CHART REVIEWS & DATA SETS

SKYLER ROTHGANGER

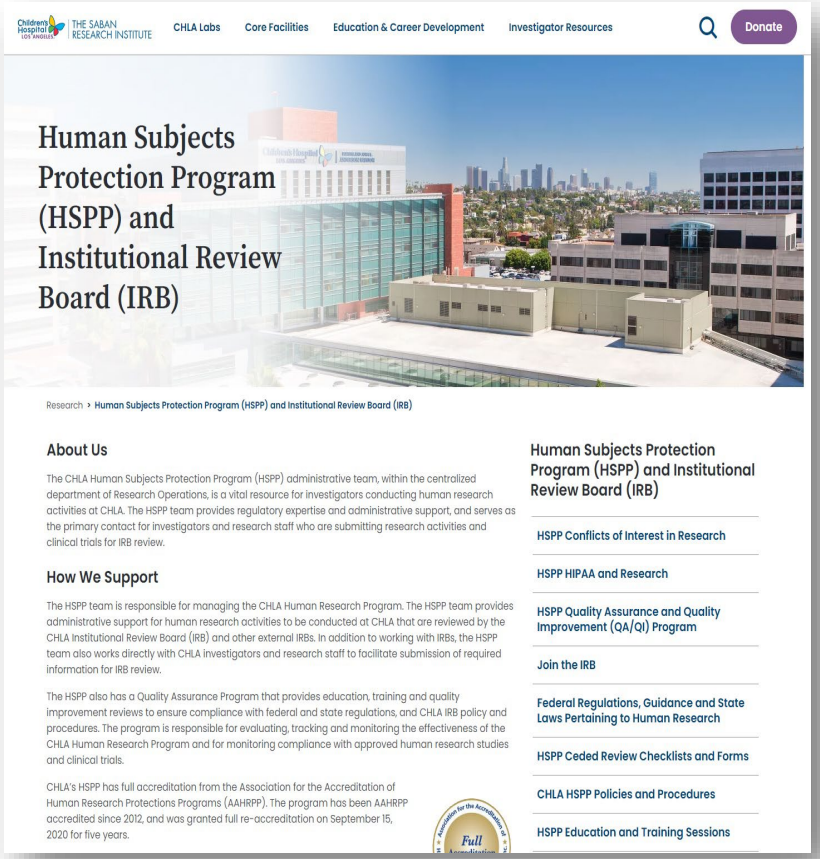
HUMAN SUBJECTS PROTECTION PROGRAM (HSPP)

Learning Objectives:

- Resources Available
- Exempt vs. Expedited Chart Reviews
- Data Sets
- Tips & Reminders

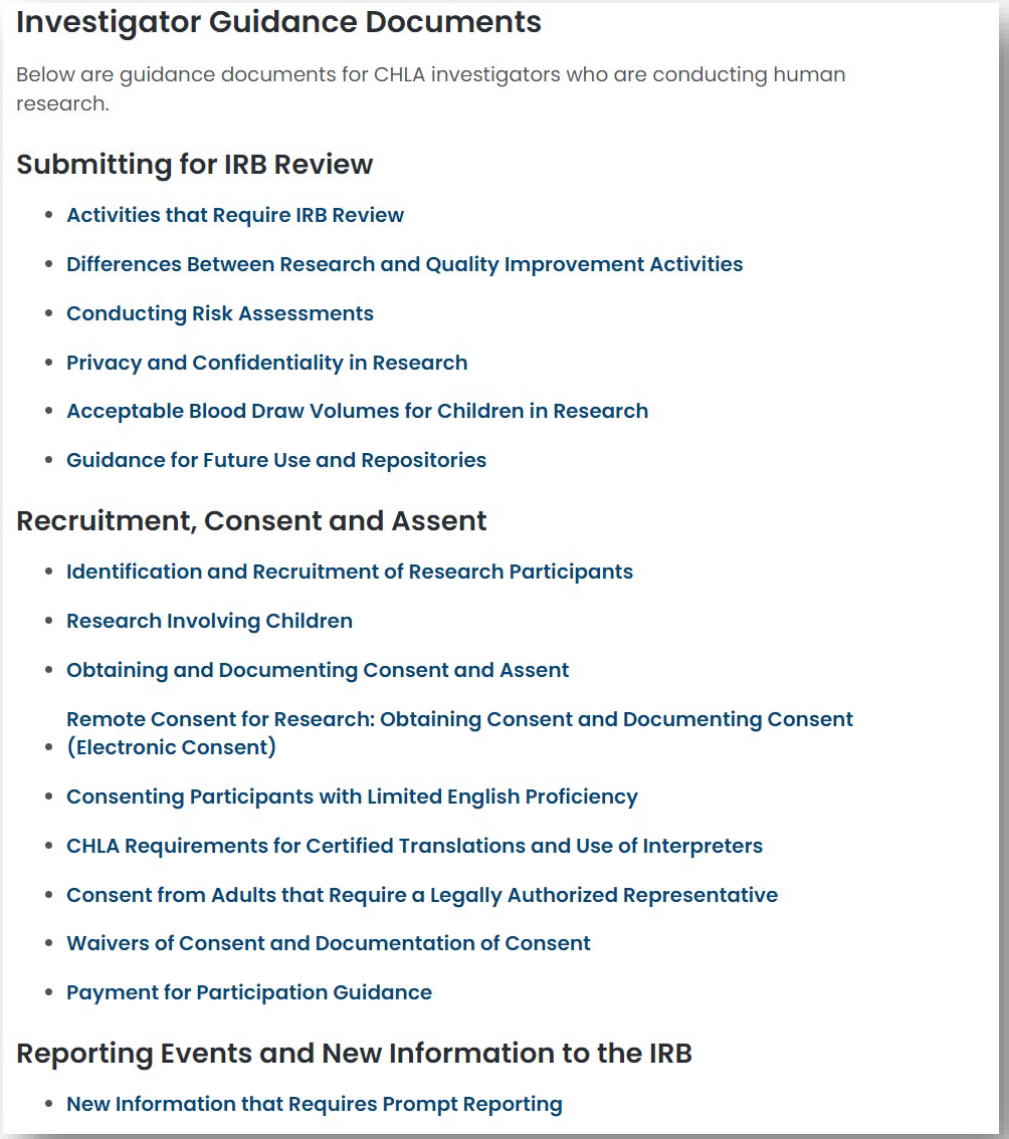
HSPP Website:

- HSPP Website
  - Guidance Documents
    - HRP-001 SOP: Definitions
    - Activities That Require IRB Review
    - HRP-310 Worksheet: Human Research
    - Privacy and Confidentiality in Research
  - Education and Training
  - Study Protocol Templates



Guidance Documents:

- All guidance documents can be found on the HSPP website
- Click on the drop-down button to expand the menu to review the guidance documents
- Clicking on the guidance document(s) will open a pdf in another tab



Investigator Guidance Documents

Below are guidance documents for CHLA investigators who are conducting human research.

