**VCHRI Research Impact Analysis**

**Instructions for Principal Investigator/Researchers**

Research studies requiring the use of services, resources, recruitment, or access to personal information from Vancouver Coastal Health (VCH) must use this form to obtain approval from applicable departments or units. The Principal Investigator is responsible in ensuring that the study obtains the signature from the designated signing authority.

Each department set their own cost structures for research-purpose services. Researchers must be aware of cost-analysis requirement of departments to include in their study budgets. Researchers must submit *both*the appropriate **Community of Care Signature Sheet** and the **Research Impact Analysis Form** to the site research coordinator or department. Please ensure that a VCH operational staff has reviewed the application.

**Instructions for Department/Clinic Managers**

It is the responsibility of the hospital clinics/wards/departments and community sites to determine if services used for research purposes will have sufficient impact as to require recovery from the research study budget to offset VCH operating costs. It is also the responsibility of the hospital clinics/wards/departments and community sites to provide the researcher with the cost of those services.

A VCH operational staff must review and sign the application. The signing authority should sign *both*the appropriate **Community of Care Signature Sheet** and the **Research Impact Analysis Form**. A copy of the form should be retained for their own records.

**VCHRI Research Impact Analysis (RIA) Form**

The purpose of this document is to assist clinical staff of research studies that will be utilizing VCH resources in their specific departments to determine the impact research projects will have.

**Submit this form, along with the ‘Application for Operational Approval to Conduct a Research Study At Vancouver Coastal Health’ to the *Research Approvals Coordinator*.**

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| **Principal Investigator** |  |
| **Primary Contact** |  |
| **Research Project Title** |  |
| **REB #** |  |
| **Proposed Study Start Date** |  |
| **Proposed Study End Date** |  |
| **VCH Program/Department** |  |

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| 1. **Impact on VCH Program/Department Staff**
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*Please attach a copy of the Schedule of Assessments/Schedule of Visits if one is available (often included in the research agreement).*

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| 1. **Workload (2-4 sentences)**

*Briefly describe the study. Identify the number and type (age, disease type, acuity) of research participants anticipated by day/week/month for duration of research study.* | Click or tap here to enter text. |
| 1. **List the procedures that are NOT standard of care (SOC).**
 | Click or tap here to enter text. |
| 1. **Describe the services of VCH staff that is required for the conduct of this research study**

*Describe which VCH staff will be involved in the research study (e.g., managers, nurses, clerks, assistants), their role in the research study and the tasks they will be required to perform for each research participant (e.g., chart management, patient assessment, patient education, patient recruitment, patient enrollment).*  | Click or tap here to enter text. |
| 1. **How much time will VCH staff be required to commit to this research study?**  *Will involvement in this research study affect VCH staff members’ regular work hours and duties? If applicable, describe how VCH staff in this program/department will be oriented to this research study.*
 | Click or tap here to enter text. |
| 1. **If applicable, who is booking research visits and who is greeting or interacting with participants?**

*For example, research coordinator, research assistant, nursing staff, etc.* | Click or tap here to enter text. |

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| 1. **Special Supplies and Equipment**
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| 1. **Identify any special supplies which are needed to conduct the research study.** *Include unit cost, and number of supplies if known.*
 | Click or tap here to enter text. |
| 1. **If supplies are used, who is providing these supplies?**
 | Click or tap here to enter text. |
| 1. **Identify equipment needed to conduct research study and amount of time it will be in use for each research participant.**
 | Click or tap here to enter text. |

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| 1. **Documentation/Educational Materials**
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| 1. **Identify any documentation/educational materials that will be required to be distributed by VCH staff, e.g. consent forms, educational brochures, etc.**

*Include details on who will provide the documentation/education materials to VCH staff, what happens when VCH staff require additional copies of documents/educational materials. Provide instructions of distribution to staff.*  | Click or tap here to enter text. |

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| 1. **Required Space**
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| 1. **Identify any space needed to conduct the research study.**

*Include details such as the facility, building and room number(s) where the research study will be conducted. If additional space to support the research study is being requested, please indicate the type of space that is required, what it will be used for, how often it will be utilized (e.g., hours per week), when it will be utilized (e.g., M-F during lunch hours) and who will be utilizing it.* | Click or tap here to enter text. |

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| **Comments:** *To be completed by VCH Director/Manager*  |
| Click or tap here to enter text. |

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| 1. **VCH Approvals**
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**VCH Operational Staff Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Name:** [Text Box]  **Date:** [Text Box]

 **Title:** [Text Box]