

A Path Towards Thriving





eConsents and REDCap



Regional Ebola and Other Special Pathogens Treatment Centers (RESPCT)

- 1. Massachusetts General Hospital
- 2. NYC Health & Hospitals Bellevue
- 3. Johns Hopkins
- 4. Emory University Hospital
- 5. University of Minnesota Medical Center
- 6. University of Texas Medical Galveston
- 7. University of Nebraska Medical Center
- 8. Denver Health
- 9. Cedar-Sinai
- 10. Providence Sacred Heart Medical Center & Children's Hospital





April 2018 – Spokane Participates in Federal Ebola Exercise





Institute of Translational Health Sciences accelerating research. Improving health.

COVID related Challenges & Solutions

Anticipated challenges

- Face-to-face discussion is limited
- People are very ill
- Language barriers
- Family quarantined
- What goes in the room stays in the room How long does virus survive on paper? Is it enough of a transmission risk?

Plans

- Use traditional paper consent form
- Investigator dons & conducts discussion and gets signature
- Photograph consent form through the unit's video equipment, making sure signatures, version & IRB stamp clearly captured
- Leave the original consent form in the room
- Mail a copy to the participant's home



New Opportunities

- More inclusive
 - reach people who can't easily travel
 - facilitate non-English presentations
- Better comprehension features: links to FAQ, chat bot
- Automate processes: providing a copy and filing





Key Components of Consent Process

- 1. Enough information, time and opportunity to decide
- 2. Processes to facilitate comprehension
- 3. Required elements presented in the preferred language
- 4. Competency of participant to make a decision is assessed
- 5. Decision is voluntary
- 6. Process is well documented



Components of Electronic Consent

- 1. Easy to navigate forward, backward, stop and return
- 2. Include all elements of consent and HIPAA authorization
- 3. Provides a copy: electronic and paper option at no cost
- 4. Easily retrievable for monitors and auditors links need to work for the duration of the study record retention period
- 5. Documents a valid signature- appropriate controls



Where Can I Find More Information?

- Your organizational policies
- Your IRB policies
- FDA Guidance on Conduct of Clinical Trials of Medical Products During the COVID-19 Public Health Emergency <u>www.fda.gov</u>
- Office of Human Research Protections | Research Guidance on Coronavirus <u>www.HHS.gov</u>





Policies Are Not All the Same

Here are some IRB examples:

- Remote consent approved only during the public emergency
- Allowed only for minimal risk trials /Remote consent for screening only in more than minimal risk trial
- Specifics about the consent form being provided prior to discussion
- Differences in witness requirements
- Contact via a secure mail system
- Teleconference platform must be HIPAA compliant
- Make sure Alexa is deactivated in the home





REDCap: <u>Research</u> <u>Electronic</u> <u>Data</u> <u>Capture</u>

- Licensed from Vanderbilt University
- Secure, HIPAA and Part 11 Compliant
- Customizable
- Self Service training modules
- Resources at ITHS:
- RedCap Training Series, RedCap support



REDCap – My Projects List

Create a new project for your consent

My Projects + New Project	Image: Help & FAQ Image: Training Videos Image: Send-It Image: Sender the sende the sender the sender the sender the sender						Logged in susan.hoo	as 9 Profile	🔂 Log
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Test consent			6	35	2 surveys		s		
Study Authorized Users			1	15	1 form		×		
Training Log			6	10	1 survey		s		
Research Consent for Particip	ants Who Speak Limited to No English	D	0	8	1 survey	•			



REDCap – Create New Project

You may begin the creation of a new at the bottom.	v REDCap project on your own b	y completing th	e forr	n below and cli	icking the Create Project button
Project title:	Clinical Research Study e	Consent			
Project's purpose:	Research 🗸				
How will it be used?	Name of P.I. (if applicable):	Susan		Hood	
		First name	MI	Last name	
	Email of P.I. (if applicable)	susan.hood@	provi	dence.org	
	Name of P.I. as cited in publ	ications (if app	licabl	e): Hood SH	(e.g., Harris PA)
	IRB number (if applicable):	2021000276			
Project notes (optional):	Please specify: Basic or bench research Clinical research study or tr Translational research 1 (ap humans) Translational research 2 (er community) Behavioral or psychosocial Epidemiology Repository (developing a di Other	ial pplying discoveri nhancing adopti- research study ata or specimen	es to on of repo:	the developme research findir sitory for futur	ent of trials and studies in ngs and best practices into the e use by investigators)
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Opening Page of New Project