Submitting for IRB Review

- Activities that Require IRB Review
- Differences Between Research and Quality Improvement Activities
- Conducting Risk Assessments
- Privacy and Confidentiality in Research
- Acceptable Blood Draw Volumes for Children in Research
- Guidance for Future Use and Repositories

Recruitment, Consent and Assent

- Identification and Recruitment of Research Participants
- Research Involving Children
- Obtaining and Documenting Consent and Assent
- Remote Consent for Research: Obtaining Consent and Documenting Consent (Electronic Consent)
- Consenting Participants with Limited English Proficiency
- CHLA Requirements for Certified Translations and Use of Interpreters
- Consent from Adults that Require a Legally Authorized Representative
- Waivers of Consent and Documentation of Consent
- Payment for Participation Guidance

Reporting Events and New Information to the IRB

- New Information that Requires Prompt Reporting

Education and Training Sessions:

- https://www.chla.org/research/hspp-education-and-training-sessions
- This is where you can find the slides for previous education and training sessions. The presentations can be helpful to refer to if your question has not been answered in another guidance document

Human Subjects Protection Program (HSPP) and Institutional Review Board (IRB)

Research › Human Subjects Protection Program (HSPP) And Institutional Review Board (IRB) › HSPP Education and Training Sessions

HSPP Education and Training Sessions

Tea with the IRB (Previous Sessions)

- April 2022: Basics of Ceded IRB Review
- June 2022: Ceded Review Submissions
- September 2022: Tips for Successful Submissions to the CHLA IRB
- March 2023: Overview of Reliance on Another IRB For Review and Oversight
- April 2023: Overview of ClinicalTrials.gov
- May 2023: Recruitment and Compensation for Participation
- July 2023: Research Regulatory Requirements and CHLA's Use of an Electronic Regulatory Binder System
- August 2023: Quality Improvement vs Research
- September 2023: Submitting Amendments
- October 2023: Chart Reviews and Data Sets
- November 2023: Tips for Writing the IRB Protocol Document
- December 2023: Overview of the SMART IRB Reliance System and Irex to Request, Track, and Document Reliance Arrangements
- February 2024: Submission of Continuing Reviews to the CHLA IRB
- March 19, 2024 – PI Roles and Responsibilities and Managing Change in PI Amendment Applications
- April 16, 2024 – Criteria for Approval/111 findings
- May 21, 2024 – A Dialogue with Information Security Guest Speaker: Robert Crawfoot

Upcoming Training Events

- July 16, 2024 – HIPAA in the research context and use of the revised research HIPAA authorization form (Presented by Joanna Balducci)
- July 30, 2024 – A Dialogue with Laboratory Medicine Guest Speaker: Monica Mendez (Presented by Rocio Yong)
- August 20, 2024 – Ceded IRB Review: Tips & Guidance for Submitting New iStar Study Applications (Presented by Liz Stefani)

Human Subjects Protection Program (HSPP) and Institutional Review Board (IRB)

- HSPP Conflicts of Interest in Research
- HSPP HIPAA and Research
- HSPP Quality Assurance and Quality Improvement (QA/QI) Program
- Join the IRB
- Federal Regulations, Guidance and State Laws Pertaining to Human Research
- HSPP Ceded Review Checklists and Forms
- CHLA HSPP Policies and Procedures
- HSPP Education and Training Sessions
- IRB Satisfaction Survey

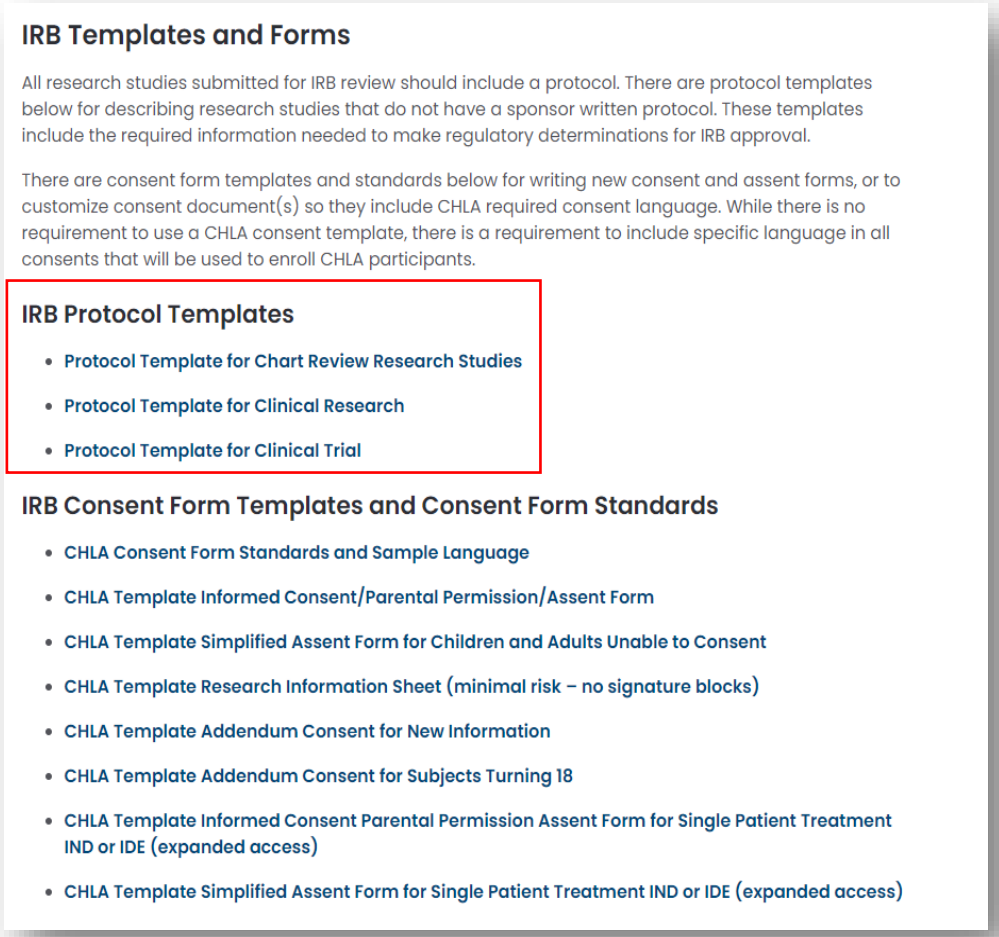
Clinical Trials

Learn about all research studies and clinical trials.

