Research *Forward*

Cincinnati Children's

A Publication from CCRF Research Administration

2014 Innovation Fund Offers Up To $200,000

Cincinnati Children's Innovation Fund recently released the Request for Proposal for its 2014 round of funding and is actively seeking applications. The fund, now in its third year, is an internal program designed to accelerate the commercialization of a CCHMC discovery, innovation, project or product.

The competitive grant can be used for prototype development, human clinical data, pre-clinical data, drug delivery systems/platform development, large animal studies, and other advanced pre-commercial research.

"The Innovation Fund is significant on many fronts," Niki Robinson, assistant vice president for the Center for Technology Commercialization (CTC) noted. "It provides critical early stage funding to promising technologies while also showing a high level of commitment from the institution to innovation and commercialization."

The Innovation Fund can provide up to $200,000, in 2 one-year installments, to an innovator or innovation team at Cincinnati Children's. Each project that is awarded funding must meet specific commercially-relevant milestones in order to receive the full funding amount.

The first step in the process is submitting a Letter of Intent (LOI) on or before 5PM on January 6, 2014. The LOI form can be found on the CTC's CenterLink website. LOI's will be reviewed by the CTC and select applicants will be invited to submit a full proposal in February. An advisory committee of internal leaders and external industry experts will review those proposals and invite a select group to a presentation and Q&A that will determine which projects receive funding.

Hector Wong, MD, received a 2013 Innovation Fund award to advance his research regarding sepsis and septic shock.

In order to be eligible for the Innovation Fund, the applicant must be a Cincinnati Children's employee and the primary innovator on the project. The project must also be disclosed to the CTC via an invention disclosure in order to be considered.

"If you're not sure if you have a project that will qualify or not, we want to hear from you," Robinson added. "Every division within Children's has a Technology Manager that is available to help you answer those questions and walk you through the process—all you need to do is give us a call (636-4285) or send us an email (ctc@cchmc.org)."

A complete list of Innovation Fund guidelines, process, timelines and forms can be found on the CTC's website: http://centerlink.cchmc.org/content1/46404/.

IN THIS ISSUE:

Winter 2013

Decreasing Continuing Review Anxiety

This article is to help you eliminate some of the anxiety you may experience with the continuing review submission process. Hopefully, you will find some of these tips helpful and maybe find answers to some frequently asked questions.

FAQ's and Tips….

1) I submitted my continuing review 2 months before it is due to expire; will it get processed faster?
    a. Yes and No. With the volume of studies at CCHMC (approximately 2,000+) we sort the review list by the expiration date, then by date of submission of that expiration date.
        i. If the IRB is having a 'low volume month,' then your continuing review could be reviewed sooner rather than later.
        ii. High volume months historically have been June, August, September, and October.
2) Why does the continuing review need to be submitted 30 days prior to expiration?
    a. The IRB strives to have the continuing reviews reviewed and re-approved 1-2 weeks before the expiration date. So that leaves the IRB office 1-2 weeks to review the submission and obtain additional clarification before assigning to a convened Board Meeting or expedited Primary Reviewer.
3) How can I help facilitate a smooth review process?
    a. **Be as informative as possible on the continuing review submission**. The following are typical 'problem areas' that frequently cause a study to be sent back for additional clarification:
        i. Make sure that all study team members have a current COI in the system. If there is 'red' in the study team section….there is a problem that needs to be investigated. If the study member has left CCHMC, then submit an amendment updating this information before submitting the continuing review.
        ii. Remain consistent with the previous continuing review submission. Recommend having this report open in a separate window to review what was previously reported and what is being reported now. Areas that are often inconsistent include:
            1. Enrollment Table – The numbers don't match previous submissions. If you find that an error was made, confirm that information in the current report. Let us know you identified the inconsistency; don't assume that we will figure it out.
                a. Pay attention to the enrollment table math!
                b. If multi-site, and 'open ended' for enrollment totals, ePAS requires a number. It is acceptable to put 99999 with a note that enrollment was not a defined number.
            2. Anticipation of completion date – this information pulls what was previously reported. If the dates need to be revised, please make sure that an explanation is provided in the box below the table. Provide a rationale for any extension. Examples of why study is taking longer to complete than initially projected:
                a. Data analysis has taken longer than anticipated.
                b. Manuscript publication is taking longer than anticipated.
                c. Staffing problems that need to be resolved for the study to be conducted effectively.
            3. Consent documents – When submitting the last signed de-identified consent, keep in mind the following:
                a. Make sure that the participant's date of birth is visible. This assists us in knowing if assent was required.
                b. Do not remove the signature dates.
                c. If re-consent was required, make sure that consent is uploaded with the last signed consent.
            4. Deviation Log – Include only information that pertains to the reporting period of this continuing review submission.
            5. Project Summary to Date – Fill this out completely. This is one of the most important pages of the continuing review submission. It is your place to let the reviewer know what is going on with the study. Noting 'None' in the all the boxes will result in the continuing review being sent back for further elaboration. Even if the study is progressing at normal pace, that is a better explanation to provide to the reviewer than 'none'.

