II. Investigator Study Audits

**Purpose**

The purpose of the EQuIP Investigator Study Audits policy is to outline the procedures for conducting a full study audit of the principal investigator and research staff for Not-for-cause (random selection), PI-requested and For-cause (IRB-requested) protocols.

**Study Audit:** an internal study audit to evaluate study conduct, organization, record-keeping and documentation, focusing on the following categories:

* + - * + Regulatory Compliance and Documentation
				+ IRB Documentation
				+ Informed Consent Process and Documentation
				+ Study Record Keeping and Documentation
				+ Protocol Adherence and Deviation Reporting
				+ Serious Adverse Event/Unanticipated Event Reporting
				+ Recruitment Methods and Compensation

**Responsibility**

Quality Improvement Specialist

Manager, EQuIP

Director, Clinical Research Compliance

**Procedure**

**1. Selection**: study audits may be initiated by random selection, PI/staff-requested, or IRB-requested (for-cause).

A. Randomized Selection: every four to six months the EQuIP office will run a report for studies that meet the following criteria:

* 1. Active studies that have undergone full IRB review
	2. Studies that have not undergone a previous EQuIP audit

 The following information will be collected for the each selected study:

* + 1. Protocol Title and IRB number
		2. Principal Investigator
		3. Department/Division which study is conducted under
		4. Type of study: medical or behavioral intervention, study drug/device, observational, QI
		5. Risk determination

The EQuIP Office will enter the resultant study list into SPSS or Excel software for the random selection of at least 30 studies to account for ineligible studies that cannot be screened out in a database search.

Each month, the first 2 – 4 studies from the top of the randomized list will be selected for review. Once selected, the assigned QI Specialist must review the protocol in the IRB protocol database (CHeRP) to ensure the study has not been terminated or completed since the randomization prior to notifying the PI.

B. PI-Requested: all PI-requested audits will be performed, regardless of eligibility criteria for randomized selection. Study audits are considered PI-Requested when PI or research staff voluntarily contacts the EQuIP office to request a full or partial study audit.

C. IRB Requested/For-cause: all IRB-Requested/For-cause reviews will be performed, regardless of eligibility criteria set for randomized selection. Study reviews are considered IRB-Requested/For-cause when the IRB contacts the EQuIP office requesting a review for a specific protocol.

 Once an IRB-Requested/For-cause is received, the QI Specialist should work with the Director of Research Compliance and IRB office to determine who will notify the PI and whether there are specific areas of concern the for-cause audit should target.

1. **Audit Folder Set-up:** when studies are deemed ready for review, the lead QI Specialist should set up an electronic study-specific folder in the EQuIP shared drive.

**3. PI Notification:** notification will be sent to the PI and additional contact(s) via email.

 The PI will be requested to respond to the notification with 1 week of receipt. If the PI does not respond within 1 week, another email will be sent. If still no response within 2 working days, PI will be phoned or paged directly. In the event that no contact is still made after 2 weeks from initial notification, the Department Chair/Division Chief will be contacted.

**4. Scheduling Initial Meeting and Study Audit:** an initial meeting and study audit date will be scheduled with the PI and any staff he/she feels necessary to attend after eligibility is confirmed based on criteria listed below. Ideally, the initial meeting/study review will be scheduled within 4 weeks of initial notification.

 A study will be deemed ineligible for the following reasons:

* 1. If the study has been completed, terminated, closed to enrollment (data analysis only), or otherwise deemed ineligible for review, the study will be withdrawn.
	2. If subject enrollment is considered low (0-3), it is at the discretion of the QI Specialist and the Director, Clinical Research Compliance to determine whether to continue with the review, or withdraw it and default to the next study.

**5. Pre-Audit Information:** once the initial meeting/study review is scheduled, the QI Specialist will email the following documents to the PI:

* 1. The document **EQuIP Audit Summary** (summary of the audit process, including a list of all study materials and documents required to be available at the time of study audit) will be sent via email.
	2. The PI will be requested to send a list of ID numbers for all subjects enrolled prior to study review date. PIs will be asked to send only subject Ids, not names
	3. The PI will be requested to reserve adequate space for the QI Specialist for the study audit. If one cannot be provided, the PI will be asked to notify EQuIP prior to scheduled date.

**6. Subject Randomization, Selection and Notification:** the QI Specialist will randomly select a number of subjects for review, based on the number of subjects enrolled, the risk and study complexity. To ensure random selection, all subject IDs will be entered into SPSS, excel or other method for random selection.

The PI will be notified of selected subject IDs via email prior to scheduled review date. The PI must have all study documents, files and binders related to selected subjects available at the time of review, in addition to other general study documents listed in the **EQuIP Audit Summary** document.

In addition to the selected subject files, the PI must have copies of the signed informed consent form for *all* enrolled subjects, unless otherwise notified by the EQuIP office.

