AdventHealth

POLICY

Policy #	Policy Name
CW AHC 108	Human Research Protection Program
Policy Location	**Responsible Department**
*Company-Wide Policies	Research Services
Executive Owner	**Original Creation Date**
Executive Director of Research Services	01/18/2022
Policy Effective Date	**Policy Review Date**
08/16/2023	08/16/2023

I. SCOPE: This policy applies to all employees and agents of AdventHealth, conducting human subjects' research.

II. PURPOSE: This policy establishes AdventHealth's Human Research Protection Program (HRPP) and its commitment to protect the rights and welfare of human subjects.

III. POLICY:

A. Ethical Principles

AdventHealth follows the ethical principles described in the report "Ethical Principles and Guidelines for the Protection of Human Subjects of Research" also known as "The Belmont Report." (see Reference 1)

AdventHealth applies its ethical principles to all Human Research regardless of support or geographic location. Policies and procedures applied to research conducted domestically are applied to international research.

The following categories of individuals are expected to abide by these ethical requirements:

- Investigators (whether professional or student)
- Research Personnel
- Institutional Review Board (IRB) members, IRB Executive Chair, and IRB vice-chairs
- HRPP Personnel
- Research Services Personnel
- Organization Official
- Employees and agents of AdventHealth

Clinical trials will be conducted in accordance with the ethical principles in Reference 1 that have their origin in the Declaration of Helsinki and are consistent with good clinical practice and the applicable regulatory requirements.

B. Legal Requirements

1. **For Human Research as Defined by HHS** conducted, supported, or otherwise subject to regulations by a federal department or agency who is a signatory of the

Common Rule, AdventHealth applies 45 CFR §46 Subpart A and all other regulations of that agency relevant to the protection of human subjects.

a) AdventHealth applies Pre-2018 Requirements to all Human Research as Defined by HHS initially approved, waived per 45 CFR §46.101(i), or determined exempt before January 21, 2019.
b) AdventHealth applies 2018 Requirements to all Human Research as Defined by HHS conducted or supported by a federal department that is a signatory to the 2018 Common Rule initially approved, waived per 45 CFR §46.101(i), or determined exempt after January 21, 2019.
c) AdventHealth applies Pre-2018 Requirements to all Human Research as Defined by HHS conducted or supported by a federal department that is not a signatory to the 2018 Common Rule.
d) AdventHealth applies Hybrid Requirements to all other Human Research as Defined by HHS.
e) AdventHealth applies all subparts of 45 CFR §46 to Human Research as Defined by HHS conducted or supported by DHS, HHS, or VA.
f) AdventHealth applies 10 USC 980, Department of Defense (DOD) Instruction 3216.02, OPNAVINST 5300.8B, and SECNAVINST 3900.39D to Human Research as Defined by HHS conducted or supported by DOD.
g) AdventHealth applies 34 CFR §97 Subpart D (equivalent to 45 CFR §46 Subpart D), 34 CFR §98, 34 CFR §99, and 34 CFR §356 to Human Research as Defined by HHS conducted or supported by ED.

2. **For Human Research as Defined by FDA**, AdventHealth applies 21 CFR §50 and §56.

3. **For research involving a clinical trial of a drug or device**, the AdventHealth commits to apply the "International Conference on Harmonisation – Good Clinical Practice E6." (ICH-GCP).

4. **For research conducted in other countries**, AdventHealth applies all policies and procedures applied to research conducted domestically, including:

a) Confirming the qualifications of Investigators for conducting the research.
b) Conducting initial review, continuing review, and review of modifications to previously approved research.
c) Post-approval monitoring.
d) Handling of complaints, non-compliance, and unanticipated problems involving risks to subjects or others.
e) Consent process and other language issues.
f) Ensuring all necessary approvals are met.
g) Coordination and communication with local IRBs.

When the laws of a local jurisdiction encompass activities not included in the definition of Human Research, AdventHealth complies with those laws.

AdventHealth prohibits payments to professionals in exchange for referrals of potential subjects ("finder's fees.")

This IRB reviews payments designed to accelerate recruitment that are tied to the rate or timing of enrollment ("bonus payments") and does not allow them unless the possibility of coercion and undue influence is minimized.

IV. PROCEDURE/GUIDELINES:

The HRPP applies to:

- All Human Research which engages AdventHealth, as defined by HRP-422 WORKSHEET – Engagement.
- All Human Research submitted to the IRB for review.

Human Research may not commence until IRB approves and Institutional Clearance is obtained. This includes exempt research.

Direct questions to the IRB, about whether an activity (such as classroom research, quality improvement, program evaluation, or surveillance activities) represents Human Research or whether an organization is engaged in Human Research. AdventHealth provides written determinations in response to written requests.

