

Acute Care Research Council 1-year Anniversary

Background

Established October 2015

Includes 14 ACR units from UC, CCHMC, VA, plus local IRBs chairs and investigational pharmacy

Committed to creating a *coordinated & innovative* ACR culture

ACR Challenges

- ❑ Need to urgently interact with patients 24/7/365
- ❑ Inability to pre-schedule/recruit patients
- ❑ Barriers to the consent patients
- ❑ Transition of patients throughout health system
- ❑ Population at higher risk of health disparity/failure

Vision

We will create a collaborative community of acute care researchers that encompasses the entire region, ascending to a nationally-acclaimed best practice program recognized for its unparalleled stakeholder relationships, robust collaborative study opportunities, and advancement of acute care research.

Mission

To generate and execute world-class collaborative research initiatives through: empowering our stakeholders, improving efficiency of the research process, training our next generation clinical and translational researcher, and developing ACR standards of care.

Accomplishments

- ✓ Created *Charter* with clear goals & measurable objectives
- ✓ Formed Acute Care Research **Regulatory group** -
 - *Online repository sharing* w/over 1,000 documents
 - *Regulatory assistance and consulting* available at n/c
- ✓ Received **grant** to study *informed consent* in ACR
- ✓ **Web-presence** <https://cctst.uc.edu/acrc>
- ✓ Convened 13 meetings, **sharing knowledge** to advance excellence/efficiency in ACR

Tactics for coming year

- Finalize evaluation metrics and verify baseline data
 - Agreement on what counts, not on what to count
- Complete study of a tool to assess capacity for *Informed Consent*
 - IRB protocol prepared; sham study approach
- Develop core competencies for acute care research stakeholders and create training programs
 - Training coordinator starts December 2016

Tactics for coming year

- Compile ACR infrastructure catalog
 - Draft developed; more comprehensive than evaluation metrics
- Study economic facets of ACR (additional resources required, losses due to missed subjects, regional impact, workforce, etc.)
- Develop an editorial or white paper characterizing the differences between ACR and non-ACR
 - focus on the inherent challenges and possible solutions
 - consent, resource requirements, timeliness of response, impact of research on care pathways on a constrained timeline, availability of data elements, data management, considerations for the prehospital setting