See studies

Study Protocol Templates:

- Every new iStar submission will require a protocol
- Please ensure that you utilize the protocol template that is appropriate for your research
- The protocol templates include the required information needed to make regulatory determinations for IRB approval



IRB Templates and Forms

All research studies submitted for IRB review should include a protocol. There are protocol templates below for describing research studies that do not have a sponsor written protocol. These templates include the required information needed to make regulatory determinations for IRB approval.

There are consent form templates and standards below for writing new consent and assent forms, or to customize consent document(s) so they include CHLA required consent language. While there is no requirement to use a CHLA consent template, there is a requirement to include specific language in all consents that will be used to enroll CHLA participants.

IRB Protocol Templates

- Protocol Template for Chart Review Research Studies
- Protocol Template for Clinical Research
- Protocol Template for Clinical Trial

IRB Consent Form Templates and Consent Form Standards

- CHLA Consent Form Standards and Sample Language
- CHLA Template Informed Consent/Parental Permission/Assent Form
- CHLA Template Simplified Assent Form for Children and Adults Unable to Consent
- CHLA Template Research Information Sheet (minimal risk – no signature blocks)
- CHLA Template Addendum Consent for New Information
- CHLA Template Addendum Consent for Subjects Turning 18
- CHLA Template Informed Consent Parental Permission Assent Form for Single Patient Treatment IND or IDE (expanded access)
- CHLA Template Simplified Assent Form for Single Patient Treatment IND or IDE (expanded access)

Children's Hospital LOS ANGELES

Exempt vs. Expedited Chart Reviews

Determining Review Type:

- There are two *primary* paths for chart reviews:

1. **Exempt (4)**
    - Shortest application of the two review types
    - Consent not required
    - HIPAA authorization will be required unless a waiver can be justified (if applicable)

2. **Expedited (5)**
    - Longer application of the two review types
    - Consent or justification for a waiver of consent will be required
    - HIPAA authorization will be required unless a waiver can be justified (if applicable)

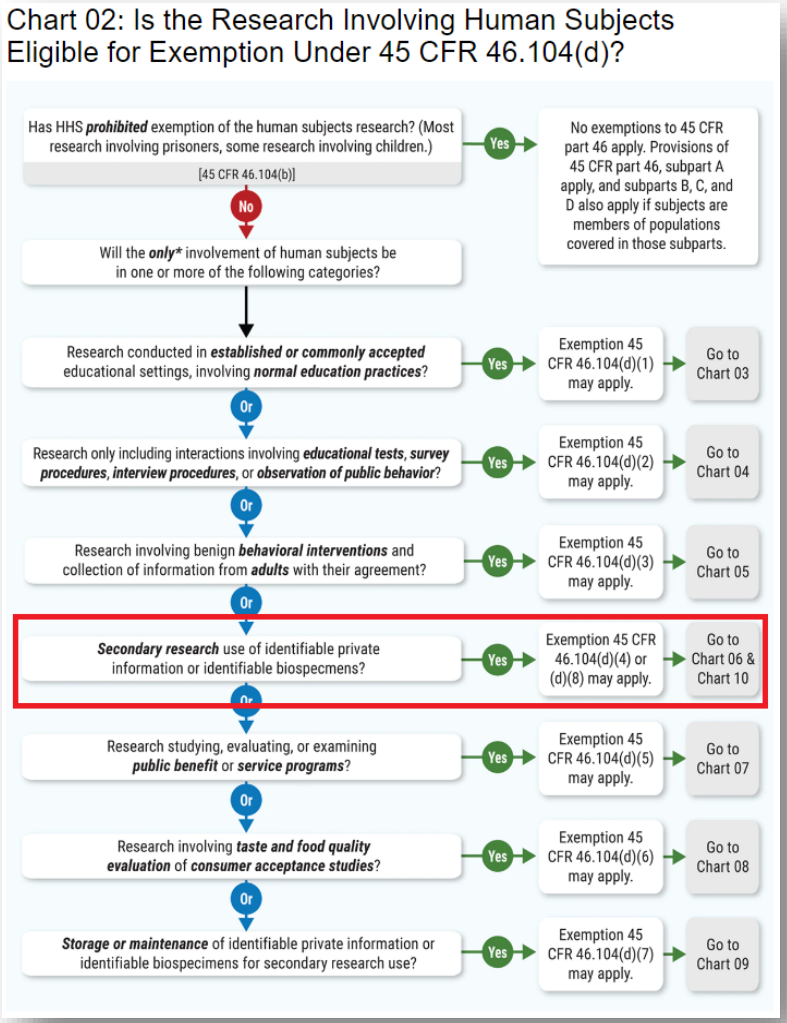
Exempt (4) Studies:

What is allowed under 45 CFR 46.104(d)(4):

- *Secondary research* use of data collected by a separate primary activity
- Data that exists now or will exist in future (i.e., retrospective *and* prospective)

What is not allowed:

- Primary collection of data for research purposes
- Research involving interactions or interventions with subjects



Exempt (4) Studies:

What do we mean by *primary* collection of data for research purposes?

- Primary data refers to the firsthand data gathered by the researcher
  - e.g., surveys, observations, experiments, questionnaire, personal interview

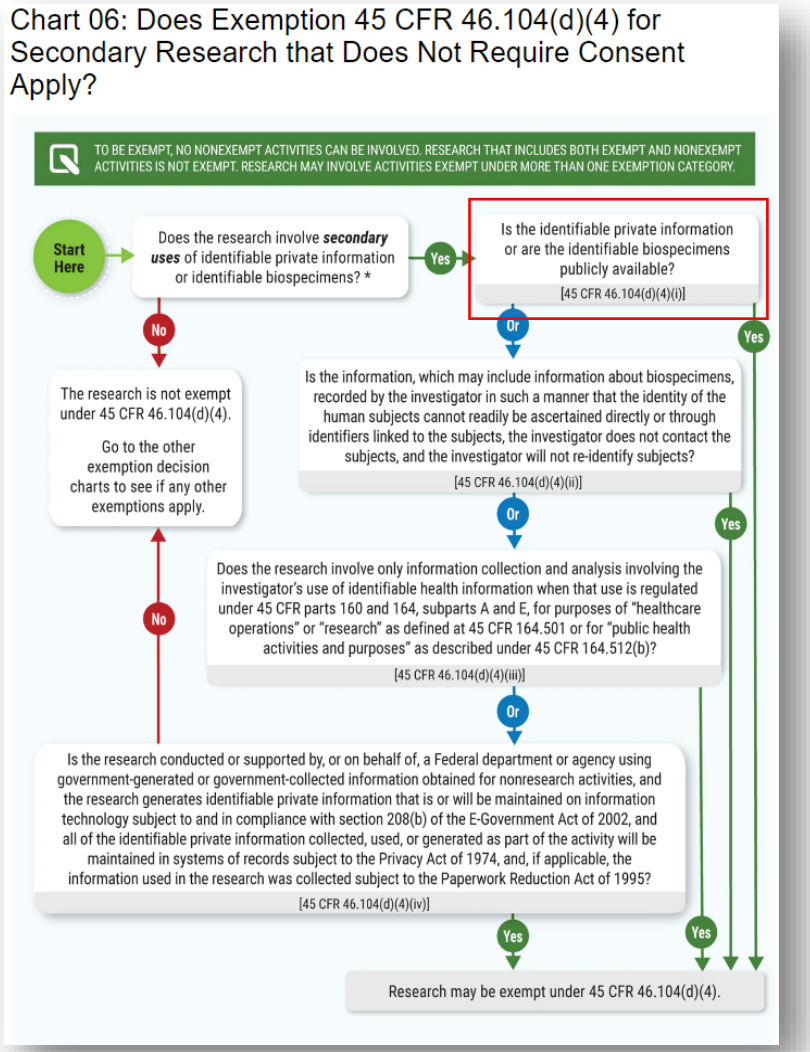
- Secondary data simply refers to data collected by someone else for purposes other than the current research
  - e.g., medical records, student records