**7. Audit Prep:** in preparation for a study audit, the QI Specialist will conduct a preliminary review of the IRB study file in CHeRP and obtain and document the following protocol information pertinent for the on-site review using the **Study Audit Checklist**:

* + - * All IRB correspondence: documents and dates for all submissions, IRB actions, PI responses, and pertinent memos and emails between PI and IRB.
			* Recruitment Method - *based on most recently approved protocol.*
			* Subject Compensation, if any - *based on most recently approved protocol*.
			* Total Subject Enrollment - *based on most recently approved protocol.*
			* Data Safety Monitoring Plan
			* Use of the Pharmacy - *if applicable*.
			* Use of other BCH departments – *if applicable.*

In preparation of the review of subject files, the following information will be obtained from the IRB study file and documented on the **Subject Audit Checklist:**

* + - * Subject Eligibility Criteria - *based on most recently approved protocol*
			* Subject Participation Requirements (e.g. length of study, number of visits and specific study procedures) – *based on most recently approved protocol*.
			* Study Documents in Subject Medical Records – determine what documents, if any, will be filed in the subject’s permanent medical record. This will be verified in the initial interview with the PI.

In preparation for the Initial Meeting with the investigator, the following topics, in addition to other issues the QI specialist deems necessary, will be formally outlined and discussed with the PI using the **Study Audit Meeting Notes and Discussion Form:**

* + - * Research Staff & Responsibilities – the PI will be asked to confirm the research staff and their responsibilities as reported in the most recent approved application, or update
			* Verifying recruitment process and evaluation of methods success
			* Verify subject consenting process, who consents and where
			* Verify subjects/guardians receive copy of informed consent
			* Discuss any observed abnormal delays in IRB submissions, or any temporary study terminations
			* Verify how deviations and serious/unexpected adverse events are documented
			* Ask about obstacles in the study process
			* Check where study materials are stored
			* PI and research staff will be encouraged to discuss problems, ideas and concerns regarding clinical research at BCH

**8. Initial Meeting**: dependent on the complexity and content of the study, the meeting could last around 30 minutes to 1 hour, but should be tailored to include the following elements:

* + - * EQuIP’s mission and goals will be explained, and an update of the program’s progress to date will be given. The PI will be encouraged to ask questions at any point.
			* The QI Specialist will address all points on the **Study Audit Meeting Notes and Discussion Form** and document PI’s corresponding responses.
			* The PI will be given an opportunity to discuss any concerns, ideas and opinions regarding clinical research at BCH. QI Specialist will document any pertinent points in the Study Audit Meeting Notes and Discussion form.

**9. Study and Subject Review**: after the initial meeting, the QI Specialist will review all requested study and subject materials at a place reserved by the PI. The study review will be documented using the Study Review Monitoring Form. The review of each subject will be documented on individual Subject Review Monitoring Forms.

**10. Final Meeting:** the QI specialist will go over study observations and note any clarifications given by the PI using the **Study Audit Meeting Notes and Discussion Form**. The Final Meeting is not only to debrief the PI and research team, but to serve as a last step in understanding the context of a finding by allowing the PI and research team to clarify or explain as necessary. The aim of the meeting is to better understand the reason for notable findings so the QI Specialist can provide better suggestions and examples in developing follow-up actions and recommendations. The PI will also be encouraged to give feedback about the review and to once again share any ideas, opinions or concerns about clinical research at BCH.

**11. Study Audit Final Report and PI Response Form**: within 1 week of Final Meeting, findings and observations will be outlined in a formal report using template for **Study Audit Final Report** and **Principal Investigator Response Form.**

The observations will be broken down into the following categories:

* + - * Notable Best Practices – notable strengths of the study’s organization, process and procedures.
			* Required Corrective Actions – observation requiring mandatory action required by federal or state regulations, and/or hospital policies. Corresponding regulation or policy will be cited for PI reference immediately following each required action.
			* Recommended Actions – observations not requiring mandatory action, but open to recommendations deemed as good clinical practice based on other notable best practices and experience of other studies.

**12. PI Response Form:** the PI is required to address all required and recommended actions as outlined in the PI Response Form. The PI is responsible for ensuring all actions were appropriately taken or considered, completing and signing the PI Response Form, and returning the form to the EQuIP office one month of receipt.

**13. Close Study Review:** once received, the QI Specialist will review the PI responses. If any actions are deemed inadequate, the QI Specialist will contact the PI for clarification or explanation and continue correspondence until all issues are adequately resolved. Once all responses are deemed adequate, the study review will be formally closed.

**References**

* EQuIP Audit Summary
* Study Audit Checklist (Prep)
* Subject Audit Checklist
* Study Audit Meeting Notes and Discussion Form
* Study Audit Final Report template
* PI Response Form template