A. Components of the HRPP

1. Organization Official

a) The Organization Official is the leader of the HRPP.
b) Subject to the legal obligations of AdventHealth, the Organization Official is authorized to:
   i. Allocate HRPP resources.
   ii. Appoint and remove IRB members, IRB Executive Chair, and IRB vice-chairs
   iii. Bind HRPP policies of AdventHealth.
   iv. Determine what IRBs the AdventHealth will rely upon.
   v. Disapprove, suspend, or terminate Human Research.
   vi. Hire and fire HRPP Personnel.
   vii. Limit or condition privileges to conduct Human Research.
   viii. Determine that information represents Serious Noncompliance, Continuing Noncompliance, an Unanticipated Problem Involving Risks to Subjects or Others, a Suspension of IRB Approval, or a Termination of IRB Approval.
   ix. Require or recommend taking action against employees related to Serious Noncompliance or Continuing Noncompliance.
   x. Sign IRB Authorization Agreements (IAAs).
c) The Organization Official is responsible to:
   i. Oversee the HRPP.
   ii. Ensure the independence of the review process.
   iii. Ensure that complaints and allegations regarding the HRPP are appropriately

handled.

iv. Ensure that the HRPP has sufficient resources, including IRBs, appropriate for the volume and types of Human Research reviewed, so that reviews are accomplished in a thorough and timely manner.
v. Establish a culture of compliance with HRPP requirements.
vi. Investigate and correct allegations and findings of undue influence on the Human Research review process.
vii. Investigate and correct systemic problems related to the HRPP.
viii. Periodically review HRPP policies and procedures.
ix. Periodically review HRPP resources.
x. Review and sign Federalwide Assurances (FWA) and addenda.

2. All employees and agents of AdventHealth

a) All employees and agents of AdventHealth ultimately report to the Organization Official for HRPP issues.
b) All employees and agents of AdventHealth are responsible to:
   i. Be aware of this policy.
   ii. Be aware of the definition of Human Research.
   iii. Consult the IRB when there is uncertainty about whether an activity is Human Research.
   iv. Not conduct Human Research without IRB approval and Office of Sponsored Programs (OSP) Institutional Clearance.
   v. Report allegations of undue influence related to the HRPP.
   vi. Report Allegations of Noncompliance or findings of Noncompliance.

3. IRB members and HRPP Personnel

a) IRB members, IRB Executive Chair, IRB vice-chairs, and HRPP Personnel are responsible to:
   i. Follow HRPP policies and procedures.
   ii. Undergo initial training, including training on specific federal agency requirements (e.g., DOD) when such research is reviewed.
   iii. Participate in continuing education activities at least annually, including training on specific federal agency requirements (e.g., DOD) when such research is reviewed.
   iv. Respond to contacts from participants or others.
   v. Ensure contacts from participants or others are reported to the IRB when required by the IRB's written procedures.
   vi. Ensure research submitted to an external IRB meets local requirements.
   vii. Ensure research approved by an external IRB has all local approvals before being conducted.
   viii. Maintain and keep AdventHealth Research Institute (AHRI) website "For Participants" updated to make information, about taking part in research, available to subjects or participants.
b) IRB members and HRPP Personnel ultimately report to the Organization Official for HRPP issues.

4. **IRB**
   a) AdventHealth may rely upon the IRB of another organization provided an IRB Authorization Agreement (IAA) is in place and one of the following is true:
      i. The IRB is part of an AAHRPP-accredited organization.
      ii. All Interventions and Interactions occur at another organization.
      iii. AdventHealth is engaged in Human Research solely because it receives funding directly from a federal department or agency.
   b) AdventHealth may agree to be the IRB of record for another organization(s) under the following circumstances:
      i. AdventHealth is the prime award recipient of a federally funded multi-site, study
      ii. The human subjects research occurs solely at AdventHealth
      iii. Collaborative projects conducted at multiple organizations in accordance with institutional agreements
   c) The IRB has the authority:
      i. To approve, require modifications to secure approval, and disapprove all Human Research activities overseen and conducted by AdventHealth
      ii. To suspend or terminate approval of Human Research not being conducted in accordance with HRPP requirements or that had been associated with unexpected serious harm to participants.
      iii. To observe, or have a third party observe, the consent process and the conduct of the Human Research.
      iv. Determine whether an activity is Human Research.
      v. Determine whether AdventHealth is engaged in Human Research
      vi. To decide whether financial interests are Related to the Research and if management is required for approval of the Human Research.
   d) AdventHealth cannot provide Institutional Clearance for Human Research that is not IRB approved.
   e) The following individuals are authorized to suspend, terminate, or disapprove research that has been approved by the IRB:
      i. Organization Official
      ii. Vice President of Research Operations
      iii. Executive Director of Research Services
      iv. Director, Office of Research Integrity

