Audits and Monitoring

In order to ensure compliance with federal regulations and to ensure that human subjects are adequately protected, the Institutional Review Board (IRB) may monitor or audit activities subject to its jurisdiction. The IRB may request audits or monitoring as described below.

The IRB may:

- Request progress reports from investigators;
- Examine research records;
- Contact research subjects;
- Dispatch observers to the sites where research involving human subjects and/or the informed consent process is being conducted;
- Audit advertisements and other recruiting materials to confirm proper IRB approval;
- Review projects to verify from sources other than the investigator that no material changes have occurred since previous IRB review; and/or
- Undertake other monitoring or auditing activities deemed appropriate.

Audits of IRB records

The IRB Secretary will conduct audits of IRB records at least once per year for the purpose of detecting, correcting, and reporting (as necessary) administrative and/or material breaches in protecting the rights and welfare of human subjects as required by federal regulation. The result of the audit will be reported to the Human Protections Administrator (HPA). The HPA will report the results of such audits at the next convened meeting of the IRB.

Random audits

Random auditing or monitoring of previously submitted protocols may occur at the discretion of the IRB.

Sponsor audits

The investigator will notify the HPA when a sponsor schedules an audit. The sponsor's on-going monitoring reports (if applicable) and final audit report should be submitted to the IRB upon receipt.

IRB audits and monitoring

Targeted audits of research studies

Targeted or for-cause auditing or monitoring may occur at the discretion of the IRB. When identifying research projects to be subjected to additional monitoring or auditing activities, the IRB may consider facts such as:

- The level of risk of harm to subjects;
- Any previous or recent termination or suspension of a protocol or another protocol by the same investigator by the IRB due to regulatory or safety concerns;
- Any previous or recent termination of a protocol or another protocol by the same investigator by the IRB due to record-keeping or administrative concerns;
- The frequency and nature of adverse events regarding a protocol;
- The vulnerability of the subjects of research;
- Complaints received from the subjects or others.

Safety monitoring

The IRB may request additional safety monitoring or the creation of an independent data safety and monitoring board.

Reporting of audit results

Any sponsor-conducted, random, or targeted audit will be added to the agenda of the next regularly scheduled IRB meeting and reported to the IRB; however, if information gained during the monitoring or auditing process indicates that human subjects are exposed to unexpected serious harm, the IRB Chair may suspend or terminate the research prior to the next regularly scheduled meeting.

Audit procedures for random or targeted audits

The HPA will notify the principal investigator of the planned audit, reason for the audit, and the principal investigator will be asked to supply Woman's Hospital Research Center with a number of all research subjects (by subject number only) enrolled in the studies being audited. The HPA will facilitate the review by coordinating the date and time of the audit after consultation with the principal investigator and audit committee.

At the time of an audit, audit committee members comprised of IRB members, the HPA, and the IRB Chair will conduct an audit of a random sample of the subject records. IRB members and/or audit committee members will be required to go to the site of research record storage to review record storage for privacy and confidentiality. The audit committee will review some or all aspects of the subject research records, which include:

- Consent documentation: Every research record must contain the subject's or legally authorized representative's original signed and dated study consent form. The date the consent forms are signed must reflect appropriate and timely administration of the

consent (before any study-related procedures are implemented). Consent forms in the research subject's records should match the consent form in the IRB records for that particular study. Any IRB-approved amended consent forms or addendum, if re-consent is required, must also be signed by the subject and kept in the research record.

- Authorization to release protected health information form: Each research record must contain the subject's or legally authorized representative's original signed and dated authorization to release protected health information form. The date the authorization is signed must reflect appropriate and timely collection of the authorization (before any study-related procedures are implemented). Authorization in the research subject's record should match the authorization in the IRB records for that particular study. Any IRB-approved amended authorizations, if re-authorization is required, must also be signed by the subject and kept in the research record.

