BU Clinical & Translational Science Institute

BOSTON MEDICAL CENTER
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BU Clinical & Translational Science Institute (CTSI)

Research Professionals Network Workshop Series

MONITORING, AUDITING, AND SELF-ASSESSMENTS

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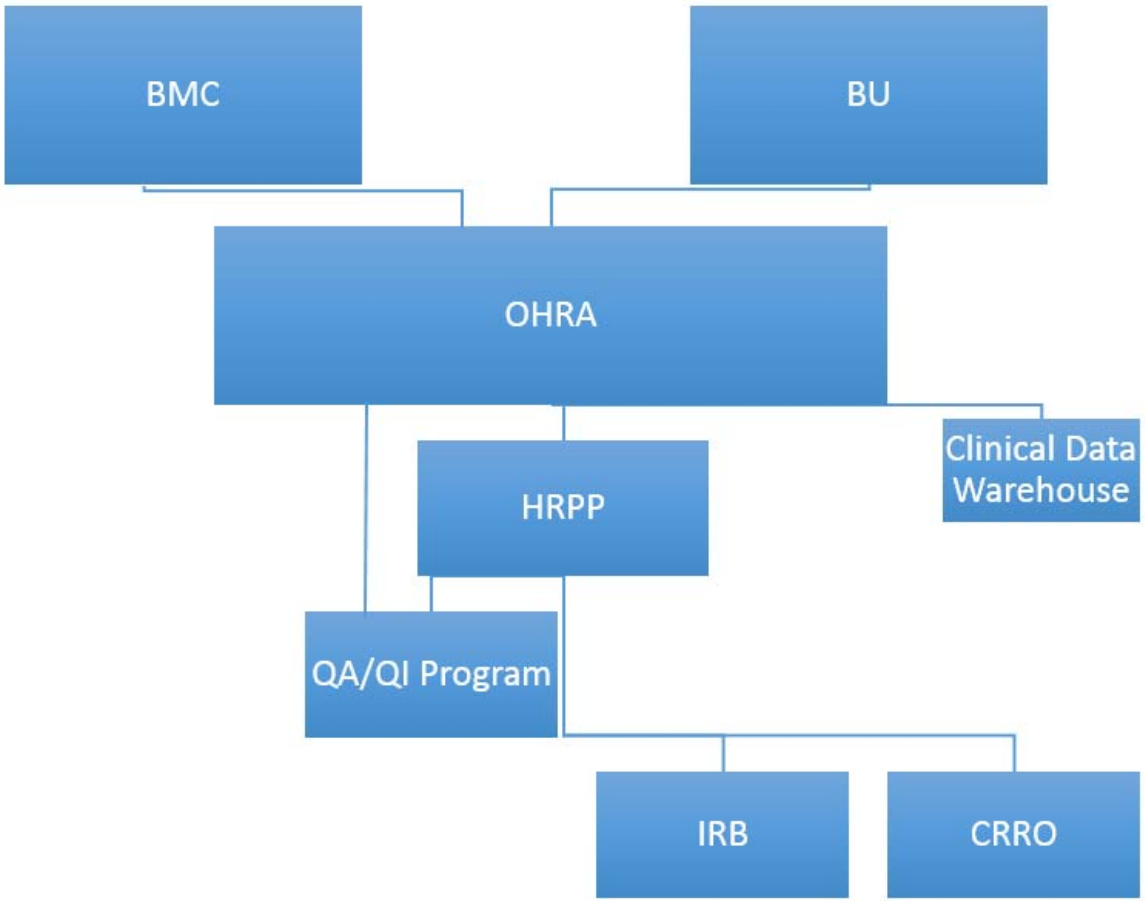
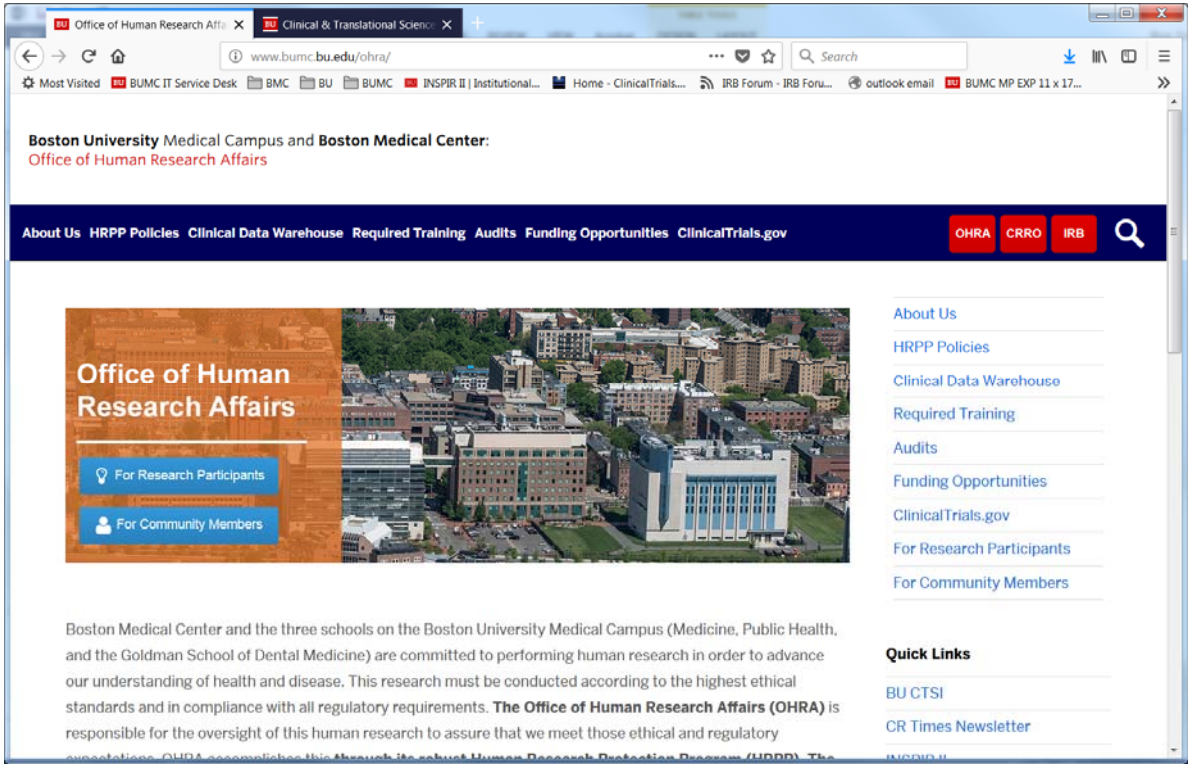

