Policy Name: Human Research Protection Program	
Originating Officer (Title), Council, or Committee: Research Activities and Compliance Committee	**Effective Date:** 01/30/2024
Approved By: System Performance Alignment & Innovation (SPAN)	**Last Reviewed Date:** 01/30/2024
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1.0 Scope:

1.1 Applicable Entities:
This policy applies to:

- Texas Health Resources
- Texas Health Resources (Texas Health) member hospitals
- Texas Health Physicians Group
- Affiliated Individuals doing research on a Texas Health campus
- Excludes Texas Health Urgent Care and Texas Health joint venture entities (except those listed in the Formulation and Adoption of System-Wide Policies and Procedures in Section 4.1.6 or in Section 4.1.7)

1.2 Applicable Departments:
This policy applies to all departments.

1.3 Applicable Personnel:
Texas Health research investigators, research study staff and others engaged in research activities that are subject to Texas Health institutional oversight and oversight by a designated Texas Health Institutional Review Board (IRB) of Record.

2.0 Purpose:

2.1 This policy establishes Texas Health Human Research Protection Program.

3.0 Policy Statements:

3.1 The Human Research Protection Program (HRPP) applies to all human research activities in which Texas Health is defined as engaged.

3.2 All activities that are deemed human research must be reviewed and approved by the Texas Health Human Research Protection Program Office (HRPPO) prior to submission of a study to an Institutional Review Board (IRB).

- Fees will be applicable for all studies for the review by HRPPO.
- All IRBs intended to be used as the IRB of record for a study must have a Reliance Agreement in place with Texas Health. This will be put into place by Texas Health Research Administration.

- Texas Health recognizes the University of Texas Southwestern IRB (UTSW IRB) as the designated Texas Health local IRB of record. However, Texas Health does allow the use of other IRBs including other University IRBs and commercial IRBs (i.e., Western IRB, Advara IRB, etc.) with the appropriate Reliance Agreement in place.

- For external IRB submissions, HRPP review is initiated via the Texas Health delegated electronic submission system prior to submission to the IRB of record. The HRPPO can provide specific instructions for the electronic submission process.

  a. After HRPP review and approval, the HRPPO will provide the Principal Investigator a "Letter of Approval to Submit" that allows the study to be submitted to the IRB of record.

  b. After a study has received IRB approval, the Principal Investigator will upload and submit all study documents (i.e., protocol, informed consent form, etc.) within the study's THR electronic application.

- For submissions to the UTSW IRB (local IRB), HRPP review is initiated via the Texas Health delegated electronic submission system and done in parallel to the IRB submission.

- For all IRB submissions, after review and approval of the IRB of record approved documents, the HRPPO will place the HRPP approval on the IRB stamped Informed Consent Form (ICF) and provide a "Site Approval" letter that indicates the study may now be initiated on a Texas Health campus and/or with Texas Health employees.

- The ICF with the IRB and HRPP stamp should be the sole ICF used for all Texas Health engaged studies.

3.3 Activities that are not Human Research do not require HRPP nor IRB review.

3.4 All THR engaged Human Research studies shall undergo a formal scientific review. THR's Scientific Review committee shall ensure the performance of this review.

3.5 If there is uncertainty whether the activity is Human Research (such as quality improvements, case reports, program evaluations, surveillance activities, etc.), a written determination request is required to be submitted to the UTSW IRB. UTSW IRB will provide a written determination.

3.6 After a study is completed, Texas Health does not consider the return of results to inform study subjects to be Human Research.

3.7 Texas Health follows the ethical principles described in the report "Ethical Principles and Guideline for the Protection of Human Subject of Research" also known as "The Belmont Report."

- Texas Health applies its ethical principles to all Human Research in which Texas Health is engaged.

- All Investigators, Research staff, HRPP staff members, Texas Health Officials and Texas Health Employees and agents are expected to abide by these ethical requirements.

3.8 Texas Health applies Federal regulations specific to the protection of human subjects to all Texas Health non-exempt human research studies.

- Department of Health and Human Services (DHHS) Regulations. DHHS regulations at 45 CFR Part 46 Subpart A constitutes the Federal Policy (Common Rule) for the protection of human subjects. This Common Rule applies to any human subject research supported by any of the seventeen agencies of the Federal government that support human subject research.

  a. The DHHS human subject regulations also include additional protections for pregnant women, human fetuses and neonates (Subpart B); prisoners (Subpart C); and children (Subpart D). These regulations are enforced by the DHHS Office for Human Research Protections (OHRP).

  b. Texas Health meets the requirements set forth in 45 CFR Part 46, for all DHHS-supported research, and, except for the requirements for reporting information to DHHS, all other research without regard to source of funding.