- Remember, research involving primary collection of data for research purposes and research involving interactions or interventions with subjects are ineligible for exemption under 45 CFR 46.104(d)(4)

Exempt (4)(i):

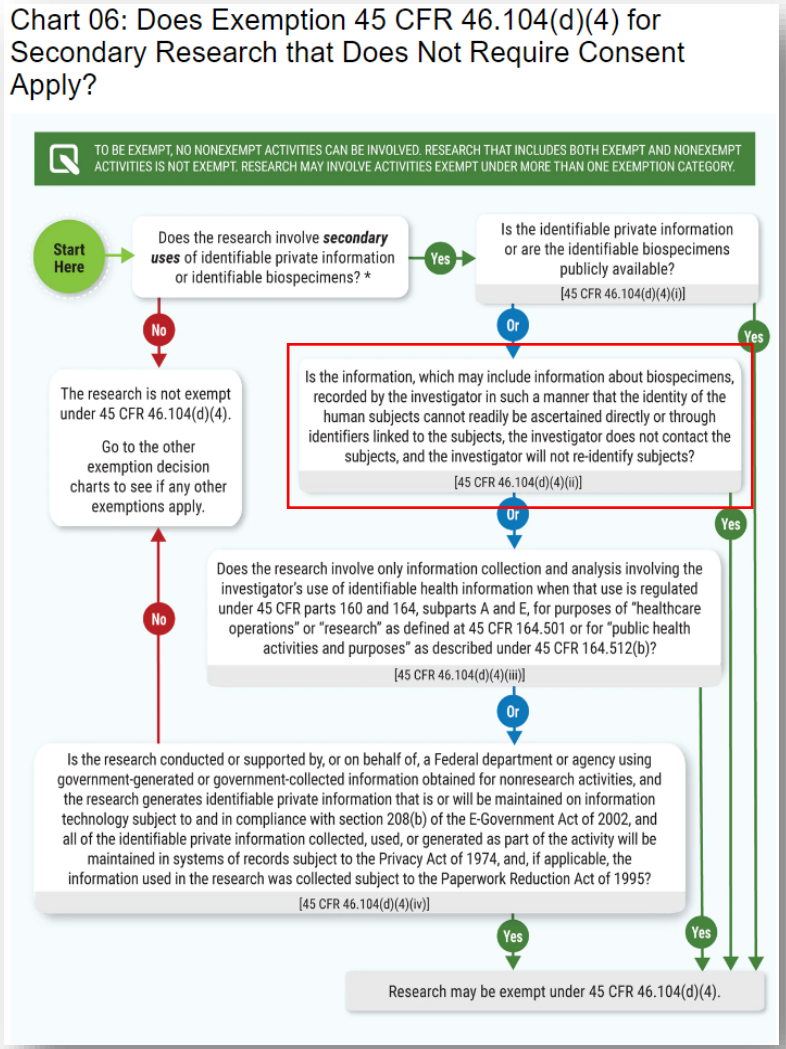
- *(i) The identifiable private information or identifiable biospecimens are publicly available;*
  - **Note:** Publicly available is defined as data and/or specimens that are accessible to anyone in the general public, without the need for special qualification, permissions, or privileges
    - **Example:** Information searchable online or available at a library

- This is *very* uncommon.



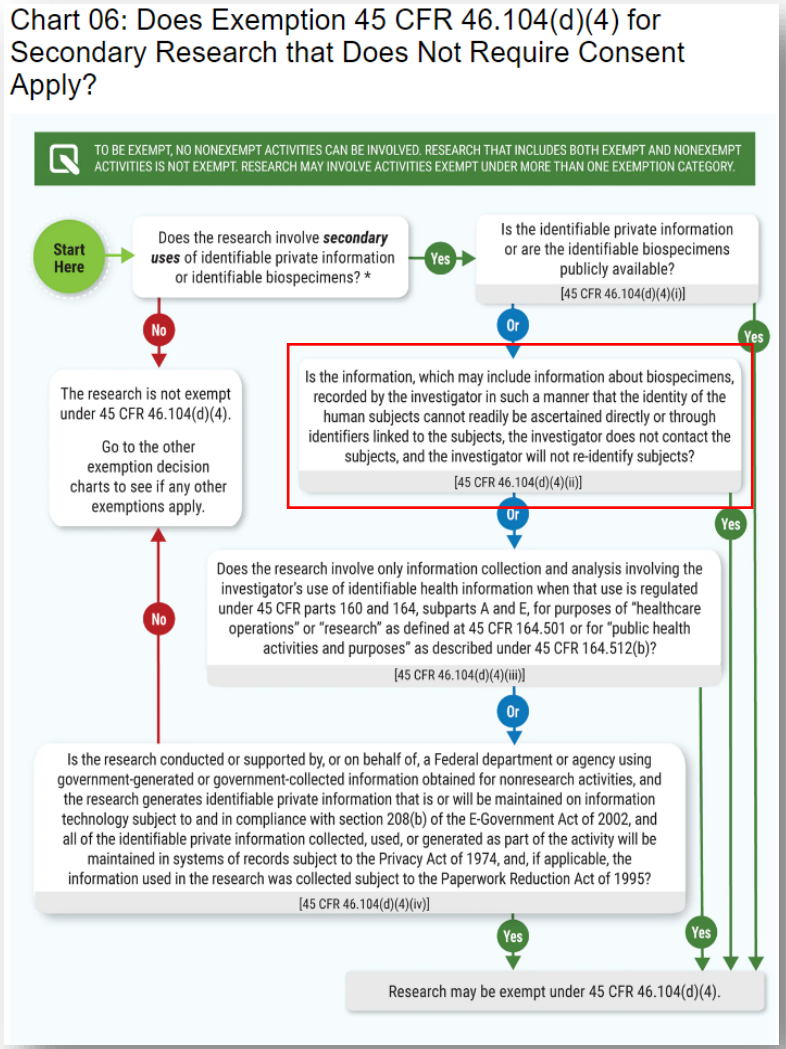
Exempt (4)(ii):

- *(ii) Information, which may include **information** about biospecimens, is recorded by the investigator in such a manner that the identity of the human subjects **cannot** readily be ascertained directly or through identifiers linked to the subjects, the investigator does not contact the subjects, and the investigator will not re-identify subjects;*
- **Note:** Cannot readily be ascertained is key.



