

DEER LODGE CENTRE RESEARCH APPLICANT INFORMATION SHEET

Prior to approval for conducting research at Deer Lodge Centre, the following must be submitted to the Research Committee, 2109 Portage Avenue, Winnipeg, MB, R3J 0L3, research@deerlodge.mb.ca for review with the Research Committee:

1. DEER LODGE CENTRE Research Application Form.
2. Copy of the final Research Ethics Board (REB) Approval letter (Note: This does not indicate the authorization to conduct study at Deer Lodge Centre).
3. Budget information, if applicable.
4. Electronic copy of all information to be provided to Study Participants including consent forms, information sheets and measures.
5. WRHA or University Photo ID will be required.

Notes:

- A. Incomplete submissions will cause a delay in receiving Deer Lodge Centre Approval.
- B. Research requests may be considered based on how they align with the following area(s) of the Deer Lodge Centre Strategic Plan:
 - a. Enhance the client /family experience
 - b. Assist in improving the quality of client services that are being provided
 - c. Nurture the potential and explore possibilities for clients/family/staff
 - d. Help improve patient flow
 - e. Enhance partnerships with clients/families/health providers and the community
 - f. Promote Dignity and Respect
- C. Research can be undertaken once Request for Access has been approved.
- D. Investigators and all study personnel are required:
 - To have attended a WRHA PHIA orientation in the last three years
 - Sign the WRHA Pledge of Confidentiality
 - If required contact Deer Lodge Centre Privacy Officer at 204-831-2164
- E. Extension of studies must resubmit the Access Process (Committee Approval).
- F. Upon completion of the study, please forward a completed copy of the “FINAL STUDY STATUS REPORT” to research@deerlodge.mb.ca .
- G. All those who carry out research at the Centre must provide the Deer Lodge Centre Research Program Committee and the host department/unit with a written copy of the research results and must credit the Centre in all publications and presentations unless this is mutually agreed to be inappropriate.



DEER LODGE CENTRE – RESEARCH APPLICATION FORM

Section A: PRINCIPAL INVESTIGATOR INFORMATION

Title of the Project:		Project #: <i>(DLC Research Committee Use Only)</i>
Name:		DLC Contact:
Address:		
Phone:	Fax:	Mobile:
Email:		
Faculty/Department:		
Name of Co-Investigator(s)		
Name:		Phone:
1.		
2.		
3.		
4.		

Section B: STUDENT INFORMATION

Name:	
Email:	Phone:
Advisor:	Institution:
Email:	Phone:
Faculty/Department:	
Course for which required:	

Section C: OTHER

Name:
Position:
Organization:
Supervisor/Manager:
Phone:
Email:

1. TIMELINES:

Duration of Project:	Anticipated Start Date:	Anticipated End Date:
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2. PURPOSE OF STUDY:

If approved, the information in Section 2 may be used to inform the public as well as clients and staff

2.1 Significance of study and benefit to Deer Lodge Centre and/or clients.

2.2 How will the research align with the following area(s) of the WRHA/DLC Strategic Plan?

Please check all areas that apply and provide a brief explanation

Enhance the client/family experience

Assist in improving the quality of client services that are being provided

Nurture potential and explore the possibilities for clients/family/staff

Help improve patient flow

Enhance partnerships with clients/families/health providers and the community

Promote Dignity and Respect

3. RESOURCE REQUIREMENTS:

3.1. Will the following services be required? Please include requests for recruitment, clinical services, staff participation, etc. <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please check <input checked="" type="checkbox"/> affected areas:		
<input type="checkbox"/> Biomedical Engineering (e.g. medical device implants)	<input type="checkbox"/> Central Processing	<input type="checkbox"/> Facility Management
<input type="checkbox"/> Communication Disorders (speech language pathology, audiology)	<input type="checkbox"/> Green Team	<input type="checkbox"/> Infusion Pumps
<input type="checkbox"/> Home Care General	<input type="checkbox"/> Housekeeping	<input type="checkbox"/> Occupational Therapy
<input type="checkbox"/> Physiotherapy	<input type="checkbox"/> Library Services	<input type="checkbox"/> Printing
<input type="checkbox"/> Protection Services	<input type="checkbox"/> Respiratory Therapy	<input type="checkbox"/> Social Work
<input type="checkbox"/> Purchasing	<input type="checkbox"/> Supply & Distribution	<input type="checkbox"/> Therapeutic Recreation
<input type="checkbox"/> Spiritual Health Services	<input type="checkbox"/> Clinical Nutrition	<input type="checkbox"/> Clinical Nurse Specialist
<input type="checkbox"/> Nursing Staff	<input type="checkbox"/> Pharmacy	<input type="checkbox"/> Clinical Project Manager
<input type="checkbox"/> Diagnostic/Laboratory Services (If Yes, contact site Diagnostic Services Manitoba)		
<input type="checkbox"/> Other (please describe)		