- In general, Food and Drug Administration (FDA) human subject regulations apply to clinical investigations and other research involving products regulated by FDA, including food and color additives, drugs for human use, medical devices for human use, biological products for human use, and electronic products. FDA has codified informed consent (21 CFR Part 50), IRB (21 CFR Part 56), and child protection (61 FR 20589 and 21 CFR Part 50, Subpart D) regulations that are almost identical to the DHHS regulations. Additional FDA regulations relevant to the protection of human subjects address Investigational New Drug

Applications (21 CFR Part 312), Biological Products (21 CFR Part 600), and Investigational Device Exemptions (21 CFR Part 812).

3.9 Texas Health maintains a Federalwide Assurance (FWA) of Protection for Human Subjects approved by the DHHS Office for Human Research Protections (OHRP). The FWA authorizes Texas Health to conduct human subject research that is supported by DHHS or any of the other Federal "Common Rule" agencies.

- The FWA covers all human subject research conducted (i) by any Texas Health employee or agent or in which Texas Health is engaged; or (ii) in any Texas Health wholly owned or controlled Entity (Texas Health Entities). Thus, any Investigator who (i) acts as an employee or agent of any Texas Health Entity, or (ii) conducts research within any Texas Health facility or with Texas Health equipment or resources is bound by Texas Health'shuman subject protection policies and requirements.

- For the purposes of this policy, a Texas Health agent is any individual who (i) acts on behalf of Texas Health or any Texas Health Entity, or (ii) represents herself/himself as affiliated with Texas Health or any Texas Health Entity in (a) the planning, design, conduct (including data analysis), or support of research; (b) the solicitation of funds or in-kind support for research; (c) the recruitment of research subjects; (d) obtaining the informed consent of research subjects; or (e) the publication or presentation of research results.

- All Texas Health Entities are covered under the Texas Health FWA and are authorized to cite the FWA Number in communicating with Federal agencies. As a matter of corporate policy, no individual Texas Health Entity may hold an OHRP Assurance apart from or in addition to the Texas Health FWA.

3.10 Quality Improvement activities attempt to measure the effectiveness to improve programs or services.

- Quality Improvement activities constitute human subject research, and require HRPP and IRB review/approval, when they are designed or intended, at least in part, to develop or contribute to generalizable knowledge.

- Quality Improvement activities that are designed solely for internal program evaluation or improvement purposes, with no external application or generalization intended, do not constitute human subject research, and usually do not require HRPP and IRB review.

- If the intent of the activity, at least in part, includes extending the findings to patients at facilities outside Texas Health, or disseminating the findings in such a way that applicability outside Texas Health is stated or implied, then the activity does constitute human subject research, and does require HRPP and IRB review. If the material (data) to be analyzed and presented outside of the local setting includes identifiable private information – information linked to one or more persons (for example, patients whose data were included in the QI initiative) – then the research would involve a human subject (45 CFR 46.102(f)) and a protocol must be submitted and approved before analysis and presentation. If the material (data) were anonymized and de-identified before analysis and presentation, the activity could be declared not to be subject to IRB review because the project would not involve a human subject (45 CFR 46.102(f)) and not be subject to the research provisions of the Privacy Rule (HIPAA), (45 CFR 164.500(a)) or FDA regulations (21 CFR 56.102(c))

- In cases where the intent of the activity changes after it has begun (e.g., findings from an activity intended solely for internal Texas Health purposes lead to a desire to generalize and disseminate the results for application outside Texas Health), the activity becomes research at the moment the intent to generalize the findings is formed, and the HRPPOI should be contacted immediately. In such cases, the HRPPO will have an IRB determine the conditions under which the investigator may pursue the relevant research objectives.

- Where any disagreement arises about whether a Quality Improvement activity constitutes human subject research, the HRPPO will have Texas Health designated local IRB, not the individual investigator, determine when IRB review of such activities is required

3.11 The ethical conduct of research is a shared responsibility. It requires cooperation, collaboration, and trust among the Institution, Investigators and their research staff, the subjects who enroll in research, and the IRB. A clear delineation of the responsibilities of each of these parties can help protect the participants who volunteer for research.

- It is the responsibility of Texas Health to assure Federal Agencies in writing that it will comply with regulations governing the protection of human subjects. As part of its written Assurance to the government, Texas Health must develop policies and procedures for conducting human subject research in a responsible and ethical fashion.

- The Texas Health Board of Trustees has ultimate authority for the oversight and monitoring of the policies for the Protection of Human

Subjects. However, the Board has designated the Research Activities and Compliance Committee for this purpose.

