Waitematā District Health Board

Best Care for Everyone

Locality Application Form for research, audit & related activity

Complete all sections (A, B & C) then email this form to research@waitematadhb.govt.nz with the proposal/protocol and any relevant ethics documents.

Project title (or provisional title):

Section A: Project Personnel

Lead Investigator or Project Lead

Name:	
Organisation:	
Email:	
Phone:	

Waitematā DHB Lead Investigator *if different from above, otherwise leave blank*

Name:	
Department:	
Phone:	

If no Waitematā DHB employed investigators, a WDHB contact or supervisor is required

Name:	
Department:	
Phone:	

Primary Contact Person for all communication *if different from above, otherwise leave blank*

Name:	
Organisation:	
Email:	
Phone:	

Other project personnel, if any *eg Co-investigators, Research Nurse, Academic Supervisor*

Will non-Waitematā DHB employees access patients, identifiable patient information, staff or premises for this study?

☐ No ☐ Yes →*Confidentiality Agreements may be required*

Will Waitematā DHB be required to sign any contracts/agreements relating to funding, resources, confidentiality or Intellectual Property? *All contracts require WDHB legal review*

☐ No ☐ Yes ☐ Not sure

Fund Source

☐ Commercial/Industry
☐ Non-commercial grant/scholarship/award
☐ Other (specify):

Name of Funder:

NOTE: Costings for Waitematā DHB involvement in this study, including staff time or other resources, need to be provided to the Manager to inform their authorisation of the study (even when there will be no exchange of funding).

Section B: Project Details

Abstract: *Briefly outline the project including the research question or issue this project aims to address*

List of keywords: *separate keywords with commas*

Co-design: *stakeholders can be institutions, communities or individuals. Conversations with Māori stakeholders are appropriate for researchers working alongside Māori participants.* **Will stakeholders be engaged in the design or development of this project?** ☐ Yes ☐ No ☐ Not applicable

Might this study contribute to reducing inequalities in health outcomes between Māori and other New Zealanders? ☐ Yes ☐ No **Please explain why or why not:**

Project type: *Select ONE which best describes this project*

- ☐ Clinical audit *measures practice against a standard. Data collection may be retrospective or prospective*
- ☐ Outcome analysis *measures outcome of practice often focusing on patient management and complication rates*
- ☐ Programme or service evaluation *measures 'how much, how many and how well'*
- ☐ Observational research *no intervention other than recording, classifying, counting and analysing of data*
- ☐ Interventional research* *the researcher controls & studies the intervention(s) provided to participants*
- ☐ Implementation research *contextually seeks ways of improving access to health interventions*
- ☐ Systematic/Literature review
- ☐ i3 QI project
- ☐ Other (specify):

**all members of the research team should undertake ICH GCP E6 (R2) training*

Waitematā DHB Host Department:

Expected Start Date: **Expected End Date:**

Multi-site project?

- ☐ Not a multi-site project (Waitematā DHB only)
- ☐ Multi-site with Waitematā DHB leading the project
- ☐ Multi-site with Waitematā DHB as a sub-site
- ☐ Waitematā DHB as a referral or resource site only

With reference to the NEAC standards (page 100 Table 8.3) please indicate the risk category for this study:

- ☐ Negligible risk
- ☐ Minimal risk
- ☐ More than minimal risk

What type of ethical review will be/has been sought: *(send ethics documents with this application)*

- ☐ No ethics committee review required
- ☐ NZ Health & Disability Ethics Committee (HDEC)
- ☐ NZ Institutional Ethics Committee eg university, AHREC
- ☐ Not sure

Is this project related to professional development or academic study?

- ☐ Allied Health CASP/ Nursing portfolio
- ☐ Tertiary eg. PG Cert/Dip/Masters/Doctorate
- ☐ Medical Council or College registration
- ☐ None of the above

Section C: Waitematā DHB Resources

How will Waitematā DHB patients' clinical information be accessed?

- ☐ Paper records already on the ward/unit (ie current patients)
- ☐ Paper records requested via the Clinical Records department
- ☐ Electronic data extract already within the department
- ☐ Electronic data extract requested via the Health Information Group (list of NHIs or full data set)
- ☐ via Qlik Sense Hub
- ☐ via Clinical Portal
- ☐ Other (specify):
- ☐ No patient clinical information will be accessed

Describe how any collected data will be kept safe and who will be responsible for ensuring policies and ethical standards are met for access, transfer, storage & disposal of data (paper/electronic files/video/audio):

Outline any Waitematā DHB resources required for this project including staff time, facilities (eg clinic space), equipment and/or consumables:

Clarify which resources listed above are standard of care (SOC) and which are additional to SOC:

Clinical Support Services: *Tick all support services required for this study. Do not tick a service if you only need access to data available via Clinical Portal (information access should be outlined at the start of Section C above)*

- ☐ Clinical Coding
- ☐ Laboratory
- ☐ Surgical Pathology
- ☐ Radiology
- ☐ Pharmacy*
- ☐ Other (specify):
- ☐ None of the above

**All protocols that include administration of medication to patients must be reviewed by Waitematā DHB Pharmacy*

Research & Knowledge Centre support: *Tick areas you would like advice about (if any). Available only to Waitematā DHB staff. Staff undertaking Masters/PhD/Doctoral studies should seek advice from their university/ supervisors in the first instance.*

- ☐ Proposal/protocol development
- ☐ Ethics
- ☐ Budgeting/costings
- ☐ Literature/systematic review
- ☐ Māori research
- ☐ Data collection/data security
- ☐ Questionnaire design
- ☐ Statistics/analysis
- ☐ Grant writing/funding

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