Project Online Designer Page

REDCap								
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 Survey Distribution Tools Get a public survey link or build a participant list for inviting respondents Record Status Dashboard 	browser. NOTE: While i	n development statu nstruments	is, all field changes will ta	ake effect imn	nediatel	y in real time	2.	
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ser. NOTE: While in	n development statu	s, all field changes will ta	ake effect immediately	in real t	ime.		
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	Variable: record_id Record ID			
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Enter the First Section of Consent

ld Type: Descriptive Text (with optional Im	age/Video/Audio/File Attachment) 🗸			
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UDY NUMBER: US-VUM-11760		How to use [F] Smart Variables Piping 🕂 Field Embedding		
PRINCIPAL INVESTIGATOR: Jessica Craddock, MD 24-HOLIR EMERGENICY PHONE NI IMBER: (509) 252-1700		Optional file attachment, image, audio, or video:		
		Embed an external video (provide video URL) ?		
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Designer Page with First Field

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Naming Variables: Study_Form_section

EDCap Production	
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🕑 Help & FAQ	24-HOUR EMERGENCY PHONE NUMBER: (509) 252-1700
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Contact REDCap administrator	
	You are being asked to volunteer to take part in this research study because you have multiple sclerosis (MS).
	Before deciding whether you want to participate in this research study or not, it is important that you read and understand the following explanation of the study procedures. This consent describes the purpose, procedures, benefits, risks, discomforts and precautions of the study. It also describes the alternative procedures, if any, that are available to you and your right to withdraw from the study at any time. No promises can be made about how you will be affected if you consent to be in the study.
	This consent may contain words you do not understand. You should ask the study doctor or research staff to explain any words or information you do not clearly understand. Please review this informed consent carefully and, if possible, discuss with your family or friends before agreeing to participate.
	For your safety it is important that you be completely honest with your study doctor about your health history in order to provide a complete and accurate understanding of your health condition.
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Field Types

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PARTICIPANT CONSENT

I have read, or have had read to me, the information describing the study, and it is written in a language that I understand. All my questions have been answered to my satisfaction. I am signing this form voluntarily, indicating my willingness to be in this study. I understand that I am not giving up any of my legal rights by signing this form and I will receive a copy of this signed consent form.

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Institute of Translational Health Sciences Date	Please choose today's date
ACCELERATING RESEARCH. IMPROVING HEALTH.	* must provide value Mon-day-year

Field Types: Yes-No

Field Type: Yes - No	v	
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Learn about @ Action Tags or using Field Annotation		

Field Type: Signature

Field Type: Signature (draw signature with mouse or finger)	~	
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Field Type: Text Box

Field Type: Text Box (Short Text, Number, Date/Time,)	▼	
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Field Type: Text Box to Capture Date

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Institute of Translational Health Sciences



Field Type: Multiple Choice

Variable: use_greenphire_yn Branching logic [consent_yn] = '!' I have read, or have read to me, the information above regarding the option of receiving a Greenphire ClinCard for my study disbursements. * must provide value I would like to receive a Greenphire ClinCard, and would like the study coordinator to request that a check be mailed to me. I do not wish to receive a Greenphire ClinCard, and would like the study coordinator to request that a check be mailed to me. Add Field Add Matrix of Fields Import from Field Bank Variable: use_consent_cellphone Branching logic [consent_yn] = '1' and [use_greenphire_yn] = '1' Account balances can be checked by calling Greenphire Customer Support. As part of setting up your card, Greenphire can send you messages about new funds or account balances by email or text. Text message fees may apply: the fees are not paid for by the study. If you decide at a later date that you want to stop these messages, you can opt-out. If you would like to be set up with notifications from Greenphire, please provide your preferred email and/or Cell Number below. You are not required to provide this information if you do not wish to. Call Phone Add Field Add Matrix of Fields Import from Field Bank V wirable: use_consent_email Branching logic [consent_yn] = '1' and [use_greenphire_yn] = '1'		
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Field Type: Multiple Choice