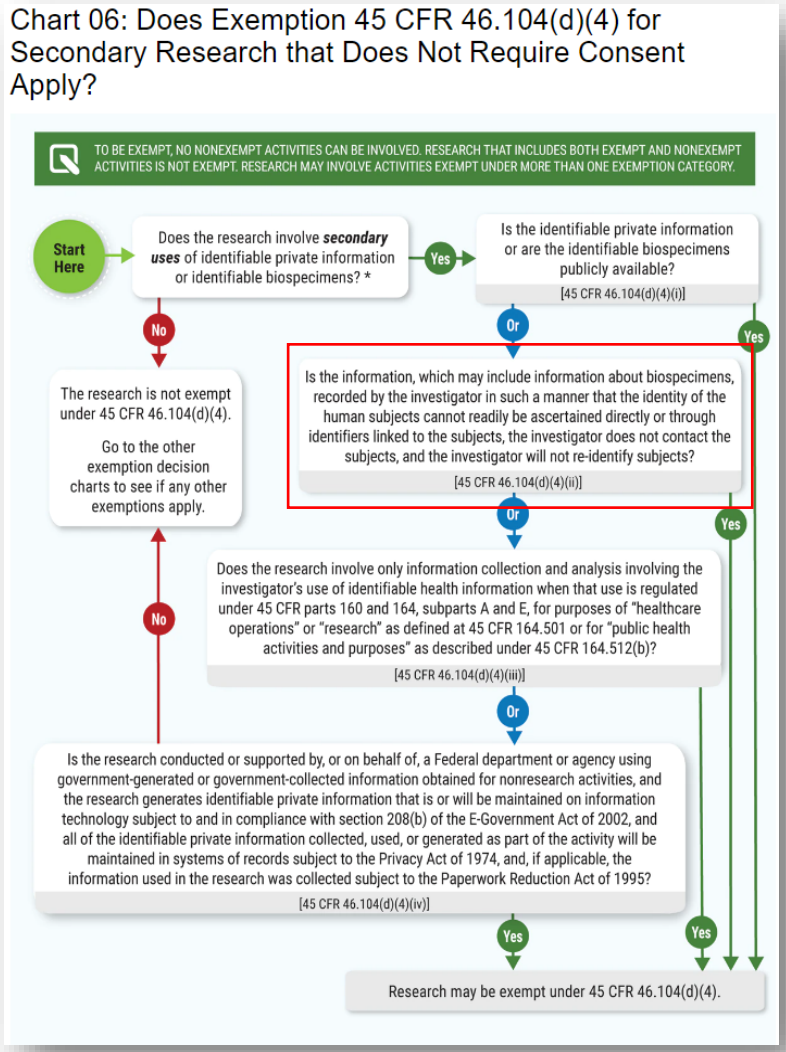
Exempt (4)(ii):

- *(ii) may include information about biospecimens, but not the direct use of biospecimens themselves.*
- **Example:** Studying health records with information on donated tissue samples obtained during a standard of care procedure would likely qualify for exemption
- **Does not apply:** If research involves the *use* of biospecimens (e.g., DNA extraction or analysis)



Exempt (4)(ii):

- The focus of this category is how information obtained by the investigator is *recorded*
- Elements of a HIPAA limited data set are not considered readily identifiable and can be recorded by the investigator
- The next slide will go into identifiers that will not be allowed under this review type



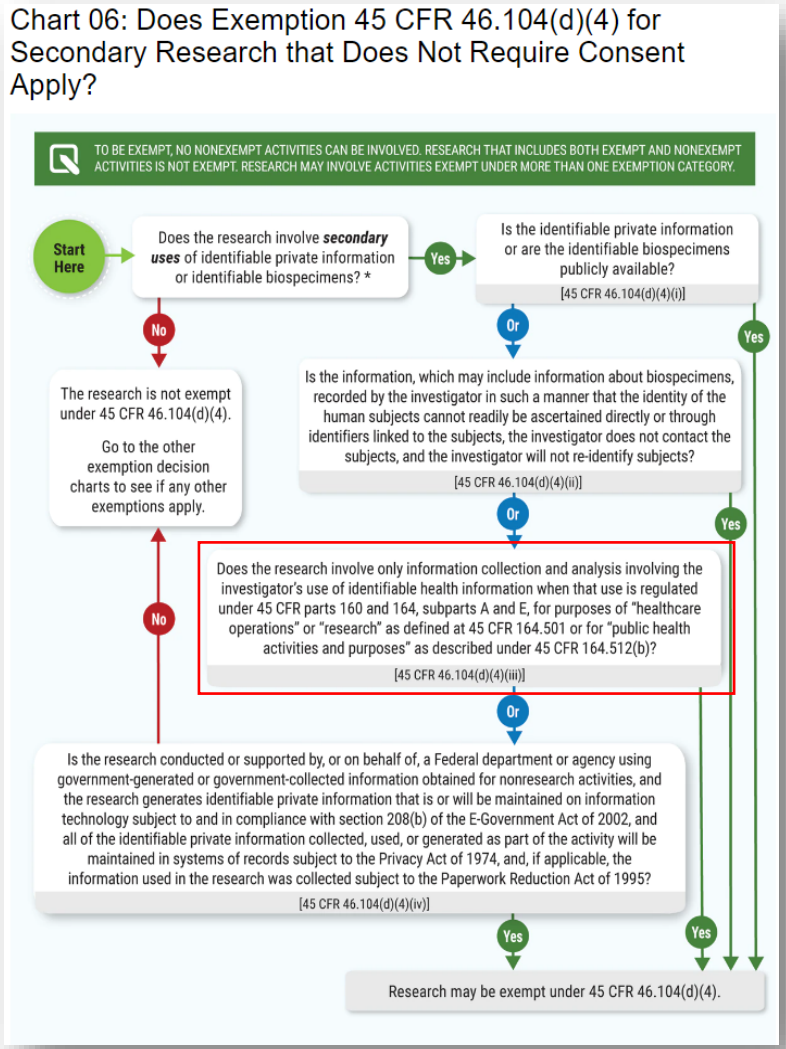
Exempt (4)(ii) – Prohibited Identifiers:

See below for an example of prohibited identifiers for exempt (4)(ii):

