

<b>University of Kentucky Office of Research Integrity and Institutional Review Board Standard Operating Procedures</b>			
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Approved By: ORI Director	Signature	Date	Date First Effective: 06-28-05
Approved By: Nonmedical IRB Chair	Signature	Date	
Approved By: Medical IRB Chair	Signature	Date	Revision Date: 08-19-09

## **OBJECTIVE**

To describe policies and procedures for the administrative assessment component of the University of Kentucky (UK) Quality Improvement Program (QIP)

## **GENERAL DESCRIPTION**

The Office of Research Integrity (ORI)/Institutional Review Board (IRB) QIP serves to improve human research protections at UK. One of the primary quality improvement activities is the administrative assessment review.

The ORI QIP Coordinator conducts administrative assessment reviews at the request of the ORI Director and/or the Vice President for Research (VPR), or at his/her discretion. These reviews measure the effectiveness and/or efficiency of ORI/IRB procedures for protection of human subjects in research. Examples of areas in which the QIP Coordinator may periodically conduct a thorough examination of the IRB records, the ORI database, and/or other materials to evaluate performance include, but are not limited to:

- IRB member performance;
- Proper use of expedited and exemption categories;
- Timeliness of ORI staff responses to investigators/study personnel and/or of IRB review;
- Volume of the ORI's outreach activity for investigators and research subjects (i.e., web page "visitors" report);
- Application of risk versus potential benefit, including designation of minimal risk when appropriate;
- Appropriate consideration and documentation for protecting vulnerable or potentially vulnerable populations;
- Establishment of privacy and confidentiality protections;
- Timeliness of continuation review of approved research;
- Appropriate notification of the emergency use of test articles;
- Appropriateness of the approved informed consent document;

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- Appropriate documentation for and approval of waivers of informed consent and/or alteration of elements of informed consent;
- Appropriate inclusion of all the elements of informed consent as required by the UK IRB/Veterans Affairs Medical Center (VAMC);
- Appropriate consideration for data and safety monitoring;
- Completeness of IRB minutes;
- Situations involving administrative suspensions or terminations of IRB approvals;
- Quality of UK's human research protection program (HRPP) and IRB system as measured by accreditation assessment tools.

Any performance evaluation topic described under this SOP may be incorporated into a directed on-site review at the discretion of the ORI Director, the QIP Coordinator, the VPR, and/or the IRB Chair. The QIP Coordinator shares the results of an administrative assessment with the ORI Director. The results may impact current practices and may require additional educational activities for ORI staff and IRB members.

In addition, the QIP Coordinator coordinates the *Program Assessment for Accreditation*, a significant component in support of maintaining Association for the Accreditation of Human Research Protection Programs, Inc. (AAHRPP) accreditation and an effective UK HRPP. This assessment focuses on maintenance of applicable documentation representing current policy and procedures, utilization of the AAHRPP Self-Evaluation Instrument, and evaluation of current human research protection practices to ensure appropriate fulfillment of accreditation and HRPP standards. The program assessment serves to determine whether the institution's HRPP is effective in achieving its intended outcomes and provides the opportunity to develop improvement plans as deemed necessary.

### **RESPONSIBILITY**

Execution of SOP: ORI QIP Coordinator, ORI Director, ORI Staff, ORI Professional Associate (PA), VPR, IRB

### **PROCEDURES**

#### *Administrative Assessment*

1. An administrative assessment may require selection of specific protocols for examination of a variety of topics including, but not limited to: review type, funding source, off-site research, event types, special research categories, specific IRB committee, and/or assigned ORI staff. Generally, the QIP Coordinator chooses protocols meeting the criteria for the particular administrative assessment randomly; however, the QIP Coordinator, ORI Director, and/or VPR have the discretion to identify specific studies for assessment. If identifying

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specific protocols is not necessary for the type of administrative assessment conducted (e.g., review of meeting minutes, review of a committee's workload, evaluation of the performance of IRB members), the QIP Coordinator obtains and reviews other related materials.

2. After identifying the protocols and/or related materials for examination, the QIP Coordinator or designee conducts an in-depth review of either the IRB records for each protocol or related materials. This may entail review of the ORI computerized tracking system, electronic or physical IRB records maintained by ORI, and the IRB meeting minutes. The QIP Coordinator may conduct a comparison to verify that the events listed in the ORI computerized tracking system are in alignment with the documentation in the protocol file.
3. The QIP Coordinator shares the results of the review with the ORI Director. Based on performance results, the ORI Director or designee takes measures to strengthen certain areas of the HRPP.
4. Using appropriate methodology, the QIP Coordinator or designee educates ORI staff and/or the IRB on areas in need of strengthening as identified by analysis of the results (e.g., QI presentation at an IRB meeting, staff meeting, in-service presentations, etc.). The QIP Coordinator informs the IRB and the VPR of specific findings only if the findings reveal significant or numerous deficiencies in protection of human subjects in research.
5. If exposed significant deficiencies necessitate reporting to the IRB and the VPR, the IRB determines whether to report the findings to the FDA, OHRP, the study sponsor, or the VAMC, and/or other applicable internal departmental faculty/staff. (See Mandated Reporting SOP.)
6. To support continuous improvement when policy or procedure changes as a result of QI review findings, the QIP Coordinator may perform a follow-up QI review to determine whether the existing processes remain effective.