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∺ <u>⊨</u> ∈ ∈		λ ↔ <u>Τ</u> × ἕ3		Required?* O No O Yes * Prompt if field is blank
I have read, or have rea	I to me, the information above regarding t	he option of receiving a Gre	enphire ClinCard for	Identifier? No OYes Does the field contain identifying information (e.g., name, SSN, address)?
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Choices (one choice per	line) Copy existing choices			
	/ Greenphire Clincard.			

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Branching Logic

We only want this section to show up if the patient wants to participate in the study

Ø	Ŧ	h	1	×	Variable: use_consent_consent
	~			-	

PARTICIPANT CONSENT

I have read, or have had read to me, the information describing the study, and it is written in a language that I understand. All my questions have been answered to my satisfaction. I am signing this form voluntarily, indicating my willingness to be in this study. I understand that I am not giving up any of my legal rights by signing this form and I will receive a copy of this signed consent form.

Add Field Add Matrix of Fields Import from Field Bank

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≁ <u>Add signature</u>		
	Add Field Add Matrix of Fields Import from Field Bank	
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Branching Logic

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Enable Consent Form as Survey

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Open a Public Survey

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Participant view of eConsent



Research Study Consent Form

Please read the following consent and decide if you would like to participate in this study.

Thank you!

CONSENT TO PARTICIPATE IN A RESEARCH STUDY

TITLE OF STUDY: A Prospective, Observational Study Evaluating Persistence on Treatment, Safety, Tolerability, and Effectiveness of Diroximel Fumarate in the Real-World Setting (EXPERIENCE-US Study)

STUDY NUMBER: US-VUM-11760 PRINCIPAL INVESTIGATOR: Jessica Craddock, MD 24-HOUR EMERGENCY PHONE NUMBER: (509) 252-1700

INTRODUCTION

You are being asked to volunteer to take part in this research study because you have multiple sclerosis (MS).

Before deciding whether you want to participate in this research study or not, it is important that you read and understand the following explanation of the study procedures. This consent describes the purpose, procedures, benefits, risks, discomforts and precautions of the study. It also describes the alternative procedures, if any, that are available to you and your right to withdraw from the study at any time. No



Participant view of eConsent

Would you like to participate in the study? * must provide value Ves	
∪ No	reset
Signature of participant	≁ <u>Add signature</u>
Please type your full name	
Please choose today's date	Mon-day-year
Signature of person obtaining consent	≁ <u>Add signature</u>
Typed name of person obtaining consent	
Please choose date	Today M-D-Y
Submit	



Participant view of eConsent

- It is necessary for your safety.
- You do not follow instructions.
- You do not meet the conditions of the study.
- The study is closed for any reason.

PARTICIPANT CONSENT

I have read, or have had read to me, the information describing the study, and it is written in a language that I understand. All my questions have been answered to my satisfaction. I am signing this form voluntarily, indicating my willingness to be in this study. I understand that I am not giving up any of my legal rights by signing this form and I will receive a copy of this signed consent form.

reset

Would you like to participate in the study?

* must provide value

YesNo

Thank you for considering the Experience Research Study

Submit



Move Project Into Production





Move Project Into Production



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Signing the eConsent Form in Person

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Log out	Test consent PID 4864
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Data Quality		The link below will take you to the consent form for the Clinical Research Study. Please review the form prior to our call
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	\Rightarrow	https://redcap.providence.org/redcap/surveys/?s=PYM8P34WAL
		Susan Hood, PhD, CCRC
		Clinical Research Coordinator
		Providence Medical Research Center
		105 W 8 th Avenue
		Suite 250E Snokane WA 99204
		0 509-474-4224
		F 509-474-4325
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Signing Consent Remotely Staff Signs Separately

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Signing Consent Remotely Staff Signs Separately

Piping is used here to bring information in from the consent form the participant filled out.

