


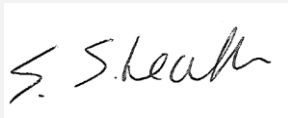
## Identifying Research Participants in the Medical Records and on CPD

**IT IS THE RESPONSIBILITY OF ALL USERS OF THIS SOP TO ENSURE THAT  
THE CORRECT VERSION IS BEING USED**

All staff should regularly check the R&D Unit's website and/or Q-Pulse for information relating to the implementation of new or revised versions. Staff must ensure that they are adequately trained in the new procedure and must make sure that all copies of superseded versions are promptly withdrawn from use unless notified otherwise by the SOP Controller.

The definitive versions of all R&D Unit SOPs appear online. If you are reading this in printed form check that the version number and date below is the most recent one as shown on the R&D Unit website: <https://www.research.yorkhospitals.nhs.uk/sops-and-guidance/> and/or Q-Pulse

|   |                            |
|---|----------------------------|
| SOP Reference:                          | R&D/24                     |
| Version Number:                         | 5.0                        |
| Author:                                 | Mags Szewczyk              |
| Implementation date of current version: | 9 <sup>th</sup> March 2022 |

|              |                |  |
|--------------|----------------|--|
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This SOP will normally be reviewed every 3 years unless changes to the legislation require otherwise

### Version History Log

This area should detail the version history for this document. It should detail the key elements of the changes to the versions.

| Version | Date Implemented               | Details of significant changes  |
|---------|--------------------------------|---|
| 1.0     | 17 <sup>th</sup> December 2012 |   |
| 2.0     | 4 <sup>th</sup> January 2016   | More details were added to section 4.3 and two new sections were included (4.4 'Wallet cards', and 4.5 'Advise trials patients'). Sections 4.3-4.5 apply to studies where Serious Adverse Events reporting is a requirement.<br>Section 4.4 'Active Protocols on the Intranet' was removed. Trial protocols are no longer stored on the Intranet. Section 4.6 outlines a new procedure for accessing CTIMP trial protocols and IBs/SmPCs. Section 4.6 applies to CTIPMs only. |
| 3.0     | 21 <sup>st</sup> August 2017   | General updates   |
| 4.0     | 9 <sup>th</sup> March 2022     | Change of link to R&D Unit website. Change to Trust name.<br>Section 4.1 updated to clarify if and when a research label is required.<br>Section 4.2 updated to advise that research data needs to be uploaded electronically to CPD.<br>Section 4.3 updated with new WARDLIST procedure<br>Section 5.0 added 'R&D/T18 How to add and change the status on alerts'  |
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## 1 Introduction, Background and Purpose

When undertaking a research study it is important that:

- other health professionals are aware of a patient's involvement in a research study via the case notes or CPD;
- other health professionals have access to study information that might be relevant to a patient's medical care;
- research teams are notified of hospital admissions or adverse events in study patients if required by the trial protocol;
- the case notes for research participants are retained for a specified period following the end of the study.

The purpose of this Standard Operating Procedure (SOP) is to describe a system for identifying (either in the patient case notes and/or on Core Patient Database (known as a CPD Flagging or Alert system), and /or via use of research wallet cards) that a patient participated in a research study.

Information regarding access to clinical trial protocols and Reference Safety Information (RSI) is covered in R&D/S30.

## 2 Who Should Use This SOP

This SOP is aimed at investigator teams and all health professionals who come into contact with research participants within the Trust.

## 3 When this SOP Should be Used

This SOP applies when a patient has consented and enrolled to take part in a research study (Section 4);

## 4 Procedure(s)

The following procedures should be followed:

### 4.1 Flagging Research Participants in the hospital casenotes

Once a patient has consented to take part in a research study, if any source data has been obtained from the paper notes, or any research information relevant to the participant is located in the paper notes **a research label** should be attached to their hospital case notes to indicate their involvement. Individual Trusts may have their own policy as to where a label should be placed. This may be on the inside of patient case notes or on the front. Advice should be sought from the local Information Governance Department if in doubt.

Please ensure that you establish if there are multiple volumes of notes for the patient. This is sometimes stated on the paper notes but not always, therefore please check CPD via the Casenote Location to see if there are multiple volumes of notes. If so, please request the additional volumes and affix the research label.

The protocol or research contract will provide guidance on the proposed retention period of a research participant's case notes; advice should be sought from the Sponsor in any instances of uncertainty.

If a sponsor provides labels these may be used in preference, or in addition to the R&D template of research labels. Please check that if a sponsor has provided labels they **do not indicate diagnosis**, and **at the minimum** they specify: **the study short title, study ID number, CI/PI or Research Nurse contact details and retention period**.