- Names;
- Street address;
- Telephone number;
- Fax number;
- Electronic mail address;
- Social Security Number;
- Medical Record Number;
- Health plan identification number;
- Account number;
- Certificate/license number;
- Vehicle identifiers and serial numbers, including license plate number;
- Device identifiers and serial number;
- Web addresses (URLs) / Internet IP Addresses;
- Biometric identifiers, including finger and voice print;
- Full face photographic images and any comparable images;
- Any other unique identifying number, characteristic, or code*

Exempt (4)(iii):

- *(iii) The research involves only information collection and analysis involving the investigator's use of identifiable health information when that use is regulated under 45 CFR parts 160 and 164, subparts A and E, for the purposes of "health care operations" or "research" as those terms are defined at 45 CFR 164.501 or for "public health activities and purposes" as described under 45 CFR 164.512(b); or*



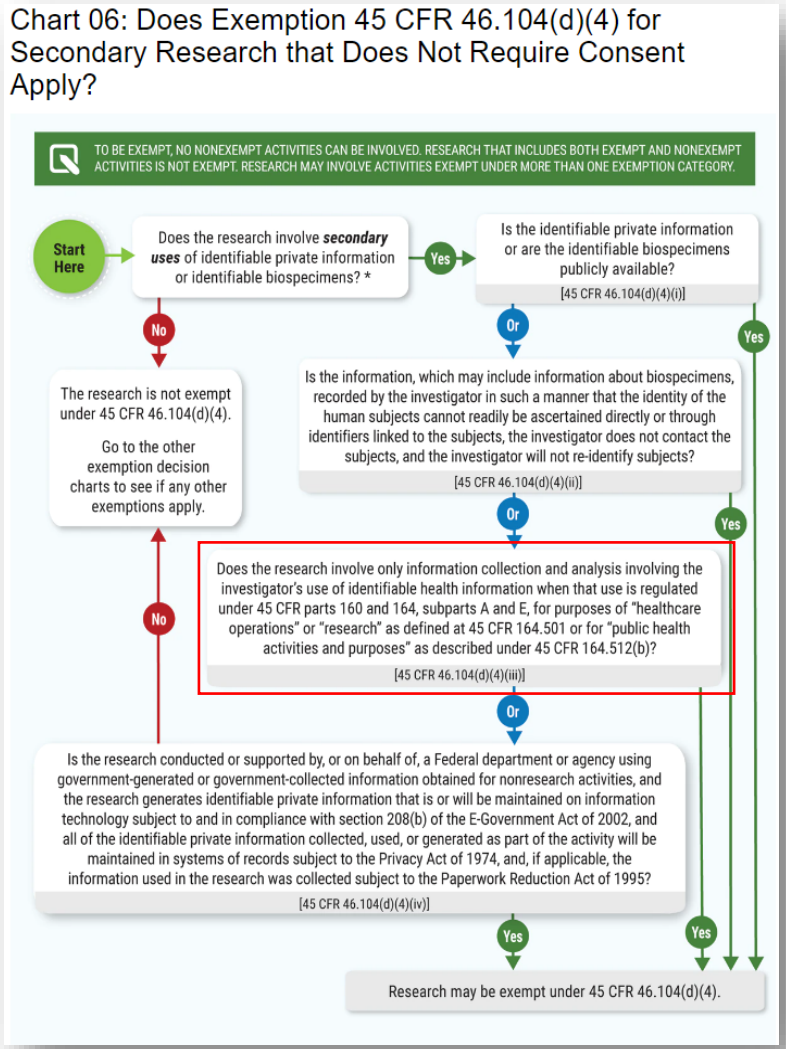
Exempt (4)(iii):

Exempt category 4(iii) includes the secondary use of data if all of the abstracted data is regulated by HIPAA.

Important:

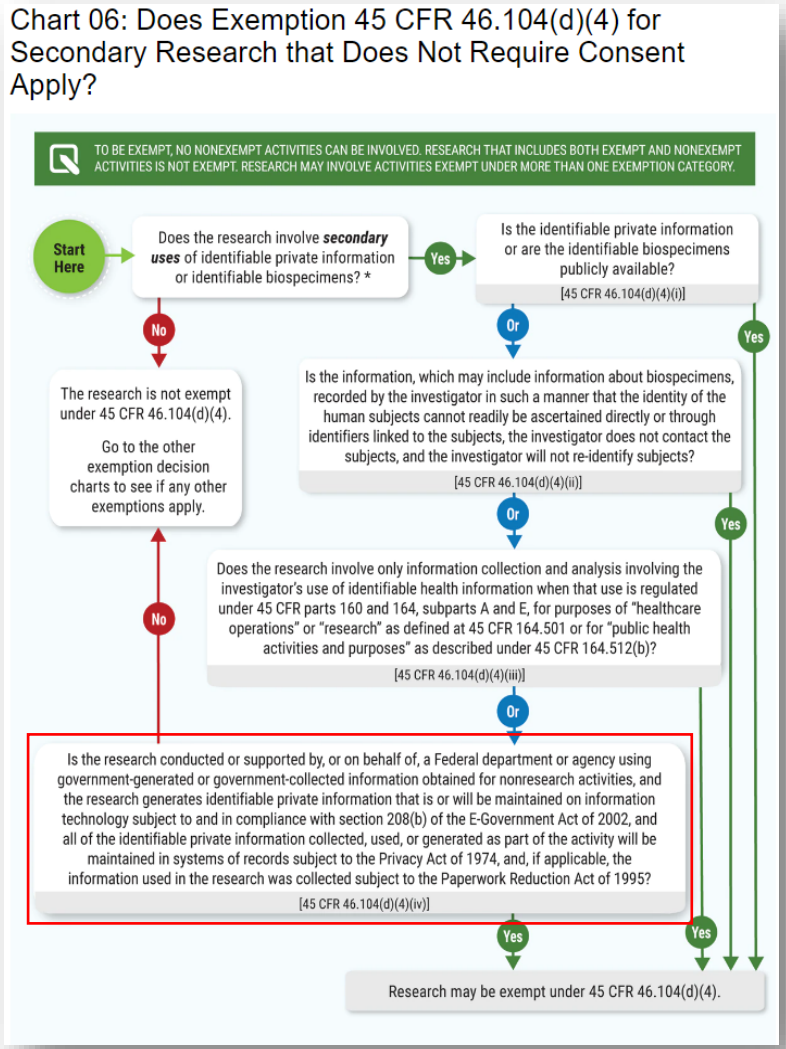
- Cannot be used for secondary analysis of biospecimens
- Cannot be used for secondary analysis of research datasets

Most chart reviews at CHLA fall under this review type.



