OREGON STATE HOSPITAL
POLICIES AND PROCEDURES

SECTION 1: ADMINISTRATION

SUBJECT: RESEARCH COMMITTEE

POINT PERSON: RESEARCH COMMITTEE CHAIR

APPROVED: GREGORY P. ROBERTS
SUPERINTENDENT

DATE: DECEMBER 16, 2016

I. POLICY

A. All research conducted at the Oregon State Hospital (OSH) must be reviewed by the OSH Research Committee (RC) and an authorized Institutional Review Board (IRB).

B. The purpose of the RC is to promote internal research, recruit external research, and guide research through the OSH system.
   1. The RC is responsible for determining whether a particular research study is appropriate and feasible for OSH.
   2. Both RC and IRB approval are required before a research study is initiated.

C. All authorized IRB must have a current Federalwide Assurance, federal registration through the Department of Health and Human Services, and a signed authorization agreement with OSH.

II. DEFINITION

A. “Research” means a systematic investigation, including research development and testing and evaluation, designed to develop or contribute to generalizable knowledge. For the purposes of OSH, research does not include activities such as program evaluation or quality improvement data collection and analysis, unless the expressed purpose of that activity is to contribute to the generalizable knowledge through publication or other means.

B. “Institutional Review Board” means a committee that has been formally designated to approve, monitor, and review research involving humans with the aim to protect the rights and welfare of the research subjects.

C. “Human subjects” for the purpose of this policy includes patients and health care personnel (HCP) who participate in research at OSH.
D. “Health Care Personnel (HCP)” for the purposes of this policy means the population of health care workers working in healthcare settings. HCP might include, but is not limited to: physicians, nurses, nursing assistants, therapists, technicians, dental personnel, pharmacists, laboratory personnel, students and volunteers, trainees, contractual staff not employed by the facility, and persons not directly involved in patient care (e.g., clerical, dietary, housekeeping, maintenance).

III. **PROCEDURE**

A. Prior to submitting a request, the researcher must consult the appropriate OSH stakeholders relevant to the project and show evidence in the request that input was sought, barriers and risks have been addressed, and that the stakeholder acknowledged the capacity to support or accommodate the study.

B. The researcher must submit the Research Submission Form and study protocol to the RC Chair.
   1. The RC Chair must distribute the submission to the RC for review.
   2. The submission form must include the IRB to be authorized for the project.
   3. Alternatively, the researcher may ask for assistance from the RC to connect with an IRB.

C. The researcher must submit the study to the authorized IRB.

D. Once the researcher receives approval from the authorized IRB, the researcher must submit the approval letter and approved study documentation to the RC Chair.

E. The RC Chair must review the IRB approval and final study documentation for final authorization.

F. After approval has been received, the researcher must forward all documentation between themselves and the authorized IRB to the RC.

G. If any adverse events occur, the researcher must notify both the RC Chair and the IRB in writing.

H. The researcher must forward a summary of study findings or all publications resulting from the approved research to the RC Chair.

IV. **REFERENCES**

Oregon Administrative Rule § 943-014-000 — 943-014-0070.