- The Texas Health Board of Trustees shall designate a Texas Health officer to serve as the Texas Health Institutional Official for research activities. The Texas Health officer, so designated, serves as the Institutional Official for Human Subject Protection under Texas Health'sAssurance and is ultimately responsible for overseeing the protection of human subjects within Texas Health. These responsibilities include:

  a. Developing Texas Health policies governing the human subject protection for Texas Health engaged studies; and

  b. Maintaining open channels of communication between the IRBs of record, the investigators, research teams and the HRPPO for Texas Health engaged studies; and

  c. Monitoring the operation and administration of the HRPPO and determining that they function in accordance with the assurances provided in compliance with all Federal, State, and local laws and regulations that govern human subject protection in the conduct of research; and

  d. Notifying the Texas Health Research Activities and Compliance Committee (RACC) regarding (i) any unanticipated problem involving risks to subjects or others; (ii) any serious or continuing non-compliance with IRB requirements by research investigators; or (iii) any for-cause suspension or termination of IRB approval; and

  e. Notifying OHRP and FDA of such incidents in accordance with applicable Federal regulations. Such notice will be accomplished in coordination with Texas Health Legal Counsel, the Texas Health Chief Compliance Officer; and

  f. Implementing a research compliance monitoring process and providing compliance monitoring reports, as appropriate, to (i) RACC; (ii) the Texas Health Board of Trustees; (ii) senior management officials of relevant Texas Health Entities; and (iv) Texas Health Entity Boards of Trustees, as applicable.

- An IRB is an appropriately constituted group that has been formally designated to review and monitor research involving human subjects in accordance with the Common Rule, DHHS regulations, and FDA

regulations. The IRB has responsibility for approving, requiring modification in (to secure approval), or disapproving research. The IRB also has the authority to suspend or terminate research for continued noncompliance with the Common Rule, DHHS regulations, and FDA regulations, or its own findings, determinations, and initial and continuing review procedures.

- The HRPPO has the responsibility on Texas Health'sbehalf to ensure that all Texas Health engaged research involving human subjects are in accordance with the Common Rule, DHHS regulations, and FDA regulations and any Texas Health specific Texas Health policies. The HRPPO is tasked on behalf of Texas Health to formally review and monitor research involving human subjects in which Texas Health is defined as engaged. The HRPPO has the responsibility for approving studies to be carried out at a Texas Health entity or by a Texas Health employee or agent, requiring modification in studies be submitted to the IRB of record, or disapproving research to be conducted at Texas Health or by a Texas Health employee or agent.

- As the individual responsible for the implementation of research, the Principal Investigator bears direct responsibility for protecting every research subject. This responsibility starts with protocol design, which must minimize risks to subjects while maximizing research benefits. In addition, the Principal Investigator and all members of the research team must comply with the findings, determinations, and requirements of the IRB of record. The Principal Investigator must also be responsible for the adequacy of both the informed consent document and the informed consent process, regardless of which members of the research team obtain and document consent. Principal Investigators must ensure:

  a. That all human subject research which they conduct at Texas Health Entities or as employees or agents of Texas Health or in which Texas Health is engaged has received prospective review and approval by the HRPPO and an appropriate IRB; and

  b. That continuing review and approval of the research has been secured in a timely fashion by the IRB of record; and

  c. That the research is conducted at all times in compliance with all applicable Federal, State, and local regulatory requirements and with the determinations of the IRB of record; and

  d. That the investigator has reviewed Texas Health's approved Assurance of Compliance with DHHS Regulations for Protection

of Human Research Subjects, relevant FDA regulations, and the Belmont Report.

3.12 Upon initial notification from regulatory authorities (e.g., FDA, OHRP, etc.) of an impending audit/inspection, the PI or designee must notify the HRPPO. The notification must be reported prior to the end of the next working day from date of notification by the regulatory authority(s). Any subsequent updates and/or developments (i.e., observations, findings, reports, correspondence, etc.) must be reported to the HRPPO prior to the end of the next working days of receipt or first knowledge by the PI or designee.

3.13 No changes in approved research may be initiated without prior approval of the IRB of record and HRPPO, except where necessary to eliminate apparent immediate hazards to subjects; and no research may be continued beyond the IRB-designated approval period.

3.14 The HRPP oversight may involve auditing of IRB files, subject records, investigator research files, or regulatory materials maintained by investigators and their staff. The review and oversight responsibilities for human subject research activities include, but are not limited to, the following:

- Conducting compliance monitoring and auditing site visits to periodically review IRB and PI documentation and determine compliance level with assurances, OHRP and FDA requirements; and

- Preparing reports to the Texas Health Institutional Officer and RACC based upon site visit findings. If warranted, the Texas Health Institutional Official and RACC has the authority to require corrective action or to forward any matter to the Texas Health Board or Board designated Committee if appropriate corrective action is not taken promptly to address any confirmed compliance deficiencies; and

- Reviewing Texas Health Research policies and educational materials periodically to determine if they are maintained and updated appropriately; and

- Participating in regulatory inquiries and/or correspondence with regulatory authorities concerning protection of human research subjects.