(continued on next page)

Upcoming ePAS Changes to Compliance Related Forms

ePAS users will notice some changes to **IRB**, **IBC** and **IACUC forms** in the upcoming months. The changes are being made in an effort to capture data regarding diseases/conditions being studied, and research themes.
Users can expect the following changes to occur over the next few months.

New Questions: An additional 2 to 5 questions will be added to the end of the forms based on the user's responses. The questions will be added to the forms in the following order: IRB forms (new protocol and continuing review), IBC forms and finally IACUC forms. The questions will capture information on:

Diseases/Conditions Being Studied

Users will be presented two categories (Disease Based Research and Whole Body or Systems Research) and asked to select the research focus that best fit their research. Users will then be given the option to choose from a list of diseases and conditions based on the research focus areas that they selected.

Type of Research

Users will first choose from a list of research themes. Definitions that explain the research themes will be included.
Therapeutic/device research users will then select the appropriate phase of the research (Phase I, II, III, etc.). If diagnostic research was selected, users will be asked about the primary development approach for their diagnostic test.

Purpose for Changes: These changes will allow us to address one of the five major areas of the Research Foundation strategic plan: "to develop and maintain unique research foci, capabilities and partnerships that differentiate CCHMC from its competition." The data collected will aid in meeting the following goals:

- Develop, grow and sustain nationally known disease-specific research centers,
- Encourage research in key thematic areas,
- Emerge as the world's leader in pediatric multicenter studies, and
- Develop key strategic partnerships.

Please click HERE to see the full article with screen captures of the proposed changes. Please contact CCRF_Strategy@cchmc.org if you have questions about these changes.

Decreasing Continuing Review Anxiety (*continued*)

If you keep these tips in mind when submitting your next continuing review, the process will be much smoother and hopefully less anxiety-ridden.

Please note: The IRB does recognize that at times a continuing review needs to be reviewed sooner rather than later, due to multiple reasons. Contact the IRB office and apprise them of your situation so that we can work with you in getting the review completed in a timely manner for all involved.

CCHMC Research SOP Revisions

This is a friendly reminder that the CCHMC Standard Operating Procedures (SOPs) for Research Involving Human Subjects were revised in July of 2013.

Why? CCHMC policy requires all SOPs to be reviewed periodically. During this review, revisions were made to clarify procedures based on input from the research community. Some revisions allow additional flexibility in research documentation.

What? All 11 of the currently available CCHMC Research SOPs in the 41-series were reviewed, but only 5 needed changes. A description of the changes made to each SOP can be found in the Revision History table at the end of each SOP.

Where? The CCHMC SOPs for Research can be found on Centerlink in the ORCRA Watercooler by clicking the "Procedures (SOPs)" tab on the left side of the page. The SOPs can also be accessed by using the following link: http://orcra.researchlink.cchmc.org/ORCRA/human/Policies/Forms/SOP%20View.aspx

Questions regarding the SOPs can be directed to the ORCRA office.

Project Budgets…*Getting it Right the First Time*

ATTN: *Anyone needing lab services who is preparing a budget for a grant, clinical trial or a divisional research project:* Please check with the business contact in the respective laboratory before finalizing your budget to ensure you have the correct charge code from the Research Fee Schedule. There are different types of tests offered with similar names, and some charges in the Fee Schedule are just a *part* of a full panel. **The Fee schedule is broken down by CPT Code, not by complete lab test.** We want to make sure your budget reflects what the true research price will be.