5. **External organizations that rely on AdventHealth's IRB** can expect AdventHealth's IRB to do the following, and when AdventHealth relies on an external IRB AdventHealth expects that the external IRB to do the following:
   a) Determine whether an activity is Human Research.
   b) Determine whether Human Research engages the organization.
   c) Determine which persons are considered engaged (agents) in the Human Research.
   d) Ensure all IRB members, IRB Executive Chair, and IRB vice-chairs are trained in accordance with applicable IRB standard operating procedures (SOPs).
   e) Evaluate scientific or scholarly validity of proposed research as it relates to the risks versus benefits to the participant.
   f) For clinical trials, ensure ICH-GCP guidelines are met, including whether the

available non-clinical and clinical information on an investigational product is adequate to support the clinical trial.

g) Identify any relevant local, state, or international requirements related to Human Research, and apply AAHRPP criteria to international research.
h) Make contact information for the IRB available to current and former subjects.
i) Explain to subjects how to contact someone independent of the Investigator for questions, concerns, complaints, or subject rights, or to offer input.
j) Ensure individuals with knowledge of community-based participatory research attend meetings where such research is reviewed.
k) Evaluate and manage Unanticipated Problems Involving Risks to Subjects or Others, Noncompliance, Serious Noncompliance and Continuing Noncompliance, and conducting audits, when necessary.
l) Determine whether each Allegation of Noncompliance has a basis in fact and whether each incident of Noncompliance is serious or continuing, and conducting audits, when necessary.
m) Manage and when appropriate, collaborate with AdventHealth to manage Unanticipated Problems Involving Risks to Subjects or Others, Noncompliance, Serious Noncompliance and Continuing Noncompliance, Suspension of IRB Approval and Termination of IRB Approval.
n) Notify the FDA and collaborate with AdventHealth to notify any other required regulatory agencies of any Unanticipated Problems Involving Risks to Subjects or Others, Serious Noncompliance and Continuing Noncompliance, Suspension of IRB Approval and Termination of IRB Approval.
o) Conduct independent IRB reviews to manage organizational conflicts of interest related to the research. The relying organization is responsible to identify organizational conflicts of interest.
p) Identify and manage financial conflicts of interest of Investigators and Research Personnel and upon request, review and incorporate the relying organization's management plan.
q) Evaluate and confirm test articles have appropriate regulatory approval (e.g., IND or IDE, meet exemption requirements). The relying organization is responsible to have and follow written policies and procedures to ensure that the handling of investigational or unlicensed test articles conforms to legal and regulatory requirements.
r) For Emergency Use of test articles:
    i. Evaluate and permit emergency uses of a test articles and ensure uses follow FDA requirements.
    ii. Ensure that Emergency Use of a test articles are not considered Human Research as Defined by HHS and prohibit use of data obtained from Emergency Use for Human Research as Defined by HHS.
s) When Human Research is DOD-regulated:
    i. Ensure Investigators and Research Personnel are trained on DOD requirements. Note the potential for additional training, and the possibility of DOD oversight of the educational program.
    ii. Ensure that IRB members, IRB Executive Chair, and IRB vice-chairs are trained in accordance with applicable IRB SOPs on DOD requirements.
    iii. Evaluate DOD research for scientific merit.

iv. Determine that the Investigator has permission to conduct research in that country by certification or local ethics review.
v. Determine that the Investigator will follow all local laws, regulations, customs, and practices.
vi. Ensure the IRB consent has the requirements of DOD Instruction 3216.02 when reviewing non-exempt Classified Research.
vii. Report serious or Continuing Noncompliance with DOD research to the DOD human research protection officer.

t) Ensure all ED requirements of 34 CFR 98, 99 and 356 are met.
u) Provide equivalent protections for participants in non-funded research.
v) Ensuring concordance between any applicable grant in the IRB application, when required by regulators.
w) Ensure that Research Personnel and research staff are appropriately trained.
x) For international research:
i. Ensure appropriate expertise and knowledge of the country(ies) either through IRB members or consultants.
ii. Ensure knowledge of local laws.
iii. Ensure knowledge of cultural context.
iv. Confirm the qualifications of the Investigators and Research Personnel for conducting research in that country.
v. Conduct initial review, continuing review, and review of modifications to previously approved research.
vi. Conduct post-approval monitoring.
vii. Handle complaints, Noncompliance, and Unanticipated Problems Involving Risk to Subjects or Others.
viii. Manage consent process and document and other language issues.
ix. Coordinate and communication with local IRBs when appropriate.
y) Should the relying organization terminate reliance on the IRB, the IRB will continue oversight of active studies until closure or a mutually agreed-upon transfer of the studies.

