

Application for Operational Approval for Research

Research at Northern Health requires two approvals to proceed:

1. Research Ethics Approval
2. Northern Health Operational Approval

This form is for Operational Approval. Submit the completed form to
ResearchCommittee@northernhealth.ca.

Signature pages can also be faxed to 250 565-2640 Attn: Research Review Committee.

Refer to the *Northern Health Operational Approval for Research Projects Information Sheet* for information on who can grant operational approval and the roles and responsibilities of the Researcher and the Northern Health Approval Manager.

Title of Project: _____

Purpose of Research (*Provide a brief description*)

Principal Investigator Name and Signature

Name: _____ Email: _____

Program/Department/School: _____

Institution: _____

Signature: _____

Supervisor Name and Signature (if Researcher is a Student or Resident)

Name: _____ Email: _____

Program/Department/School: _____

Institution: _____

Signature: _____



Co-Investigator(s) (or Local PI/Site Investigator(s))

Name: _____ Email: _____

Program/Department/School: _____

Institution: _____

Name: _____ Email: _____

Program/Department/School: _____

Institution: _____

Primary Contact (if different from Principal Investigator)

Name: _____

Email: _____

Phone: _____

COVID-19 Risk Management

For studies that were previously approved and paused due to COVID-19, have your research study activities which have operational impacts on NH been completed? (e.g., you no longer require NH resources, staff time, recruitment of patients, etc.) ☐ Yes ☐ No

Do any of your study activities require COVID-19 risk mitigation strategies to protect study participants, NH staff and research staff?

What COVID-19 risk mitigation strategies will be implemented?

Please describe if/how the above research activity changes will impact NH operations.

In-person activities with patients/families/NH staff must be conducted virtually.

Research Ethics Approval

Identify the Research Ethics Board of Record for this study and the Study ID/file number:

What is the current status of research ethics approval for this study?

☐ Approved ☐ Submitted and pending review/approval

Once research ethics approval has been granted, submit a copy of the certificate of approval to ResearchCommittee@northernhealth.ca

Please confirm that you are aware that research ethics approval of this study must be granted by Northern Health Research Review Committee

☐ Yes ☐ No If no, please contact ResearchCommittee@northernhealth.ca for information

Northern Health – Organizational Impact Analysis

Where will the research be carried out (e.g., specific sites, facilities, communities)?

Please select the Northern Health services or support required to conduct this research (choose all that apply and provide a description):

- ☐ Only requesting approval to post an advertisement/recruitment material
- ☐ Northern Health staff will be invited to participate in the study
- ☐ Northern Health staff will be required to assist in the conduct of the study
- ☐ Space in Northern Health sites is required for this study
- ☐ Information owned or maintained by Northern Health is required for this study
- ☐ Equipment owned or maintained by Northern Health is required for this study
- ☐ Other direct involvement or requirement of support or service from Northern Health department(s) or staff

Are participating staff members being compensated for their involvement in the project?

☐ Yes ☐ No ☐ N/A

If yes, please indicate the type of compensation to be received, how much and for what activity:

Please identify the specific NH department(s) and community site(s) that will be impacted or participating in this study (e.g. that are being asked to provide research-related services/resources).

An email from the Northern Health manager can be submitted to ResearchCommittee@northernhealth.ca in lieu of a signature on this form. Cite the study title and file number (if available) in the email. Please indicate on the “signature and date” line below if approval will be provided via email.

If the project requires secondary data from Health Information Services (Health Records), contact: Dee-Ann.Stickel@northernhealth.ca (Regional/multi-site), or Health-Information-Services@northernhealth.ca (single site only)

Please refer to the [NH Operational Approval Information Sheet](#) for guidance on operational approval for research projects.

As the person responsible for Department Authorization, my signature confirms that:

- I am the appropriate person to provide operational approval on behalf of Northern Health for this research.
- Resources (e.g. human or financial resources, space) required to conduct the research can be provided and the activities can be executed while service delivery is maintained. Cost recovery agreements have been negotiated with the researcher if required.
- I will communicate to the appropriate people in the organization that the research is happening and is supported by Northern Health, and how the organization is supporting this research
- I will support knowledge translation^[1] (e.g., bringing the research to practice and decision-making)

[1] Knowledge translation is about turning knowledge into action – it enables evidence-informed decision-making and practice. The most frequently cited definition of knowledge translation comes from the Canadian Institutes for Health Research: “knowledge translation is the exchange, synthesis and ethically-sound application of knowledge - within a complex system of interactions among researchers and users - to accelerate the capture of the benefits of research for Canadians through improved health, more effective services and products, and a strengthened health care system (Knowledge Translation Strategy 2004-2009: Innovation in action. Retrieved July 28, 2008 from: <http://www.cihr-irsc.gc.ca/e/26574.html>)

1. Department/Site:

Detail the services required from this department/site

Person Responsible for Department Authorization

Name and Title: _____

Email address: _____

Signature and Date: _____

2. Department/Site:

Detail the services required from this department/site

Person Responsible for Department Authorization

Name and Title: _____

Email address: _____

Signature and Date: _____

3. Department/Site:

Detail the services required from this department/site

Person Responsible for Department Authorization

Name and Title: _____

Email address: _____

Signature and Date: _____

(Attach additional sheets if necessary)

Please check the following boxes to acknowledge:

- ☐ *Northern Health requests a copy of the final study for our files and/or placement at the Northern Health Library and sponsoring facility use.*

At project completion, I will provide a copy of the final report to Northern Health.

- ☐ *Northern Health maintains a database of research undertaken in the health authority.*

I understand that upon approval of my research application by the Northern Health Research Review Committee, the following information will be posted on the Northern Health website and Research Annual Report: project title, names and institutions of Investigators, location of research (sites), name and title of Northern Health operational approval manager(s), and project start and completion dates.

Studies are categorized on the Northern Health website and annual reporting. Please select up to 3 categories that best describe your study. (Refer to Application Guidelines for category descriptions).

- | | |
|--|---|
| <input type="checkbox"/> Acute care | <input type="checkbox"/> Critical care (ED, trauma) |
| <input type="checkbox"/> Health human resources | <input type="checkbox"/> Medication management |
| <input type="checkbox"/> Patient-oriented research | <input type="checkbox"/> Public and population health |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Diagnostics |
| <input type="checkbox"/> Home care | <input type="checkbox"/> Mental health and addictions |
| <input type="checkbox"/> Perinatal | <input type="checkbox"/> Rehabilitation |
| <input type="checkbox"/> Child and youth | <input type="checkbox"/> Dietetics |
| <input type="checkbox"/> Indigenous health | <input type="checkbox"/> Nursing |
| <input type="checkbox"/> Pharmacy | <input type="checkbox"/> Surgical services |
| <input type="checkbox"/> Chronic disease | <input type="checkbox"/> Elder care |
| <input type="checkbox"/> Information Technology | <input type="checkbox"/> Palliative care |
| <input type="checkbox"/> Primary health care | <input type="checkbox"/> Other: |

Please select the most appropriate health research category. The [Canadian Institute for Health Research Themes](#) provides definitions of each category.

- ☐ Biomedical
- ☐ Health Services
- ☐ Clinical
- ☐ Social, Cultural, Environmental, and Population Health

Additional information or comments

Once the conditions for operational approval and research ethics approval have been met, a letter from the Research Review Committee will be emailed to the Principal Investigator and the Northern Health manager(s) who provided operational approval for the research.