Lab Contacts:
CBDI (Flow, Special Coag, Hemoglobinopathy testing): Carrie Gifford
Heart Institute Lab: Nicole Moore
Human Genetics: Edita Freeman
Main Clinical Lab: Debbie Wendelken
Nephrology: Thelma Kathmann
Pathology/Mass Spec: Mary Stutler

CCHMC, UC Join IRB Collaborative to Accelerate Review of Multi-site Studies

For the first time, a group of hospitals and research institutions across Cincinnati and Northern Kentucky has formed a collaborative Institutional Review Board (IRB) agreement that will allow any of the six participating sites to serve as the IRB of record for human subjects research conducted across multiple participating study sites.

The new collaborative agreement could increase study enrollment, speed the recruitment process for studies and expand access to clinical trials for people interested in participating. Participants in the collaborative IRB agreement—all members of the Consortium of Greater Cincinnati IRBs (CGCI)—are Cincinnati Children's Hospital Medical Center, The Jewish Hospital - Mercy Health (serving as the IRB of record for Mercy Health), Northern Kentucky University, St. Elizabeth Healthcare, TriHealth Inc. and the University of Cincinnati (serving as the IRB of record for UC Health.) The formation of this six-institution collaborative agreement was spearheaded by Michael Linke, PhD, chairman of UC's IRB and physical scientist at the Cincinnati Department of Veterans Affairs (VA) Medical Center.

Until now, collaborations across participating institutions locally had required redundant review at each individual institution—a multi-step process that could impede multi-site studies essential to developing new treatments and therapies to improve human health. The new collaborative agreement reduces redundancies in the review process and has already allowed UC's IRB to rely on the IRB at TriHealth for approval of a minimal risk study on medical decision making.

The Center for Clinical and Translational Science and Training (CCTST), which, along with the Greater Cincinnati Health Council helped to form CGCI, has experience developing multi-site IRB agreements. In 2012, CCTST leaders worked with partnering institutions in Ohio to develop a statewide process for IRB approval on multi-center trials. More than 25 studies have already passed through this statewide "reliant" IRB.

For more information, go to http://healthnews.uc.edu/news/?/23474/ .

Save the Date…*2014 OHRP Research Community Forum*
Clinical Research and All That Regulatory Jazz!

If you're wondering what could top last year's "Research Rocks!" annual research symposium, here it is.... Save the date, Wednesday, May 21, 2014! Next year's annual research symposium will be bigger and *jazzier* than ever!

For the first time in this region, Cincinnati Children's Hospital Medical Center/Office for Clinical and Translational Research, University of Cincinnati, Cincinnati Veterans Affairs Medical Center and the Center for Clinical & Translational Science & Training will partner to sponsor the **2014 Office for Human Research Protection (OHRP) Regional Community Forum (RCF): *Clinical Research and All That Regulatory Jazz!*** The all-day Forum will be presented at the Kingsgate Marriott Conference Center at the University of Cincinnati, doubling audience capacity from past conferences conducted in the Sabin Education Center. In addition to keynote speakers, curriculum tracks/breakout sessions for the Forum will include:

- Regulatory
- Biobanking
- Internet-based research
- Novel research
- Miscellaneous or Network-based research

Clinical research presentations, updates and panel discussions will be delivered by representatives from the national OHRP, as well as regional academic researchers and experts from the four partnering institutions.

Important Questions About *Clinical Research and All That Regulatory Jazz!*

- Will this Forum replace the annual spring research symposium sponsored by the Office for Clinical and Translational Research presented in the Cincinnati Children's Sabin Education Center?
  Yes

- Will this Forum replace the annual fall human subject protection conference sponsored by CCHMC, UC, UK, and Schulman Associates IRB presented at the Northern Kentucky Convention Center?
  No

- Is there a registration fee for the *Clinical Research and All That Regulatory Jazz!*
  Yes. Registration for the Forum will be $125 (early registration – before March 31, 2014), and $150 afterward. Talk with your supervisor or manager to make preparations to pay the registration fee. Information on departmental cost transfers will be forthcoming.

- Will continuing education credit be available?
  This activity has been approved for AMA PRA Category 1 Credit™.