BMC
BU
OHRA
HRPP
Clinical Data Warehouse
QA/QI Program
IRB
CRRO

http://www.bumc.bu.edu/ohra/



BMC/BU Med. Campus OHRA Auditing Program

Routine QA Review

- To **help** investigators and study staff perform IRB-approved research in compliance with the applicable regulations, policies, and guidance in order to protect the safety of participants and/or the reliability or validity of study data.

- Intended to be **educational** and **consultative** in nature.

BMC/BU Med. Campus OHRA Auditing Program

Targeted (For-Cause) Audits

- **Investigate** a situation in which a member of the HRPP has obtained information that indicates that there may be a risk to subject safety or to the validity of study data or that there may be noncompliance.
- Intended to **evaluate the specific issue(s)** that caused the need for the audit, as well as **overall compliance** in the targeted study or IRB process and in related studies or processes as warranted.

Monitoring vs. Auditing

MONITORING – the act of **overseeing the progress** of a clinical trial (or any type of study) to ensure that it is conducted, recorded, and reported in accordance with the protocol, standard operating procedures (SOPs), GCP, and the applicable regulatory requirement(s). [ICH 1.38]

AUDITING – is a **systematic and independent examination** of trial/study-related activities and documents to determine whether the evaluated trial-related activities were conducted, and the data were recorded, analyzed, and accurately reported according to the protocol, sponsor's standard operating procedures (SOPs), GCP and the applicable regulatory requirement(s). [ICH 1.6]

Why is it important to Monitor and Audit Studies?

Objectives

1) To describe why and when it is appropriate to conduct a study self-assessment.
2) To develop a systematic approach to performing a study self-assessment.
3) To identify common deviations you may encounter as you conduct study self-assessment.
4) To determine what to do after the study self-assessment is completed.

Why is study self-assessment important?

It can help your study be “audit-ready,” as well as ensure that your study meets the standards for conduct set by the institution, sponsor, and federal regulations.

When should a study consider self-assessment?

- Ideally, self-assessment should be part of the research plan and occur at planned intervals during the study.

- Other times self-assessment should be considered:
  - A new PI or Study Coordinator joins the study team.
  - Study recently modified/amended inclusion/exclusion criteria, study procedures etc.
    - Look at files after the first participants are enrolled under new changes

Developing a Systematic Approach

1. Determine/prioritize *what* areas of the study should be the focus of the assessment and *what type* of review is needed (QA vs. targeted).

Review Priority	Study Task/Procedure Focus of Assessment
1	-Informed consent obtained/documented -Inclusion/exclusion criteria met -IRB approved protocol being followed for specific study procedures -AEs documented/reported to Sponsor and IRB -Protocol *deviations* and *exceptions* reported as required to Sponsor and IRB
2	-Appropriate staff delegation for study tasks/procedures -Identification/source of participants -CRFs complete & agree with source data
3	-Records adequate and complete -Regulatory Binder complete and up-to-date

Developing a Systematic Approach

2. Determine *who* will be responsible for coordinating the monitoring and, as needed, reporting findings (to sponsor, IRB), and developing Corrective and Preventative Action (CAPA).

