

STATEMENT OF UNDERSTANDING

Reviews will be conducted by members of the Ottawa Hospital Medical/Dental Staff, House Staff or Research assistants working for the Medical staff. Projects to be conducted by external groups will be sponsored by the Chief of the Clinical Department/Division under review. If patient contact is required for the study, this must be stated in the application. If the review is being conducted in preparation for publication, the permission of the attending physician must be secured.

Due to space limitations and the need for chart control, records can only be out of file for 2 weeks. If review has not begun by this time the principal investigator will be contacted and the charts returned.

Confidentiality:

The hospital records which you will be reviewing contains information which patients have the right to expect will be held in confidence. Please review the following items concerning confidentiality and research and sign the Statement of Understanding.

1. Patient's records retrieved for review will be stored and used in the Health Records department where access can be controlled.
2. Health data, which is abstracted for research or educational purposes, must be collected in an unidentifiable format. A unique identifier, un-linkable with any other non-health data system is recommended.
3. All working papers generated by the review will be stored in a secure area and will be shredded when they are no longer useful.
4. OACIS access will be in accordance with TOH policies.

Statement of Understanding:

- I have read the policy on Confidentiality and the Research Guidelines.
- I understand that all health information which I may access is confidential and is to be dealt with in keeping with TOH policies on Confidentiality, Privacy and Security.

Principal Investigator:

(Print name) (Signature)

Research Assistant(s):

(Print name) (Signature)

(Print name) (Signature)

(Print name) (Signature)

(Print name) (Signature)

(Print name) (Signature)

HEALTH DATA & INFORMATION SERVICE FEE STRUCTURE

Protocol Title: _____

Please complete the following impact analysis to determine chart review resource requirement.

<u>Description Of Work:</u>	<u>Cost per Unit/Hour</u>	<u>Service Used</u>	<u>Total Cost</u>
Analyst Consultant Fee:			
Report Writing	\$50.00		
Data Retrieval from Microfiche / CIHI Reports	\$50.00		
Extraction of Data from Patient Records	\$50.00		
Compilation and Presentation of Data	\$50.00		
Clerical Service fee:			
Central Patient Index Searches	\$25.00		
Chart Retrieval:			
On Site	\$1.00		
Off Site:	\$2.50		
Microfilm, Microfiche Retrieval	\$2.50		
ICES	\$4.00		
Cancer Care Ontario	\$2.00		
Photocopying/Printout:			
Record	\$0.35		
Oacis	\$0.35		
Scanned Record	\$0.35		
Minimum Fee	\$25.00		
Other	TBD		
Total Health Records Services:			

Billing Address:**Principal Investigator:**

 (Print name)

 (Signature)

Approved by Health Data & Information Service:

Rina Marcantonio

Civic Campus

 (Signature)

 Date

Sylvie Demers

Christine Leclair

General Campus

 (Signature)

 Date

Sheila Lessard

Riverside Campus

 (Signature)

 Date

Bette Lou Dubas

The Rehab Centre

 (Signature)

 Date

CHART REVIEW PROCESS

- **Research Applicant**
 - Complete Application for Research Ethics Approval, including Attachment A (Statement of Understanding), B (HDIS Fee Structure) and Departmental Impact Form (all forms can be found on OHREB website)
 - Meet with Clinical Information Analyst (CIA) in Health Records
 - Submit copy of completed Application to CIA

- **CIA**
 - Review Application for completeness

- **Research Applicant and CIA**
 - Meet to discuss study criteria
 - Review and sign Attachment B

- **OHREB**
 - Receive completed and signed Application
 - Review and assign Protocol number, if acceptable
 - Complete Approval for Review of Patient Records and forward to applicant

- **Research Applicant**
 - Present Approval Letter and Protocol number to CIA

- **Research Applicant, CIA and Clerical Staff**
 - Review Research and Chart Review Guidelines
 - Arrange to have charts pulled (Campus-specific policies and procedures are in effect)

- **Research Applicant**
 - Notify CIA of any amendment(s), renewal or termination of study