Exempt (4)(iv):

- *(iv) The research is conducted by, or on behalf of, a Federal department or agency using government-generated or government-collected information obtained for nonresearch activities, if the research generates identifiable private information that is or will be maintained on information technology that is subject to and in compliance with section 208(b) of the E-Government Act of 2002, 44 U.S.C. 3501 note, if all of the identifiable private information collected, used, or generated as part of the activity will be maintained in systems of records subject to the Privacy Act of 1974, 5 U.S.C. 552a, and, if applicable, the information used in the research was collected subject to the Paperwork Reduction Act of 1995, 44 U.S.C. 3501 et seq.*
- ***Example:** Research on Medicare Claims Data*



Expedited (5):

- Research involving materials (data, documents, records, or specimens) that have been collected, or will be collected solely for nonresearch purposes (such as medical treatment or diagnosis)
- Increasingly uncommon since the Common Rule was implemented
- Expedited Category (5) should be used if you are:
  - Doing secondary analysis of biospecimens
  - Doing secondary analysis of research datasets or other data sources that are not protected by HIPAA
  - If data from your research will be submitted to or held for inspection by the FDA
    - **Note:** With the exception of category 6, FDA-regulated research does not qualify for exempt status

Consent and Research HIPAA Authorization:

	Exempt (4)	Expedited (5)
Consent	Not Required	Required or Waiver of Consent

Consent: While exempt research does not require consent, expedited research requires that either consent be obtained or a justification describing why the criteria for a waiver of consent are met.

A waiver of consent can only be granted if the research would not be practicable without it. Some examples are:

- Many of the subjects are lost to follow up, no longer seen at the hospital/facility, or deceased
- The study will be examining records from a large number of subjects, and it would not be feasible to contact all of them

Consent and Research HIPAA Authorization:

	Exempt (4)	Expedited (5)
Research HIPAA Authorization	Maybe	Maybe

HIPAA: Do you intend to access, review, collect, use, or disclose Protected Health Information (PHI/ePHI) in your research? If yes, then HIPAA will need to be addressed in the application.

Much like with consent, a waiver of research HIPAA authorization can only be granted if the research would not be practicable without it. Some examples are:

- It is not possible to locate many of the potential participants because they have left the area or are otherwise lost to follow up
- It is not feasible to individually contact the large numbers of participants

Exempt vs. Expedited Chart Reviews:

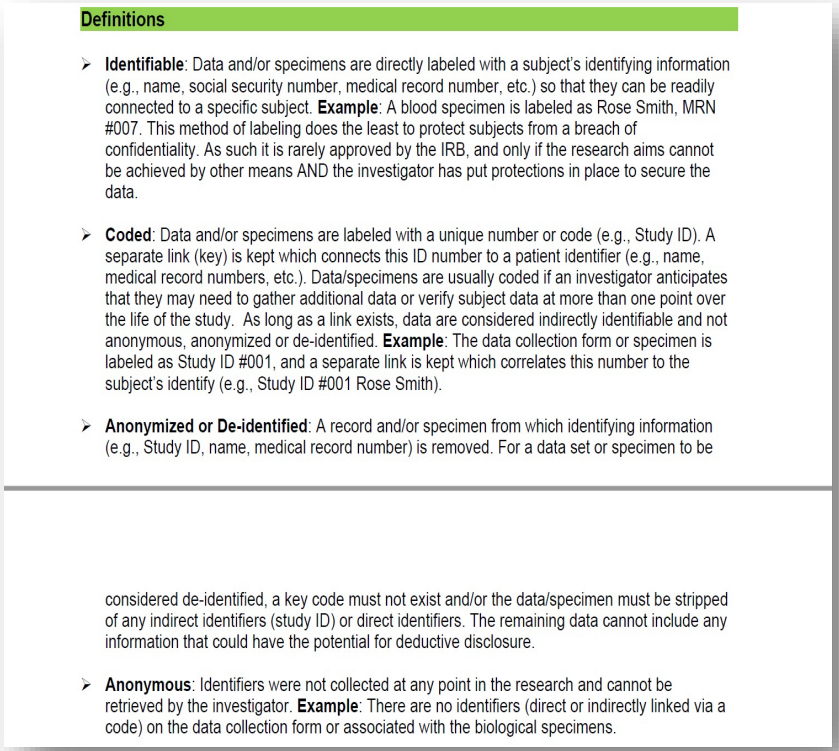
- **Still Unsure About Review Type?** If you are uncertain about the appropriate review type for your study, don't worry. It's a common concern.
- **Recommendation:** In such cases, we typically recommend initially submitting your chart review as an Expedited Review.
- **Why Expedited?** The choice of expedited review allows for a more efficient initial assessment, and here is the key point – it is easier to transition from an expedited application to exempt than the other way around.
- **Expedited to Exempt:** If your new study is found to meet the criteria for exemption, the application can be adjusted accordingly.

Data Sets

Data Sets:

All studies, regardless of review type, must *thoroughly* explain how the data will be labeled. Data can be labeled in the following ways:

- Directly Identifiable
- Coded
- De-identified / Anonymized
- Anonymous



Definitions

- **Identifiable**: Data and/or specimens are directly labeled with a subject's identifying information (e.g., name, social security number, medical record number, etc.) so that they can be readily connected to a specific subject. **Example**: A blood specimen is labeled as Rose Smith, MRN #007. This method of labeling does the least to protect subjects from a breach of confidentiality. As such it is rarely approved by the IRB, and only if the research aims cannot be achieved by other means AND the investigator has put protections in place to secure the data.
- **Coded**: Data and/or specimens are labeled with a unique number or code (e.g., Study ID). A separate link (key) is kept which connects this ID number to a patient identifier (e.g., name, medical record numbers, etc.). Data/specimens are usually coded if an investigator anticipates that they may need to gather additional data or verify subject data at more than one point over the life of the study. As long as a link exists, data are considered indirectly identifiable and not anonymous, anonymized or de-identified. **Example**: The data collection form or specimen is labeled as Study ID #001, and a separate link is kept which correlates this number to the subject's identify (e.g., Study ID #001 Rose Smith).
- **Anonymized or De-identified**: A record and/or specimen from which identifying information (e.g., Study ID, name, medical record number) is removed. For a data set or specimen to be

considered de-identified, a key code must not exist and/or the data/specimen must be stripped of any indirect identifiers (study ID) or direct identifiers. The remaining data cannot include any information that could have the potential for deductive disclosure.

- **Anonymous**: Identifiers were not collected at any point in the research and cannot be retrieved by the investigator. **Example**: There are no identifiers (direct or indirectly linked via a code) on the data collection form or associated with the biological specimens.

Data Sets (Cont.):

- Directly Identifiable: Data are directly labeled with a subject's identifying information (e.g., name, social security number, medical record number, etc.) so that they can be readily connected to a specific subject. This method of labeling does the least to protect subjects from a breach of confidentiality. *As such it is rarely approved by the IRB, and only if the research aims cannot be achieved by other means AND the investigator has put protections in place to secure the data.*
  - **Example:** The data collection form is labeled as Rose Smith, MRN #007.