6. **Upon request or when required by law**, AdventHealth will execute an IAA with the relying organization, which documents respective authorities, roles, responsibilities, and communication between AdventHealth and the relying organization.

7. **Investigators and Research Personnel ultimately report to the Organization Official for HRPP issues and are to:**
a) Obtain informed consent for Human Research when required by the IRB.
b) Follow the obligations described in CW AHC 112 Investigator Obligations in Research
c) Follow applicable policies and standard operating procedures of the HRPP.

8. **Legal counsel works with the Organization Official on HRPP issues and is responsible to:**
a) Determine who is a Legally Authorized Representative, Child, and Guardian.
b) Provide legal advice related to the HRPP to the Organization Official, IRB, and

Investigators.
c) Determine who is an agent for purposes of engagement.
d) Identify relevant state and international laws.
e) Resolve conflicts among applicable laws.

9. **The Office of Research Integrity and Compliance (ORIC) works with the Organization Official on HRPP issues as follows:**
   a) ORIC is responsible to review projects for compliance with HRPP requirements. This includes internal auditing and monitoring.
   b) ORIC has the authority to decide whether financial interests are Related to the Research and if management is required for approval of Human Research.

10. **The Office of Sponsored Programs (OSP) works with the Organization Official on HRPP issues as follows:** OSP is responsible to review research study contracts and grants for compliance with HRPP requirements.

11. **The Research Oversight Committee** works with the Organization Official by independently reviewing research compliance matters the Organization Official delegates to their authority.

B. Written Procedures

AdventHealth makes written materials, describing the HRPP, available to all members of AdventHealth through the AdventHealth Research Institute website.

AdventHealth makes written materials, describing the HRPP, available to sponsors, clinical research organizations, and Investigators upon request, when those materials apply to the requestor.

When written materials are changed, AdventHealth communicates to affected individuals through one or more of the following actions:
1. Email communications
2. Web-site postings
3. Direct outreach at organizational meetings
4. Training
5. Mentoring

C. Reliance Agreements

For federally funded research that must follow 2018 Requirements (with the exception of exempt research for which IRB review is not required by regulation) that takes place at an institution in which IRB oversight is conducted by an IRB that is not operated by the institution, the institution and the organization operating the IRB must execute an IAA for oversight of the research and the responsibilities that each entity will undertake to ensure compliance with the requirements of this policy.

D. Questions, Concerns, and Feedback

AdventHealth solicits questions, concerns, and feedback.

AdventHealth Research Institute's website is available to Investigators and the public with relevant information.

Individuals should address questions, suggestions, concerns, or complaints about the IRB or HRPP, allegations of undue influence, Allegations of Noncompliance, or findings of Noncompliance orally or in writing to:

AdventHealth Institutional Review Board
Administrator: IRB Sr, Manager
Phone: 407-200-2677
Email: ORL.IRB.General@adventhealth.com

Or

AdventHealth Compliance Hotline: 888-92-GUIDE (48433)

Or

Organization Official
Chief Scientific Officer: Steven Smith, MD
Phone: 407-303-7115
Fax: 407-303-2567

AdventHealth takes steps to protect employees who report in good faith from retaliation and harassment. Immediately report such concerns to the Organization Official or to the AdventHealth Compliance Hotline: 888-92-GUIDE (48433).

V. DEFINITION(S): For capitalized terms not defined in this policy, refer to CW AHC 107 Definitions in Human Research.

For capitalized designations not defined in this policy, refer to CW AHC 103 Designations in Research.

For abbreviations not defined in this policy, refer to CW AHC 102 Abbreviations in Research.

VI. EXCEPTION(S): Activities that are not Human Research do not require IRB review, unless there is uncertainty whether the activity is Human Research.

Activities that are not Human Research may require additional review and/or approval by OSP or components of ORIC.

See CW AHC 101 Research Oversight for additional Exceptions.

VII. REFERENCE(S):

1. U.S. Department of Health and Human Services (HHS). (April 18, 1979). *Ethical Principles and Guidelines for the Protection of Human Subjects of Research.* Belmont Report. Office of Human Research Protection (OHRP). Retrieved March 7, 2016 from http://www.hhs.gov/ohrp/humansubjects/guidance/belmont.html

2. AHRI webpage for Participants

3. 45 CFR §46

VIII. RELATED DOCUMENT(S) / ATTACHMENT(S):

- Research Oversight
- Definitions in Human Research
- Designations in Research
- Abbreviations in Research
- Investigator Obligations in Research
- Prompt Reporting Requirements in Research
- Legally Authorized Representatives, Children, and Guardians in Research
- IRB Member Review Expectations
- WORKSHEETS are located on the AdventHealth Research Institute website
  - HRP-422 WORKSHEET – Engagement