3.2 Time requirements for staff listed above. (Please describe in detail)

3.3 List Deer Lodge Centre supplies and equipment that may be required. (Describe cost/budget information)

3.4 List space requirements: (Where will the research take place?)

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4. HEALTH INFORMATION AND SERVICES REQUIREMENTS:

4.1. Have you attended a PHIA session in the past 3 years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If so where:		
4.2. Is chart review required?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will you require assistance from Health Information Services (HIS) to produce a chart list?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Date Range of Data Required (calendar year or fiscal year):		
Select the type of data/charts you require:		
<input type="checkbox"/> PCH	<input type="checkbox"/> Chronic Care	<input type="checkbox"/> Geri Rehab
<input type="checkbox"/> Dementia Care	<input type="checkbox"/> Outpatient/Clinic	
Indicate the type of data you require:		
<input type="checkbox"/> Admission Date <input type="checkbox"/> Discharge Date <input type="checkbox"/> Length of Stay / Average Length of Stay	<input type="checkbox"/> Gender / Age <input type="checkbox"/> Unit <input type="checkbox"/> Diagnosis	<input type="checkbox"/> Patient Days / Occupancy Rates <input type="checkbox"/> Postal Code
OTHER INFORMATION:		

AGREEMENT FOR ACCESS TO PERSONAL HEALTH INFORMATION ACT FOR RESEARCH PURPOSES

The Personal Health Information Act of Manitoba
AGREEMENT FOR
ACCESS TO PERSONAL HEALTH INFORMATION
FOR RESEARCH PURPOSES
BETWEEN
WINNIPEG REGIONAL HEALTH AUTHORITY – Deer Lodge Centre
And

(Hereinafter referred to as the “Principal Investigator”)

This agreement is used once a proposal to access personal health information for research purposes has been approved by the Deer Lodge Centre. Once the person conducting a health research project (“Principal Investigator”) has signed this form and the terms and conditions of access have been approved by the Deer Lodge Centre, it becomes a legal agreement between the Principal Investigator and Deer Lodge Centre. The Deer Lodge Centre Research Impact Approval Application and the University of Manitoba Research Ethics Board approval letters must be appended to this agreement and form part of the legal agreement.

The collection of the information referenced on this Application is authorized by *The Personal Health Information Act (PHIA)* and will be used only to administer the research project. Questions regarding PHIA can be directed to the DLC Privacy Officer at 204-831-2164.

AGREEMENT FOR ACCESS TO PERSONAL HEALTH INFORMATION ACT FOR RESEARCH PURPOSES CONTINUED

1. The Principal Investigator has requested access to the following records that contain personal health information which are in the custody or under the control of Deer Lodge Centre for the proposal as identified below:

Describe the Records that will be used in this research proposal:

2. The Principal Investigator agrees to the following terms and conditions:
 - a. Not to publish the personal health information requested in a manner that may identify the individuals concerned.
 - b. To use the personal health information requested solely for the purposes of the above-named research project.
 - c. To destroy the information or remove all identifying information at the earliest opportunity consistent with the purpose of the project.
 - Indicate when identifying information will be destroyed:

 - Specify procedures to destroy identifying information:
 - d. To use reasonable safeguards to protect the confidentiality and security of the personal health information:
 - Specify safeguards:

 - Attach the Research Ethics Board submission form and specify area where this is stated.
3. The Deer Lodge Centre agrees to grant access to the records on the terms and conditions set out in Section 2, above.

Deer Lodge Centre Research Committee approval is dependent upon the Principal Investigator providing a copy of the Research Ethics Board final approval letter to the Deer Lodge Centre Research Program

Signed at: _____ this ____ day of _____,

Signature (Principal Investigator)

Signature (Deer Lodge Centre Committee Chair)

- ORIGINAL AGREEMENT TO BE RETAINED IN DEER LODGE CENTRE RESEARCH PROGRAM.
- SIGNED COPY TO BE FORWARDED TO PRINCIPAL INVESTIGATOR.