Principal Investigator	**Program/Project Coordinator**
Study Coordinator	**Research Assistant**

3. Review the Federal regulations, IRB policies, Institutional policies, that the study must adhere to.

4. Review the Sponsor Protocol to ensure all current study procedures have been approved by IRB.

Developing a Systematic Approach

5. Visit the CRRO website for self-assessment tools that can assist with assessment.

   - Self-Assessment Review Checklist
   - Consent Documentation and Process Assessment
   - Inclusion/Exclusion Criteria Adherence Assessment
   - Protocol Adherence Assessment

6. Estimate how much time you have/need for the assessment.
7. Schedule a date/time and stick to it!

Your Turn – Group Activity

1. a) *What* will be the areas of focus: (Priority Group 1)
   - Informed consent obtained/documented
   - Inclusion/exclusion criteria met

   b) *Type* of review: targeted review

2. *Who* is responsible: RPN workshop attendees

3 & 4. *Regs/Policies*: Investigator-Initiated Study – no external funding, BMC/BUIRB approved.

Your Turn – Group Activity

5. *CRRO Self-Assessment Tools* that we will use:

- Consent Documentation and Process Assessment
- Inclusion/Exclusion Criteria Adherence Assessment

6. Estimated *time* needed: 40 minutes

7. *Date/time* of review: Now!

ALCOA Standard for Source Documentation

Attributable	Document should clearly indicate *who* collected data
Legible	Unreadable data is useless *Corrections* – single line, dated, initialed, explained if needed.
Contemporaneous	Data only credible if recorded and documented at the time the measurement/action taken
Original	Any item on which data is collected is the original source document.
Accurate	Data collected must be accurate

Following up on findings from your self-assessment

1. Once self-assessment completed categorize findings.

   - Major or Minor Deviations
   - Adverse Events or Serious Adverse Events
   - Unanticipated Problems (unexpected, possibly related, increased risk)
   - Staff Training and/or Delegation
   - Documentation Findings: ALCOA, Regulatory Binder, adequate source documents.

Following up on findings from your self-assessment

2. Determine what items are reportable to the *IRB of record* and the *study sponsor*, and timeline for reporting.

IRB of Record	Reportable Findings
BMC/BU Medical Campus	Major deviations within 7 days, Minor deviations and AEs in aggregate at CR. UPs within 2 days if life threatening, 7 otherwise.
HIRB	Major Deviations within 5 days. AEs at CR, UPs within 10 days
WIRB	List of 14 items that must be reported within 5 days
Other IRBs	

Following up on findings from your self-assessment

3. Develop Corrective and Preventative Action (CAPA) plan

4. Train staff on CAPA

5. Schedule time for a follow-up targeted self-assessment to ensure adherence to CAPA.

Questions?

For More Information

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- 42 studies have been monitored
- 38 major deviations
- 92 minor deviations
- 157 Best practice recommendation

	Informed Consent	Eligibility	Adherence to protocol	Study documentation	Study staff	Confidentiality	Others
Major	6	16	10	0	2	2	2
Minor	32	15	16	10	8	8	3

Consent Process and Documentation Common Findings on QA Review

1. Outdated version of stamped Informed Consent Form (ICF) used
2. ICF used does not have an IRB approval stamp
3. Check boxes on ICFs are incomplete
4. Cross-outs or handwritten corrections made on IRB-approved ICF
5. No written documentation that participant was provided with signed copy of ICF
6. Consent obtained by study staff not delegated task by PI

Participant Eligibility
Common Findings on QA Review

1. Participants have not met **all** inclusion/exclusion criteria.

2. PI planning on changing an inclusion/exclusion criterion in near future, so thought it's okay to enroll participant prior to receiving IRB approval.

3. Approval from sponsor for eligibility exception, but exception not reviewed and approved by the IRB.

4. No source documentation for each inclusion/exclusion criterion.

5. No source documentation (note) for eligibility criterion for which PI used judgment or queried a participant.

Other Common Findings

Study Procedures

-Procedures being completed outside of time window specified in protocol

-Procedures completed by staff not trained or delegated

-Procedures not being completed, or dropped from study (without IRB approval)

Adverse Events (AEs) Assessment and documentation

-No AE assessment procedures in place

-AEs documented by not assessed by qualified medical staff

-AEs not documented according to sponsor protocol

-No participant AEs – but no source documentation to confirm they were assessed.

Other Common Findings

Confidentiality

-IRB application regarding identifiers on documents, not always in sync with what is occurring

-Storage of subject binders not as described in IRB application

-Computers used not as described in IRB application

ICH-GCP

-Study not adhering to GCP when sponsor protocol indicates they need to

-No regulatory binder or items missing from binder

-No, or inadequate, Staff Training/Delegation Logs

-ALCOA Standard on all study documents and corrections made to ssource documents