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Preview instrument

Current instrument: Staff Obtaining Consent-Signature



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Staff Signs Separately

Staff can access the form to sign through the Record Status Dashboard





Staff Signs Separately





Download PDF of Consent

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Download PDF of Consent

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ata Collection 📃	Response was completed on 01/10/2022 13:04. You have not been given permission to edit survey responses. However, your
Survey Distribution Tools Get a public survey link or build a participant list for inviting respondents Record Status Dashboard	permissions may be changed on the User Rights page in order to allow editing of survey responses. <u>View all contributors</u> to this response. Record ID 6
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- Create new records or edit/view existing ones	
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Project Dachbeards	24-HOUR EMERGENCE PHONE NUMBER: (509) 252-1700
Alerts & Notifications	INTRODUCTION
Calendar	You are being asked to volunteer to take part in this research study because you have multiple sclerosis (MS).
 Data Exports, Reports, and Stats Data Import Tool ✓ Data Comparison Tool Logging Field Comment Log 	Before deciding whether you want to participate in this research study or not, it is important that you read and understand the following explanation of the study procedures. This consent describes the purpose, procedures, benefits, risks, discomforts and precautions of the study. It also describes the alternative procedures, if any, that are available to you and your right to withdraw from the study at any time. No promises can be made about how you will be affected if you consent to be in the study.
 File Repository User Rights and A DAGs Data Quality 	This consent may contain words you do not understand. You should ask the study doctor or research staff to explain any words or information you do not clearly understand. Please review this informed consent carefully and, if possible, discuss with your family or friends before agreeing to participate.
External Modules	For your safety it is important that you be completely honest with your study doctor about your health history in order to provide a complete and accurate understanding of your health condition.
eports Q. <u>Search</u> 🖕 <u>Organize</u> 🖉 <u>Edit</u> 🖃	WHY IS THIS STUDY BEING DONE?
Consented Patients	The purpose of this study is to better understand how well the medication diroximel fumarate (VUMERITY®) is working for people
cternal Modules	who have multiple sclerosis (MS).

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RECOVER Research Study Website



Help us better understand the long-term effects of COVID.

If you or someone in your family has had COVID, or are feeling the long term effects of COVID, you might be able to help us understand more about it and treat it. Even if you have not had COVID, you might be able to help.

GET STARTED >



Get Started

RECOVER Research Study Screening Form



RECOVER Study Pre-Enrollment Screening

Thanks for your interest in joining RECOVER

The purpose of this study is to better understand the long-term effects of COVID-19, and who is at greatest risk of having long-term effects. Over several years, we will do this by studying people with and without a history of COVID-19.

Please enter your contact information and answer the questions below

A study coordinator will contact you to determine your eligibility and help you enroll if you qualify.

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RECOVER Study Pre-Enrollment Screening

Thanks for your interest in joining RECOVER

The purpose of this study is to better understand the long-term effects of COVID-19, and who is at greatest risk of having long-term effects. Over several years, we will do this by studying people with and without a history of COVID-19.

Please enter your contact information and answer the questions below

A study coordinator will contact you to determine your eligibility and help you enroll if you qualify.

You must be at least 18 years of age to join the study. Are you 18 or older?

Yes, I am at least 18 years old.	No, I am under the age of 18.
	reset
Your first name	
Your last name	
Your email address	
Your phone number	
Does the phone number you provided receive text messages?	Yes No reset
What is your preferred method of contact?	Email Phone reset



RECOVER Research Study Consent Form

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An Initiative Funded by the National Institutes of Health

Join the Study

Partner with us to support research on the longterm effects of COVID

Title of Study:

NIH RECOVER: A Multi-Site Observational Study of Post-Acute Sequelae of SARS-CoV-2 Infection in Adults

Site Study Leaders





REDCap Training Resources

• ITHS Online Training Courses

https://www.iths.org/investigators/services/bmi/redcap/

<u>curriculum/</u>

• REDCap Training Videos (within the app) or online

https://projectredcap.org/resources/videos/



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Questions?

