreviated IDE (non-significant risk device), include the following information:**

* 1. Identify the holder of the IND/IDE/Abbreviated IDE.

Response:

* 1. Explain procedures followed to comply with FDA sponsor requirements for the following:

|  |  |  |  |
| --- | --- | --- | --- |
|  | ***Applicable to:*** | | |
| ***FDA Regulation*** | ***IND Studies*** | ***IDE studies*** | ***Abbreviated IDE studies*** |
| ***21 CFR 11*** | ***X*** | ***X*** |  |
| ***21 CFR 54*** | ***X*** | ***X*** |  |
| ***21 CFR 210*** | ***X*** |  |  |
| ***21 CFR 211*** | ***X*** |  |  |
| ***21 CFR 312*** | ***X*** |  |  |
| ***21 CFR 812*** |  | ***X*** | ***X*** |
| ***21 CFR 820*** |  | ***X*** |  |

Response:

# Humanitarian Use Devices

**N/A:** This study does not involve humanitarian use devices. This does not apply.

* 1. For Humanitarian Use Device (HUD) uses provide a description of the device, a summary of how you propose to use the device, including a description of any screening procedures, the HUD procedure, and any patient follow-up visits, tests or procedures.

Response:

* 1. For HUD uses provide a description of how the patient will be informed of the potential risks and benefits of the HUD and any procedures associated with its use.

Response: