POLICY MANUAL

Subject: Research

Effective Date: 3/1/95

Initiated By: Cinde Stewart-Freeman
QI Coordinator

Approved By: James B. Moore
Chief Executive Officer

Review Dates: 05/09 BLA, 10/122 PP
2/14 Committee, 4/15 Committee

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11/99 CSF, 12/02 CSF, 02/09 DNF
01/10 Committee, 04/12 DNF,
2/14 CRB, 4/15 CRB

POLICY:

Cumberland Heights may participate in research designed to advance the knowledge of the addictions treatment field and/or to assess the efficacy of treatment approaches if **a)** no identifying patient information is used and **b)** such research is approved by Executive Committee, the Chief Clinical Officer, the Medical Director and the Chief Executive Officer.

PROCEDURE:

1. Research proposals must be submitted in writing to the Chief Clinical Officer. Such proposals should include the following: specific goal of the research, methodology proposed to collect and analyze data, disposition of findings, and the researcher(s)' qualifications in terms of education and experience. If the proposal is submitted by a degree-seeking student, the proposal should also include the professor who will be supervising the project and said professor's credentials. All researchers are held accountable for adherence to applicable state and federal laws concerning the protection of human rights.
2. If, after screening by the Chief Clinical Director, the proposal is found to be of merit, it is then presented to the Clinical Managers. The Clinical Managers evaluate the proposal in terms of its relationship to the organizational mission, its potential value, its potential risks/benefits to participants, and the procedure for consent.
3. With the Quality Management Director's approval, the proposal is forwarded to the Chief Administrative Officer and Chief Executive Officer for final approval or disapproval.
4. The researcher(s) is/are responsible for ensuring full disclosure of the purpose of the research, any potential benefits to be expected, any potential risks or discomforts, a description of alternative services that may be beneficial, and a full explanation of all procedures to be used PRIOR to obtaining consent. The actual consent must be in writing and include all of the aforementioned information. In addition, the

consent must list the name of the person supplying the information, the date, and the patient's rights to confidentiality, privacy, and safety.

5. Any patient may refuse to participate in any research project at any time without risk of consequence or impact to the individual treatment process.
6. The Quality Management Director, Chief Clinical Officer, or Chief Administrative Officer, or their designees may serve as organizational research coordinator for a particular research project. Participants and guardians are given the name and work telephone number of the research coordinator to contact in case of any difficulties during research activities.
7. Should problems arise with any research project, the research coordinator should be contacted. If needed, the research coordinator will notify the Chief Clinical Officer and Quality Management Director and a decision made as to the course of action to take. The Medical Director and Chief Executive Officer will be informed as needed. In managing any difficulty, patient welfare will be given first priority.
8. Upon completion of a research project, the principal investigator or lead researcher shall brief the senior management staff on the project including but not limited to process, problems encountered, potential adverse outcomes, etc.
9. All accepted research proposals and final reporting of results are maintained on file in the Quality Management Office.