Don't miss this educational and fun research event. Mark your calendars for Wednesday, May 21, 2014, to plan on attending *Clinical Research… and All That Regulatory Jazz!*

Professional Development

Informed Consent Role-Play
Tuesday, December 10th; 9:00am – 11:30; ELM Registration

- -

ACRP Webinar Replay: **New SKills for Risk-Based Monitoring of Investigational Studies**
Wednesday, January 8th; 1:00pm – 2:00pm; ELM Registration

- -

Core Clinical Research Training
Tuesday, January 28th - Thursday, January 30th; 8:00am – 12:30pm; ELM Registration

- -

Informed Consent Role-Play
Tuesday, February 18th; 9:00am – 11:30; ELM Registration

- -

Clinical Research Orientation *(Part of Clinical Research Boot Camp)*
Monday, March 3rd - Tuesday, March 4th; 8:00am – Noon; ELM Registration

- -

ePAS – IRB Submissions *(Part of Clinical Research Boot Camp)*
Wednesday, March 5th; 8:00am – Noon; ELM Registration

- -

Clinical Research Skills Training *(Part of Clinical Research Boot Camp)*
Thursday, March 6th; 8:00am – Noon; ELM Registration

- -

Clinical Research Phlebotomy Training *(Optional Part of Clinical Research Boot Camp)*
Thursday, March 6th; 12:30pm – 5:00pm; ELM Registration

- -

EPIC Research Registration *(Part of Clinical Research Boot Camp)*
Friday, March 7th; 8:00am – 2:00pm; ELM Registration

Methodologic Research Grants Offered

The **CCTST Methodologic Research Program** is designed to advance methodologic research in biostatistics, epidemiology, bioinformatics and related disciplines in order to enhance the capacity to conduct and analyze data from clinical and translational studies. The Program will support promising innovations with potentially important applications that may enhance validity, efficiency, and causal inference of clinical and translational studies. Relevance for clinical and translational research is a key evaluation criterion, and coordination with ongoing CCTST research is encouraged. **The next application deadline is Friday, January 24, 2014 by midnight.**

Up to $10,000 may be requested for a one year, nonrenewable award. Appropriate topics include, but are not limited to, novel statistical methods development for design and analysis of clinical and translational studies; novel methods of subject enrollment, retention, and data or sample collection and management; and validation of novel scales or predictive models using existing datasets to address important clinical and translational research needs, e.g., quality of life, attitudes, and prediction of key behaviors or critical health outcomes.

The Program expects to make 2 to 3 non-renewable awards annually. All 80% or greater FTE faculty members based at UC, Cincinnati Children's or the Cincinnati VA Medical Center are eligible to apply. Applicants must be CCTST members (**join free of charge**).

The Request for Applications (RFA) for the January 24, 2014 deadline is **available here**. For more information, email **Sandy Geideman** or call (513) 636-9776.

CCTST Center for Clinical & Translational Science & Training — University of Cincinnati

Now Enrolling

Trivia Corner

There are 293 ways to make change for a dollar.

A shark is the only known fish that can blink with both eyes.

A crocodile cannot stick its tongue out.

"Dreamt" is the only English word that ends in the letters "mt".

An ostrich's eye is bigger than its brain, but the giant squid has the largest eyes in the world.

A dime has 118 ridges around the edge.

"Stewardesses" is the longest word that is typed with only the left hand.

Whole Genome Sequencing

Comprehensive genomic testing of newborns is not yet commonplace, but it's possible and available today. The NIH is funding several research projects to assess whether doing so is a good idea. These studies are being conducted in Boston, San Francisco, Kansas City, and North Carolina. The intent of these funded studies is to determine whether sequencing should become part of the routine screenings conducted on all newborns.

In 2013, whole exome sequencing became available at CCHMC.

Genome sequencing is commercially available too. However, take heed…. Note the Warning Letter below.

FDA Warning Letter

In November 2013, the FDA issued a warning letter to "23andMe", a company offering genetic testing, for marketing their Saliva Collection Kit and Personal Genome Service (PGS) without obtaining prior marketing clearance.

Per the FDA, this test was defined as a device "intended for use in the diagnosis of disease or other conditions or in the cure, mitigation, treatment or prevention of disease" and the company was marketing the PGS as a first step in prevention, allowing customers to mitigate serious diseases.

FDA is concerned about public health consequences of inaccurate results and confirms their regulatory requirements are to ensure that the tests work.

23andMe was required to immediately discontinue marketing the PGS.

Minimizing Lost-to-Follow-Ups

What does it mean to have participants "lost-to-follow-up"? Best practice defines participants as "lost" when three contact attempts have been documented as unsuccessful. This includes such efforts as phone calls, certified letters, email correspondence, etc.