Template sheets of labels (Template Labels 1- 'safety reporting required' and Template Labels 2- 'observational/safety reporting not required') are available to download (refer to Section 5) and can be edited and printed for use. All blank areas on the label should be completed as applicable.

If applicable, at each study visit where possible a check should be made to ensure a research label is still clearly attached to the case notes. Ensure that if a patient's case notes consist of more than 1 volume, each volume has a research label attached. Replace any missing labels.

All case notes should be checked for correct retention dates prior to study archiving. It may be necessary to change the date on the label to reflect actual end date of the study. It is the responsibility of the PI to ensure that all case notes are appropriately labelled (although this may be delegated to a suitably qualified member of the research team).

#### 4.2 Research Documentation in the Case Notes

All relevant research related documentation should be uploaded to CPD under the research referral. This at the very least will consist of a copy of the completed consent form, patient information sheet and copy of the sent GP letter (where applicable).

Written records of key study events (including each study visit) should be recorded electronically on CPD, unless the protocol states otherwise.

Example of key events to be recorded in the research participants' notes include:

- Provision of the information sheet/invitation to consider study;*
- Obtaining informed consent;*
- Eligibility decision and any required supporting;*
- Information not available elsewhere within the notes;*
- Randomisation or trial entry;*
- Trial visits or follow-up phone calls required by the protocol;*
- Treatment and dosing decisions, including changes to concomitant medications;*
- Any trial-related decisions relating to the clinical care of the participant;*
- Adverse Events (including seriousness, causality, severity);*
- Withdrawal, termination or end of trial involvement*

(source: GCP Guide, MHRA).

#### **4.3 Flagging Research Participants on CPD for research studies where safety reporting is a requirement (CTIMPs & non-CTIMPs)**

Once a patient has consented and enrolled to take part in a research study that requires safety reporting their participation should be registered on CPD as soon as possible. The **CPD Alert Flag** is to be used for any study that requires Serious Adverse Reporting (CTIMPs & non-CTIMPs) to give the hospital wards notification about admission of clinical trial patients.

Participants are registered on CPD via the Medical Review Lists. A delegated member of each research team should be appropriately trained to use the CPD alert system. A study template should be set up with appropriate message for the ward stating what the study is and who to contact (including out of hours contact details).

The system is not required to be used for studies where safety reporting is not required (observational studies).

Once the intervention phase for a study participant has finished and Serious Adverse Events reporting is no longer required, the participant's status **must be** changed so that an alert is no longer visible (the flag must be changed to complete).

The designated Clinical Trials Assistant is responsible for filtering CPD every day (WARDLIST) to look for any hospital admissions involving trial participants, **AND morning and afternoon on a Friday** to ensure any Friday afternoon admissions are not missed. As weekend admissions cannot be checked, teams must ensure the Friday afternoon and Monday morning checks are performed.

The routine practice for WARDLIST checks is that the assigned Clinical Trials Assistant will complete the check and email all Research Teams and the York Pharmacy Research Team to make them aware of the current and previous admissions. Ensure you keep documentary evidence of the daily WARDLIST checks (paper/electronic logs, email correspondence, diaries/calendars). The Research Nurses will then investigate the alerts raised and take the appropriate action as required by the study protocol.

**Note: CPD Alert system should not be used in isolation. It is to be used alongside the alerts in medical notes.**

#### **4.4 Wallet cards**

Use of patient wallet cards is recommended, particularly for CTIMP studies. Wallet card is a wallet-sized card containing information about the clinical trial a patient participated in, including who to contact out-of-hours. Some sponsors provide trial specific wallet cards, R&D template is available to download (refer to Section 6) and can be edited and printed for use.

#### **4.5 Advise trial patients (if appropriate)**

Once a patient has consented to take part in a research study that requires safety reporting, he/she should be advised to contact the Research Team if admitted to the hospital (or ask the hospital ward staff to contact the relevant Research Team).

## 5 Related SOPs and Documents

R&D/S05 Research Related Adverse Event Reporting Procedure for CTIMP Studies

R&D/S19 Research Related Adverse Event Reporting for non-CTIMPS

R&D/S30 Access to Protocols and RSI

R&D/T26 Template Case Note Labels 1- 'safety reporting required'

R&D/T47 Template Case Note Labels 2- 'observational/safety reporting NOT required'

R&D/T48 Wallet Cards Template

<http://staffroom.ydh.yha.com/research-and-development/clinical-trials-contact-list/view>

R&D/T18 How to add and change the status on alerts

UNCONTROLLED DOCUMENT WHEN PRINTED