3.15 The HRPPO shall perform Texas Health Privacy review of Texas Health engaged human subject research as required by HIPAA, 45 CFR 164.501, 164.508, 164.512(i).

4.0 Policy Guidance:

4.1 The Principal Investigator is responsible for ensuring the study is submitted for HRPPO review.

4.2 The HRPPO shall ensure all studies submitted are reviewed according to the requirements noted in this policy.

5.0 Definitions:

5.1 Texas Health is defined as engaged in the research study when:

- An Entity of Texas Health has contracted with a sponsor to conduct a clinical trial; or
- Texas Health's employees or agents (medical staff member or similarly affiliated with a Texas Health entity) provide support, research coordination or hospital services to investigators in the conduct of a clinical trial; or
- An investigator recruits for the research study using Texas Health premises (i.e., fliers, handouts, etc.) or communication resources (i.e., email, electronic signs, etc.) including study subject recruitment or other study solicitation activities; or
- The subject is consented to participate in the study while a patient at a Texas Health entity.
- Texas Health would not be considered engaged for solely providing a standard of care service(s) to a patient consented outside of their hospital stay.

5.2 Research is defined within the Federal regulations (45 CFR 46.102(d)) as research that is a systematic investigation, including research development, testing, and evaluation, designed to develop or contribute to generalizable knowledge.

5.3 Generalizable Knowledge is defined as knowledge that could be applied to populations outside of the patients served by the covered entity (i.e., THR hospital(s) or wholly owned entity(s)).

5.4 A Human Subject is defined as an individual who is the object of study in a research project. Under the Federal Policy (Common Rule), human subject means a living individual about whom an investigator conducting research obtains: (1) data through intervention or interaction with the individual; or (2)

identifiable private information [45 CFR 46.102(f)]. Under FDA regulations, "human subject" means an individual who is or becomes a participant in research, either as a recipient of the test article or as a control. A subject may be either a healthy individual or a patient [21 CFR 50.3(g) and 56.102(e)]. An individual on whose specimen a device is used. For medical devices studies involving in vitro diagnostics and unidentified tissue specimens, the FDA defines the unidentified tissue specimens as human subjects.

5.5 Human Subject Research is research in which a human subject is the object of the study.

5.6 Quality Improvement are activities that attempt to measure the effectiveness in order to improve programs or services. Quality Improvement activities constitute human subject research, and require IRB review, when they are designed or intended, at least in part, to develop or contribute to generalizable knowledge. Alternatively, Quality Improvement activities that are designed solely for internal program evaluation or improvement purposes, with no external application or generalization intended, these do not constitute human subject research, and usually do not require IRB review

6.0 Responsible Parties:

6.1 Texas Health Research Activities and Compliance Committee (RACC) has responsibility for the oversight and implementation of this policy.

7.0 External References:

7.1 "Ethical Principles and Guidelines for the Protection of Human Subjects of Research," The National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research, April 18, 1979, (http://www.hhs.gov/ohrp/humansubjects/guidance/belmont.html)

7.2 Department of Health and Human Services (DHHS) Regulations. 45 CFR Part 46, subpart A 45 CFR Part 46 Subpart A

7.3 The DHHS human subject regulations (Subpart B); (Subpart C); and (Subpart D).

7.4 FDA regulations 21 CFR Part 50, 21 CFR Part 56, 21 CFR Part 50, Subpart D, 21 CFR Part 312, 21 CFR Part 600, and 21 CFR Part 812.

7.5 HIPAA regulations 45 CFR 164.501, 164.508, 164.512(i).

8.0 Related Documentation and/or Attachments:

8.1 THR Research Engagement Policy

8.2 THR Research Contracts Policy

8.3 THR Research Record Retention Policy

8.4 THR Research Human Subject Protection Education Program Policy

8.5 THR Research Principal Investigator Obligations Policy

9.0 Required Statements:

9.1 This policy represents the collaborative effort of the Texas Health system entities to determine and direct the recommended practice for the care anticipated under this policy and includes the input of clinical subject matter specialists.

As no policy or published procedure can anticipate every clinical and/or medical presentation, this policy is a guideline and is not intended as a substitute for the clinician's clinical judgment and/or experience.

9.2 The physicians on the medical staff of the hospital are practitioners independent of the hospital unless they are practitioners participating in the care of patients as part of a post-graduate medical education program. They are not agents, servants or employees of the hospital unless they are part of a graduate medical education program of the hospital.