Having such "lost" participants may compromise the data and statistical power necessary to prove the safety and/or efficacy of the drug/intervention being studied. Finding these participants and keeping them engaged contributes significantly towards studies meeting their primary endpoints.

Efforts to minimize "lost" partcipants include proactive development and implementation of programs that keep the participants interested and engaged in the conduct of the research, such as via newsletters sharing updates of the project, scheduled correspondence (calls, postcards, emails (…all IRB-approved of course!))

It is best to consider retention efforts up front when designing a long-term study. The Marketing group of the Office for Clinical and Translational Research is an excellent resource and wealth of expertise for maximizing participant retention.

Community Engagement Awards Announced

Outstanding leaders in community advocacy, partnerships and research were recognized at the CCTST Community Awards Dinner October 17 at the Bell Event Centre. The evening also included a keynote address on social determinants of health by Dr. Camara Jones, Emory University, and Ms. Gail McCray, Morehouse School of Medicine.

Established to honor excellence in leadership, collaboration, and health promotion in the Greater Cincinnati/Northern Kentucky region, a total of 12 awards were made in 4 categories:
Community Health Advocate Award
Academic-Community Research Partnership Award
Community Leadership Award
Practice-Based Research Award

A complete list of awardees and additional photos are **available here**.

Practice-Based Research Awardee Prabir Roy-Chaudhury, MD, PhD and Lori Crosby, PsyD, CCTST Community Eng. Core

In the Press

Equipoise is the state of uncertainty about which treatment would be better for patients. Individual equipoise applies to an individual's assessment, while collective equipoise refers to the assessment of the profession as a whole.

A recent study in Tampa, FL, looked at what level of equipoise would be required for a randomized clinical trial to be ethical for an IRB to approve. Their findings identified that past 80% (less than 20% uncertainty), such research would be considered unethical, but up to 80%, there is sufficient uncertainty to justify the research.

* * * * *

The International Society for Pharmaceutical Engineering conducted surveys measuring participant experiences with clinical trial materials. The study included over 1400 respondents. Some key findings include:

- Patients want to comply with the instructions. Understanding study protocols invests participants in study success.
- Understanding the clinical trial process makes it easier for participants to comply with the research.
- Research participants seem especially fuzzy on the process(es) for returning clinical trial medicine. It would help if they understood the reason for the return and tools for improving this process.

CReFF Award Announced

Hansel Greiner, MD, assistant professor of pediatrics and co-director of the epilepsy surgery program in thedivision of neurology at CCHMC has been awarded a grant from the fall 2013 cycle of the Clinical Research Feasibility Fund (CReFF).

Hansel Greiner, MD

His project is entitled "*Focal Cortical Dysplasia as an "mTORopathy: Identification of a Serum Biomarker in Treatment Resistant Pediatric Epilepsy."* Offered twice annually, the CReFF provides one-year pilot funding of up to $20,000 to junior faculty utilizing resources of the CCTST's **Clinical Translational Research Center**.
Grants are potentially renewable for one additional year.

The spring 2014 RFA will be announced soon. For more information, please contact **Amy Hartkemeyer**.

Consent and Recruitment Corner

There have been some interesting articles in the press lately touching on Informed Consent and participant recruitment:

An article on pediatric trial recruitment in the November ACRP Monitor mentioned how 74% of physicians focus on altruistic benefits when they present clinical research trials to prospective parents. However, less than 50% of parents identify altruism as a top motivator. What's most important to parents is that they want to know how a trial will impact *their* child.

Clearly, people use technology to research medical conditions (…who wouldn't hit Google with some serious questions?) And, while study information is increasingly being made available through technology (think Facebook community sites), when it comes down to considering research participation, a sincere conversation with someone knowledgeable about the study is still the most successful method of recruitment. These high-touch approaches were identified as especially helpful (as compared to high-tech) when it comes to pediatric, rare, and life-threatening diseases.

Another article in this same publication quoted a CISCRP finding that while over 50% of patients surveyed want to, only 20% actually do hear about potential clinical trials from their primary care physician. Many research sites do not tap into this network of family practitioners (with access to potential participants) because they feel the practitioners are too busy or that they do not understand the value of clinical trials.