- Eligibility Criteria: Subjects enrolled in the study must be eligible to participate in the study based upon the inclusion/exclusion criteria detailed in the IRB-approved protocol. Research subject data from laboratory tests, medical history, psychological testing, anthropometric data, etc., must reflect the subject's eligibility and/or not conflict with the specified criteria to be enrolled in the study.

- Adverse Events: Documentation of adverse events, serious adverse events, and unanticipated problems must be included in the research record of the subject(s) by retention of a copy of the letter/memorandum to the IRB, sponsor, and other relevant entities. Documentation should reflect the reporting of the occurrence within a timely manner.

- IRB correspondence: All correspondence (approval letters, requests for revisions, etc.) should be included in the investigators' study records. The most recent version of the protocol should be in use and there should be documentation that continuing review was done at the proper interval. If there was a lapse in the approval period, no participants should have been enrolled during this time and data should not have been collected.

- Use of Investigational New Drugs (IND) or Use of Approved Drugs or Supplements in a Study: Research records of subjects enrolled in investigational new drug studies will be audited for the following information: a. appropriate inclusion criteria; b. lack of exclusion criteria; c. evidence of principal investigator and research subject compliance with the study protocol; d. reductions in drug dosage by medical monitor (or medical investigator) based upon the study protocol. In addition, there should be documentation for this action found in the record. e. increase in the interval between doses of the study drug being administered and documentation of the reasoning for this action; f.

documented side effects and adverse events while taking the study drug; g. documentation of outcome of the research subject in relationship to the study protocol; h. record of return of the investigational drug by the research subject; i. record of compliance with self-administration of the investigational drug (or study drug).

- Use of Investigational Devices in a Study: Research records of subjects enrolled in investigational device studies will be audited for the following information: a. appropriate inclusion criteria; b. lack of exclusion criteria; c. evidence of principal investigator and research subject compliance with the study protocol; d. use of investigational device by medical monitor (or medical investigator) based upon the study protocol. In addition, there should be documentation for this action found in the record. e. documented side effects and adverse events while using the device; f. documentation of outcome of the research subject in relationship to the study protocol; g. record of return of the investigational device by the research subject; h. record of compliance with protocol by subject.

- Subject withdrawal from the study or losses to follow-up: Subjects who were enrolled and subsequently withdrew or were withdrawn due to lack of compliance or loss to follow-up must be included in the research record audit. The reason for their withdrawal must be documented in the record, if known.

Post-audit procedures

Following the review of a protocol and audit of the research subject records, the principal investigator will be notified by the IRB of the review/audit findings in a written report from the IRB Chair. If there are no deficiencies, the investigator will receive a progress report approval letter, which will award continued approval of the study. The progress report approval letter will also contain notification of the next interval audit, if necessary, along with detailed audit results from the current review.

If deficiencies are observed during the chart audit, continued approval may be withheld until the identified deficiencies are resolved. Withholding continued approval will be at the discretion of the IRB Chair based upon recommendations from the auditing committee. The IRB recognizes that deviations from accepted standards can vary in seriousness and may involve clerical or administrative errors, significant oversight, deliberate falsification or omission, or failure to comply with IRB requests for corrective action. The IRB shall take appropriate corrective action, depending upon the severity and scope of the identified deficiencies. The following are possible actions that may be recommended by the auditing committee members and approved by the IRB Chair:

- Acknowledgment and documentation of the deficiency(ies) and requiring no sanctions, but instructing the investigator in writing regarding corrections of the deficiency(ies) or response to audit recommendations.
- Immediate suspension to patient entry.
- Immediate suspension of the research study.
- Immediate suspension of all research studies at Woman's Hospital that involves the investigator(s).
- Requiring the investigator to report the infraction(s) to the sponsor, the Board of WHF, any involved regulatory agencies such as the FDA, OHRP, the granting agency; the Authorized Institutional Official; the RIO and/or the hospital attorney, etc. as appropriate.

Appeal

A written appeal of the IRB audit may be made by the investigator(s) to the IRB Chair and the Organizational Official, along with any additional information provided by the investigator. The appeal may be considered at the next scheduled IRB meeting.