Data Sets (Cont.):

- Coded: Data are labeled with a unique number or code (e.g., Study ID). A separate link (key) is kept which connects this ID number to a patient identifier (e.g., name, medical record numbers, etc.). Data are usually coded if an investigator anticipates that they may need to gather additional data or verify subject data at more than one point over the life of the study. As long as a link exists, data are considered *indirectly identifiable* and not anonymous, anonymized or de-identified.
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Data Sets (Cont.):

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Data Sets (Cont.):

- Anonymous: Identifiers were not collected *at any point* in the research and cannot be retrieved by the investigator.
  - **Example:** There are no identifiers (direct or indirectly linked via a code) on the data collection form.

- This approach is not only a gold standard for safeguarding privacy; it is also likely to lead to a smoother and faster review process with the IRB because the risks to participants are significantly reduced.

Data Sets: *Coded vs. De-Identified*

Coded data and de-identified data are often used interchangeably in applications, but they represent two different ways data can be labeled.

- If a key code exists, subjects can still be identified. Remember, coded data is considered *indirectly identifiable*
- Sending data to an outside collaborator while retaining the key code and subject ID column means that you are sending coded data, ***not*** de-identified data
  - In this scenario, the outside collaborator can reach back out to the CHLA study team and ask for additional information on "Subject ID 001"
- However, stripping the study ID column from the data prior to sending it to the outside collaborator would mean the data *being sent* has been de-identified
  - In this scenario, the outside collaborator would have no way of seeking additional data on a particular subject

Data Sets: *Minimum Necessary Standard*

- With all research, you should only collect the minimum necessary information required to answer your research question

- Data Collection Sheets should be provided for all review types
  - **Reminder:** Never send us subject data

Important!

- For studies where the data was recorded as directly identified or coded, after the research data collection is completed, the research team should "de-identify" the study data at the earliest time possible, consistent with the approved research plan.
  - **Reminder:** De-identifying the study data is done by destroying the key to the code and/or stripping the data set of the study ID or direct identifiers

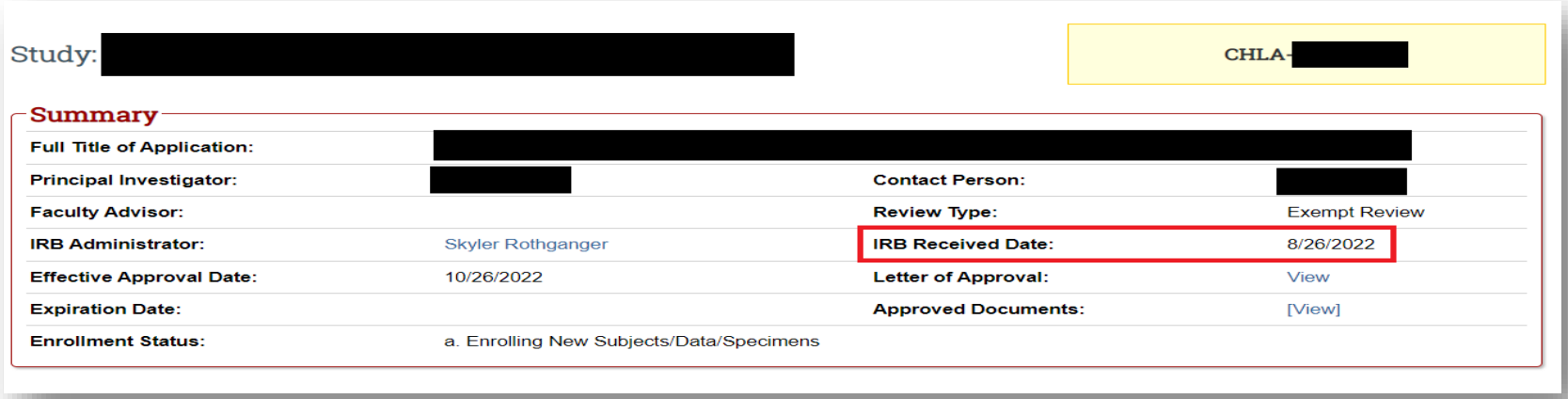
Data Sets: *Prospective vs. Retrospective*

Retrospective:

- Data existing prior to the IRB received date

Prospective:

- Data existing after the IRB received date



Study: [redacted]

CHLA-[redacted]

Summary

Full Title of Application:	[redacted]		
Principal Investigator:	[redacted]	**Contact Person:**	[redacted]
Faculty Advisor:		**Review Type:**	Exempt Review
IRB Administrator:	Skyler Rothganger	**IRB Received Date:**	8/26/2022
Effective Approval Date:	10/26/2022	**Letter of Approval:**	View
Expiration Date:		**Approved Documents:**	[View]
Enrollment Status:	a. Enrolling New Subjects/Data/Specimens		

Tips & Reminders

Tips & Reminders:

When writing the protocol, please ensure the document reflects the following information:

- For studies *only* wanting to use retrospective data, indicate the data's date range that the study team will utilize (i.e., MM/DD/YYYY – MM/DD/YYYY) in the protocol
- Ensure that the protocol reflects the source of data to be accessed
  - This will likely determine the review type of the study
  - If accessing research data from a repository, provide the CHLA# associated with the repository
- If accessing data from patient medical records, clarify whether or not the request for medical records will be done through the CHLA Health Information Management (HIM) department
- Describe, in detail, how data will be used, limits on access, and how data will be safeguarded

Tips & Reminders:

- Please read your letters. Exempt does not mean exempt from needing to submit amendments
- Furthermore, the iStar application should be closed once the research has been completed

Note: Any changes or modifications to the study will require submission of an amendment application. Changes to the study may require expedited or full board review.The iStar application should be closed once the research has been completed.

This is an auto-generated email. **Print this notice for your records.** Please do not respond directly to this message using the "reply" address. A response sent in this manner cannot be answered. If you have further questions about this letter, please contact the CHLA HSPP Office at (323) 361-2265 or hspp@chla.usc.edu.

Resources:

- https://www.chla.org/research/hspp
- CHLA-Repository-Future-Use-Guidance.pdf
- https://www.chla.org/research/hspp-education-and-training-sessions
- https://www.chla.org/sites/default/files/atoms/files/HIM_request_for_data.pdf
- https://www.hhs.gov/ohrp/regulations-and-policy/decision-charts-2018/index.html
- https://www.ecfr.gov/on/2018-07-19/title-45/subtitle-A/subchapter-A/part-46
- https://www.hhs.gov/ohrp/regulations-and-policy/guidance/categories-of-research-expedited-review-procedure-1998/index.html

Thank you!

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