Dates & Deadlines

NIH Grant Deadlines January 25, 2014 through April 13, 2014 (CYCLE I)

ELECTRONIC SUBMISSIONS USING THE SF424 APPLICATION FORMS

Activity Code	Program Description	SPO Due Date	CYCLE I Due Date
P Series *New, renewal, resubmission, revision*	**Program Project Grants and Center Grants**	Jan 20	Jan 25**
G12, P30, P40, P41, P42, P51, P60, R28, S06, U10, U41, U42, U45, U54, U56, UC7 *New, renewal, resubmission, revision*	**Other Activity Codes**	Jan 20	Jan 25**
R18/U18 **R25** *New, renewal, resubmission, revision*	**Research Demonstration Education Projects**	Jan 20	Jan 25**
C06/UC6 *New, renewal, resubmission, revision*	**Construction Grants**	Jan 20	Jan 25**
G07, G08, G11, G13, G20, S11, S21, S22, SC1, SC2, SC3 *New, renewal, resubmission, revision*	**Other Activity Codes**	Jan 20	Jan 25**
T Series **D Series** *New, renewal, resubmission, revision*	***Institutional* National Research Service Awards** **Other Training Grants**	Jan 20	Jan 25**
R01 *New*	**Research Grants**	Jan 29	Feb 5
U01 *New*	**Research Grants – Cooperative Agreements**	Jan 29	Feb 5
K Series *New*	**Research Career Development**	Feb 5	Feb 12
R03, R21, R33, R21/R33, R34, R36 *New*	**Other Research Grants**	Feb 10	Feb 16**
R15 *New, renewal, resubmission, revision*	**Academic Research Enhancement Award (AREA)**	Feb 18	Feb 25
R01 *renewal, resubmission, revision*	**Research Grants**	Feb 26	Mar 5
U01 *renewal, resubmission, revision*	**Research Grants – Cooperative Agreements**	Feb 26	Mar 5
K Series *renewal, resubmission, revision*	**Research Career Development**	Mar 5	Mar 12
R03, R21, R33, R21/R33, R34, R36 *renewal, resubmission, revision*	**Other Research Grants**	Mar 10	Mar 16**
R41, R42 **R43, R44, U43, U44** *New, renewal, resubmission, revision*	**Small Business Technology Transfer (STTR)** **Small Business Innovation Research (SBIR)**	Mar 31	Apr 5**
F Series Fellowships *New, renewal, resubmission*	***Individual* National Research Service Awards (Standard)**	Apr 1	Apr 8
R13, U13 *New, renewal, resubmission, revision*	**Conference Grants and Conference Cooperative Agreements**	Apr 7	Apr 12**
F31 Diversity Fellowships *New, renewal, resubmission*	***Individual* Predoctoral (F31) Fellowships to Promote Diversity in Health-Related Research**	Apr 7	Apr 13**

PAPER Submissions Using the PHS 398 APPLICATION FORMS

Activity Code	Program Description	SPO Due Date	CYCLE I Due Date
UM1 *New*	**Research Grants** **Multi-Component Cooperative Agreements**	Jan 29	Feb 5
UM1 *Renewal, resubmission, revision*	**Research Grants** **Multi-Component Cooperative Agreements**	Feb 26	Mar 5

Effective May 25, 2014, ALL NIH grant applications will require eSubmission

*** Deadlines Falling on weekends or holidays move to the next business day*

Cincinnati Children's Hosts Magnet Site Visit

On October 14, 15, and 16, 2013 Cincinnati Children's hosted three Magnet Appraisers from the American Nurses Credentialing Center's Magnet Program Office. The purpose of the site visit was for the appraisers to *verify, clarify* and *amplify* content they read in our 2013 Magnet Redesignation Document. This visit gave the appraisers the opportunity to meet one-on-one with individuals, groups, councils, points of care, etc., to learn more about projects they are involved in, and to hear about the impact that nurses have at Cincinnati Children's.

The Magnet Site Visit came two weeks after The Joint Commission survey took place, after new clinical pumps rolled out, and during a period of record-setting high census. Despite all that, Cincinnati Children's employees rose to the occasion and used the site visit to brightly shine at every opportunity!

