

## REQUEST FOR DECISION SUPPORT/ HEALTH RECORDS APPROVAL

|  |                           |                       |                           |
|--|---------------------------|-----------------------|---------------------------|
| <b>Project Title:</b>  | Click here to enter text. |                       |                           |
| <b>Principal Investigator (PI):</b>                              | Click here to enter text. |                       |                           |
| <b>Main Project Contact:</b><br><i>If not the same as the PI</i> | Click here to enter text. |                       |                           |
| <b>Contact Phone #:</b>  | Click here to enter text. | <b>Contact Email:</b> | Click here to enter text. |

**Please refer to Appendix A for instructions and request requirements**

### REQUEST DETAILS

|   |   |
|---|---|
| Is this a mandatory academic requirement for a Northern Ontario School of Medicine student?   | Yes <input type="checkbox"/> No <input type="checkbox"/><br>If yes, please indicate the student name: Click here to enter text. |
| Please outline which medical databases will be used (i.e., Meditech, paper charts, etc.) if known?  | Click here to enter text.   |
| Do you require Decision Support services?<br>If you are unsure how this service can support your study, please contact Health Information Services at <a href="mailto:HISResearch@hsnsudbury.ca">HISResearch@hsnsudbury.ca</a> to schedule a meeting                    | Yes <input type="checkbox"/> No <input type="checkbox"/><br>Click here to enter text.   |
| CHART REVIEWS: Please outline the parameters of the chart review and include the time period.<br><i>Example: All charts for children between the ages of 12-18 admitted to the Emergency Department with a head injury between January 1, 2011 to December 31, 2018</i> | N/A <input type="checkbox"/><br>Click here to enter text.   |
| CLINICAL RESEARCH: Do you expect that the research will require chart reviews as part of the patient's enrollment and follow up in the study?   | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/><br>Click here to enter text.              |
| Number of charts requested (estimated):   | Click here to enter text.   |
| Time frame for chart request:<br><i>Example: All charts required by June 1<sup>st</sup> OR chart pulls can be spread out over a time period (June 1 to August 1)</i>  | Click here to enter text.   |

**Health Records will provide a fee quote based on the above information.**

*Note: There is no fee for NOSM student projects completed as part of mandatory academic requirements.*

**Principal Investigators are responsible for all fees. Health Records will invoice for services rendered.**

### Note: Access to Electronic Health Records

Once HSN REB Approval has been received and you need to access electronic health records for your research project, a separate research account may be required. It is the responsibility of the researcher to contact the HSN Privacy Office at 705-523-7100 ext. 3999 or [privacyoffice@hsnsudbury.ca](mailto:privacyoffice@hsnsudbury.ca) to confirm if new login credentials are required for research purposes. Researchers must provide the Privacy Office with a copy of their HSN REB Approval Letter.

**Manager - Please read carefully.**

When approached for Program Approval, ensure you are provided with sufficient information to evaluate the project's impact on your program.

## APPROVAL

### PROGRAM DECLARATION

*Please note that the expected turn-around time for review and approval is two (2) weeks.*

As evidenced by my signature below, my program is aware of the research project being proposed and acknowledges that this program is supportive of the research and able to accommodate and support the project as set out herein.

|  |                           |
|--|---------------------------|
| <b>Health Records Program Manager Signature:</b> |                           |
| <b>Date of Approval:</b>                         | Click here to enter text. |
| <b>Please print Manager Name:</b>                | Click here to enter text. |

*Please retain a copy of this document for your records and return the original to the Principal Investigator.*

## APPENDIX A

### *Why are Requests for Program Approval (RPA) necessary?*

To track the impact research projects have on hospital operations and to ensure the necessary supports are in place to conduct a research project, every program affected by the project must approve to provide support. ***Impact is defined as any procedure or research protocol which uses hospital resources above those normally required for practice and care.***

### HEALTH INFORMATION SERVICES: FEES

|                                 |  |
|---------------------------------|--|
| Health Info Services Admin Fee  | \$100.00                                 |
| On Site/PDF scanned             | \$5.00 per chart pull                    |
| Microfilm                       | \$10.00 per chart pull                   |
| Off Site                        | \$10.00 per chart pull + \$25.00 per box |
| Decision Support Report Writing | \$250.00 flat fee                        |

### *When are Requests for Program Approval made?*

Prior to commencing work on a research project, researchers are required to interact with appropriate site/department/unit/program leadership regarding the study requirements. An RPA is intended to facilitate communication about the feasibility of new research projects and cost recovery between the study team and affected hospital programs.

### *Instructions to Complete the Request for Program Approval:*

1. Populate the Request for Program Approval with your project information
2. Attach the following to complete the Request:
  - a copy of the protocol for the research project
  - a copy of the fully completed REB application signed by the PI.
3. Submit the documents electronically to [HISResearch@hsnsudbury.ca](mailto:HISResearch@hsnsudbury.ca)
4. Once reviewed and approved by Health Records, the signed RPA will be emailed to you. Please keep a copy for your records.
5. Please forward the signed RPA to [reb@hsnsudbury.ca](mailto:reb@hsnsudbury.ca)

If you have any questions regarding the Request for Program Approval form, please contact the Research Services Office at 705-523-7300 ext. 2409 or by email at [reb@hsnsudbury.ca](mailto:reb@hsnsudbury.ca)