RD0300 – OPERATIONAL APPROVAL TO CONDUCT RESEARCH

Interior Health would like to recognize and acknowledge the traditional, ancestral, and unceded territories of the Dãkelh Dené, Ktunaxa, Nlaka'pamux, Secwépemc, St'át'imc, Syilx, and Tŝilhqot'in Nations, where we live, learn, collaborate and work together.

Interior Health recognizes that diversity in the workplace shapes values, attitudes, expectations, perception of self and others and in turn impacts behaviors in the workplace. The dimensions of a diverse workplace includes the protected characteristics under the human rights code of: race, color, ancestry, place of origin, political belief, religion, marital status, family status, physical disability, mental disability, sex, sexual orientation, gender identity or expression, age, criminal or summary conviction unrelated to employment.

1.0 PURPOSE

To ensure that Interior Health (IH) departments or programs which involve IH staff/medical staff/Patients or their personal information can support proposed Research in a safe manner, within current workload and with the ability to recover costs of the Research.

Note: This is distinct and separate from IH Research Ethics Board (REB) approval.

2.0 DEFINITIONS

Term	Definition
Institutional Approval to Conduct Research	Institutional Approval to Conduct Research is granted once operational approval, ethical approval and all applicable agreements and/or contracts for the research project have been completed.
IH Administrator	The IH Manager or Director with administrative responsibility and signing authority for the IH facility/program where the proposed research will take place.
Patient	Includes patients, clients and persons in care receiving health services in IH facilities and programs.
Researcher	A person conducting a disciplined inquiry and responsible for the conduct of the research.

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3.0 POLICY

3.1 The Researcher obtains operational approval prior to commencing research within IH facilities/programs and/or which involve IH staff/medical staff/Patients or their personal information.

3.2 The Research Department (RD) issues a certificate of *Institutional Approval to Conduct Research* once operational and IH REB ethical approvals have been granted and all applicable agreements and/or contracts for the research project have been completed.

3.3 IH REB ethical approval is effective for one year or per the term designated on the *Certificate of Ethical Approval.* As institutional approval is dependent upon the REB approval being in effect, any substantive changes to the research from how it was originally approved may also warrant an amendment to the *Application for Operational Approval to Conduct Research* form and approval.

4.0 PROCEDURES

The Researcher, IH Administrator(s), and IH RD are responsible for the procedures for obtaining operational approval to conduct research.

4.1 Researcher Responsibilities

4.1.1 Determines how the research project aligns with IH strategic priorities and provides value to the health care system.

4.1.2 Completes the Operational Approval process -indicating anticipated IH resource use - by submitting an online Study Intake Form and subsequent Operational Approval and Data Request forms as directed.

4.1.3 Communicates with the identified IH Administrator(s) to review the research project and discuss the request for IH resources as needed.

4.1.4 Completes other contract requirements related to the research project and forward signed copies to the RD. Examples are: Researcher Affiliation Agreement and Information Sharing Agreement.

4.1.5 Notifies the IH Administrator(s) and the RD if there are any amendments to the project that affect resource use or budget.

4.1.6 Notifies the RD when the study is completed.

4.1.7 Shares the Research findings with the IH Administrator and the RD and conducts knowledge translation activities as determined.

4.2 IH Administrator or Designate Responsibilities

4.2.1 Abides by policy *AP0700 Signing Authority* when acting as signing authority and providing operational approval for research projects.

4.2.2 The Researcher's manager provides operational review and approval if the Researcher is the IH Administrator for the facility/program where the research will be conducted.

4.2.3 Abides by policy *AU0100 Standards of Conduct for IHA Employees* to avoid conflict of interest when granting operational approval for research.

4.2.4 Reviews the proposed research project and assesses the possible impacts for IH, including:

- Whether the facility/program/department has the capacity, including staff time, to support the research activities;
- The potential benefits of the research for the department/program;
- The potential participants and their expected activities/roles;
- The proposed plans for recruitment and consent; and
- The plan to share research findings.

4.2.5 Discusses study-specific queries relating to the potential impact this research may have with the Principal Investigator and/or primary contact identified in the operational approval application.

4.2.6 Consults with the RD if there are any operational and/or budget concerns about the research process or implementation. If there are substantive issues that cannot be resolved, consults with the Corporate Director, Research.

4.2.7 Consults with the Chair, IH REB if there are any ethical concerns.

4.2.8 Once approved, signs the online Administrator Approval Form for the study and include any comments or conditions relating to their approval.

4.2.9 Informs the Researcher if they would like to receive interim and final reports of the research progress and findings, and copies of any publications or presentations.

4.3 Research Department Responsibilities

4.3.1 Identifies the IH Administrator(s) for the facilities/programs that are impacted. Sends the IH administrator an email notification of the study

and an online summary of the application where the study resource impacts are reviewed and approved.

4.3.2 Facilitates connection between IH Administrators and Researchers in cases where additional clarification or negotiation regarding requested IH services or resources are required.

4.3.3 Communicates with the Researcher about impacts of the research for IH, costs for IH participation, and acceptable remuneration to cover project related costs.

4.3.4 Confirms that the Certificate of Ethical Approval, the Application for Operational Approval to Conduct Research form, and any other contract requirements are complete before issuing the certificate of Institutional Approval to Conduct a Research Project.

4.3.5 Facilitates sharing the results of completed research with IH sites and stakeholders.

4.3.6 Reviews substantive issues with the research process or implementation that cannot be resolved at the local level.

4.3.7 Reviews concerns regarding any real, potential, or perceived conflicts of interest.

4.4 Research Ethics Board Coordinator Responsibilities

4.4.1 Provides the IH identifier for the Application for Operational Approval to Conduct Research form and certificate of Institutional Approval to Conduct a Research Project.

4.4.2 Assists IH Administrators with any concerns related to research ethics.

5.0 REFERENCES

Interior Health. Administrative Policy Manual: *AU0100 Standards of Conduct for IHA Employees.* May 2023.

Interior Health. Administrative Policy Manual: *AP0700 Signing Authority.* March 2022.