Four nursing research projects were presented to the appraisers during the visit. The titles of the research projects and the investigators are provided below:

Optical Detection of Intravenous Infiltration/Extravasation: A Pilot Study
Darcy Doellman RN, MSN, VA-BC, CRNI, Clinical Manager Vascular Access Team;
Sylvia Rineair, MSHA, BSN, VA-BC Clinical Director Vascular Access Team;
Sommer Peveler, ADN, RNII, Vascular Access Team;
Neil Johnson MD, Medical Director Vascular Access Team

Staff Registered Nurses on the Blood and Marrow Transplant Unit: Their Practice and Self-Care Needs
Caroline Morrison MSN, RN, CNL, Bone Marrow Transplant and Immunology Unit;
Co-Investigator: Edith Morris, Ph.D., RN, CNP

Diaphragmatic Dysfunction in Neonatal Brachial Plexus
Melissa Miller, MSN, RN III;
Emily Louden, MPH, Outcomes Coordinator;
Kevin Yakuboff, MD, Div. of Plastic Surgery
Brachial Plexus Center

Culture Care Meanings, Expressions and Cultural Lifeways of Urban African American Family Members Caring for their Child with Autism
Karen Burkett, PhD, RN, PNP-BC, Pediatric Nurse Practitioner;
Developmental and Behavioral Pediatric Clinic

The Magnet Appraisers provided feedback at the end of their three-day site visit. Their comments included:

- Patient Leadership Team members and the Medical Staff are highly engaged and supportive of nursing and Patient Services;
- Research presentations were impressive;
- Impressed by Cincinnati Children's work in employee and patient safety, and research taking place in this area;

After the conclusion of the site visit, the Magnet Appraisers completed a narrative summary of the visit and submitted their findings to the Magnet Program Office. The Magnet Program Office has two to three months to review the findings and will contact Cheryl Hoying with their decision whether or not Cincinnati Children's receives Magnet Redesignation. We expect that word to come sometime between December 15, 2013-January 15, 2014.

Stay tuned……

New Chair of Biomedical Informatics Named

Peter White, PhD, has been named the Rieveschl Chair of the new department of biomedical informatics at the University of Cincinnati (UC) College of Medicine and director of the division of biomedical informatics in the department of pediatrics and Cincinnati Children's Research Foundation. White currently serves as director of the Center for Biomedical Informatics at the Children's Hospital of Philadelphia and is research associate professor in the department of pediatrics at the University of Pennsylvania Perelman School of Medicine. His appointment in Cincinnati will be effective Feb. 1, 2014, pending approval of the UC Board of Trustees.

"In this new role, Dr. White will develop vibrant and successful research and education programs in biomedical informatics that will build on previous work achieved here," said Thomas Boat, MD, dean of the College of Medicine and UC vice president for health affairs. "The department will be the academic home for informatics faculty and will assist with collaborations and data sharing among UC, Children's Hospital and UC Health."

In his role at Cincinnati Children's, White "will re-engineer data and software development services to most effectively meet the needs of investigators while focusing on team-based collaboration with researchers on data retrieval, transformation, management, delivery and analysis," said Arnold Strauss, MD, Rachford Chair and professor of pediatrics and director of Cincinnati Children's Research Foundation. "Dr. White is expected to accelerate capacities especially for molecular and health services research and grow capabilities for genomics and proteomics research across the academic medical center."

White received his doctorate in molecular genetics from Washington University in St. Louis in 1992 and later completed fellowship training there and at Children's Hospital of Philadelphia. He was appointed to the University of Pennsylvania faculty in 1999 and is a member of the university's Abramson Cancer Center, Genome Frontiers Institute, graduate group in Genomics and Computational Biology, Institute for Translational Medicine and Therapeutics and Center for Therapeutic Effectiveness Research.

For more information, go to http://healthnews.uc.edu/news/?/23510/ .

Send comments, story ideas or questions to:

Mina Busch, MS, CCRP, CIP
Office of Research Compliance and Regulatory Affairs

Cincinnati Children's
Hospital Medical Center
3333 Burnet Ave. MLC 7040
Cincinnati, OH 45229-3039
Mina.Busch@cchmc.org
513-636-3342

Contributors

Editor – Mina Busch
Writer – Kim Ballinger
Writer – Krystal Bradford
Writer – Vicki Davis
Writer – Dama Ewbank (@ UC HealthNews)
Writer – Jim Flessa
Writer – Carla Hanekamp
Writer – Michael Pistone
Writer – Mark Schuller
Writer – Mary Stutler
Writer – Carol Tierney

Happy Holidays!

Cincinnati Children's