#### *Assessment of Expedited Review*

1. If the QIP Coordinator conducts an assessment for protocols reviewed using expedited procedures, he/she verifies conformance with policies and procedures which may include, but are not limited to:
  - Assignment to appropriate expedited reviewer;
  - Notification of IRB members of expedited reviews;
  - Review of protocols using expedited procedures according to the eligibility requirements for expedited review (proper use of expedited category);
  - Documentation for the basis of allowing expedited review (expedited category selected);

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- Appropriate reviewer handling of protocol by expedited reviewer (forwarded to IRB for review at a convened meeting);
- Timely processing of applications by ORI staff and/or the IRB reviewer.

*Assessment of Exempt Review*

1. If the QIP Coordinator conducts an assessment for protocols reviewed for exemption certification, he/she verifies conformance with policies and procedures which may include, but are not limited to:
  - Allowable category of exempted research;
  - Assignment to appropriate exempt reviewer;
  - Documentation for the basis (allowable category) of making the exempt determination;
  - Timely processing of applications by ORI staff and/or IRB.

*Assessment of Risks and Benefits*

1. If the QIP Coordinator conducts an assessment for the IRB's determination of risk versus potential benefit for a protocol, including designation of minimal risk when appropriate, he/she verifies conformance with policies and procedures which may include, but are not limited to:
  - Documentation in the meeting minutes or IRB records of the IRB's evaluation of risks of the research;
  - Provisions for safety monitoring;
  - Determination that risks to participants are minimized by using procedures that are consistent with sound research design and which do not unnecessarily expose subjects to risk, and whenever appropriate, by using procedures already being performed on the subjects for diagnostic or treatment purposes;
  - Determination of the level of risk;
  - Determination of the risk level of investigational device, if applicable;
  - Appropriate disclosure of risks and benefits in the informed consent process.

*Evaluation of IRB Member Performance*

1. Approximately once each academic year, the QIP Coordinator or designee sends the ORI PAs, the ORI Associate Director, IRB Chairs, and IRB Vice Chairs, an IRB Performance Questionnaire to assess representation of appropriate knowledge, skills, and abilities respective to IRB member, IRB Chair, and IRB Vice Chair roles. Questions intend to collect information including, but not limited to: ability to participate (e.g., attendance), appropriate review (e.g., adherence to regulations), and pertinent feedback (e.g., knowledgeable about the materials under review).

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2. The ORI PAs answer questions to evaluate the IRB Chair, IRB Vice Chair, and IRB members serving on the PA's assigned committee. However, the evaluation process does not limit a PA's feedback to the committee assigned to him/her.
3. The QIP Coordinator and/or the ORI Associate Director analyze the responses and notify the ORI Director if any of the responses appear to reveal issues with membership qualifications. If the results identify problems with membership qualifications, the ORI Director or Associate Director discusses the issues with the VPR. The VPR may direct the ORI Associate Director to ask an IRB member to resign and to appoint an appropriate replacement. (See the Membership of the IRB SOP.)
4. The QIP Coordinator provides aggregated evaluation responses (to maintain anonymity of responders) to the individual member upon request by a committee member.

#### *Human Research Protection Program Evaluation*

1. UK's HRPP is assessed at least once every three years. The QIP Coordinator, with input from the ORI Director, conducts the assessment using the AAHRPP Evaluation Instrument.
2. ORI staff, the IRB, investigators, other administrative units, and the VPR may participate in the assessment process.
3. Throughout the course of the assessment, the ORI Director, QIP Coordinator, and/or designees may determine the need for revisions to current HRPP policies, procedures, and/or practices in order to ensure appropriate fulfillment of accreditation standards. Based on the nature of the revisions to the HRPP, the Education Specialist, the ORI Director, the QIP Coordinator, and/or designee develop appropriate education plans for ORI staff, IRB members, investigators, and other affected units, if applicable.
4. The QIP Coordinator and/or designee(s) include the outcome of this assessment in the AAHRPP re-accreditation application (or annual report, if applicable).

#### *Elements of Informed Consent Evaluation*

1. When the QIP Coordinator conducts a review to evaluate appropriate inclusion of the elements of informed consent, he/she verifies conformance with the required elements of informed consent according to UK IRB policy using the Consent/Assent Checklist as a guide. Protocols selected for directed on-site review are also subject to this informed consent evaluation by the QIP Coordinator.
2. The nature of the research dictates whether some additional elements of informed consent are necessary, but for required additional elements which have been excluded (e.g., significant

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new findings statement), the QIP Coordinator confirms the IRB records contain appropriate documentation of the IRB's determination.

3. Upon completion of the informed consent evaluation, the QIP Coordinator shares the results with the ORI Director and, if appropriate, the IRB Chair(s).
4. If the informed consent evaluation identifies deficiencies, the ORI Director, designated ORI staff, and/or IRB Chair(s) provide follow-up training to IRB members.

### **REFERENCES**

Not applicable