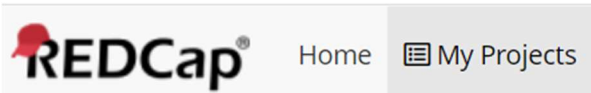


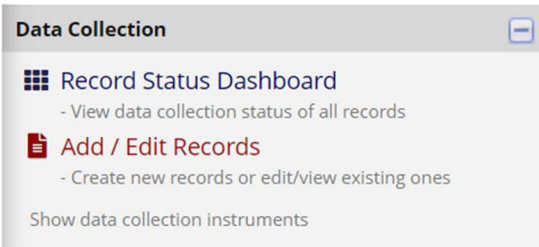
PROJECT LAUNCH: Departmental Feasibility Instructions

- Landing page (if additional information is required) can be found here: <https://www.womensresearch.ca/launching-a-study-or-project/>
- For access to REDCap and Project Launch (“the project”), please contact redcap@wchospital.ca for access to an external REDCap account and/or to re-activate your account.

1. Go to MY PROJECTS



If you have access, you will see the “**Project Launch**” in the Project List; contact redcap@wchospital.ca if it is not there. Click on the project name and then click on Add/Edit Records (on left-hand panel):



2. Click on ADD NEW RECORD

Choose an existing Record ID	-- select record --
	<input type="button" value="+ Add new record"/>

3. Click on the grey bubble beside the “**Step 2: Reviews and Approvals Central Form**”.

Data Collection Instrument	Status
Step 2 Reviews And Approvals Central Form	<input type="radio"/>

PROJECT LAUNCH: Departmental Feasibility Instructions

4. Fill in the form including the **PROTOCOL UPLOAD**.

Project Launch (PID: 411)

Actions: [Download PDF of Instrument\(s\)](#) | [Share Instrument in the Library](#) | [View Basic data entry](#)

Step 2 Reviews And Approvals Central Form

Assign record to a Data Access Group? -- select a group --

Adding new Record ID 29.

Record ID: 29

Project Launch Instructions

File Version: V2 04Jan2023

Attachments: [Instructions Project Launch v3.docx](#) (234.1 KB)

Your last name

Your first name

Your WCH email

WCH PI / Study Lead Name (first name last name)

PI / Study Lead WCH Email

Study / Project Acronym

Study / Project Title

Upload protocol / proposal (please ensure that all relevant project/study documentation are included as a single file)

Note: A grant proposal does not qualify as a study/project protocol. A protocol is a document that describes the objectives, design, methodology, statistical considerations and aspects related to the organization of a study/project. For QI/Program Evaluations/ Education Scholarship: While a formal "protocol" is not required, we ask that teams upload their APQIP proposal and ensure that it clearly outlines the project's background, rationale, intervention, measures, and analysis plan.

Part II: Service Providers' Impact

Please indicate the services that will be impacted by your study:

Strategic Communications
 Pharmacy
 Medical Imaging

Please complete each of the appropriate fields

You can upload the protocol here

Select the most appropriate option under the "Departmental Feasibility" section.

Part III (B): Departmental Feasibility

Select the most appropriate option:

The study/project will have an impact on the clinical area(s). Please select below the impacted clinical area(s).

The study/project will not impact any clinical area(s).

Select which clinical department(s) will be impacted:

An **'incomplete'** status (RED) will be the default to show the form has been started but additional information is required to complete the submission. NOTE: NO notifications will be sent when this status is selected.

An **'unverified'** status (ORANGE) will be selected for instances where preliminary information is entered but further discussions are needed. NOTE: NO notifications will be sent when this status is selected.

A **'completed'** status (GREEN) will be selected by the user once the form is completely finalized and all information has been entered. NOTE: Currently, NO notifications will be sent when this status is selected.

Form Status

Complete? Incomplete

[Save & Exit Form](#) [Save & ...](#)

[- Cancel -](#)

5. Departmental Feasibility: **If there is an impact to any clinical area(s)**, please indicate "YES" to all the relevant clinical areas. Otherwise, please indicate "NO". See example below. **Note:** selecting "YES" will enable the "Departmental Feasibility Form" to be available in the next window under "Data Collection Instrument".

Part III (B): Departmental Feasibility

Select the most appropriate option:

The study/project will have an impact on the clinical area(s). Please select below the impacted clinical area(s).

The study/project will not impact any clinical area(s).

Select which clinical department(s) will be impacted:

	Yes	No
Perioperative Services	<input checked="" type="radio"/>	<input type="radio"/>
Gynecology	<input type="radio"/>	<input checked="" type="radio"/>
Anaesthesia	<input type="radio"/>	<input checked="" type="radio"/>
Mental Health	<input type="radio"/>	<input checked="" type="radio"/>
Specialized Medicine	<input type="radio"/>	<input checked="" type="radio"/>
Primary Care	<input type="radio"/>	<input checked="" type="radio"/>

In this example, there is a clinical impact to 'Perioperative Services'. All others have been indicated as "No".

PROJECT LAUNCH: Departmental Feasibility Instructions

- Once ready, please click '**COMPLETE**' in the Form Status drop down and '**SAVE & EXIT FORM**'.
- Select Departmental Feasibility by clicking on the grey button (as indicated below). In this example, only the 'Perioperative Services' Departmental Feasibility form was enabled.

Record ID **75** TIAT - Test - This is a test.

Data Collection Instrument	Status
Step 2 Reviews And Approvals Central Form	
Departmental Feasibility - Perioperative Services	
Departmental Feasibility - Mental Health	
Departmental Feasibility - Anaesthesia	

- Please complete the form and ensure that you have consulted with the clinical area beforehand.** The "**Consulted With**" field will need to be completed under the proposed resource requirements.

What do you require from the following clinic staff? Please include the time commitment (per participant per day/week/month):

	Yes	No
Physicians/Specialists 2hrs per patient per week. Karen Smith (Clinical Manager) * must provide value	<input checked="" type="radio"/>	<input type="radio"/>
Medical Secretaries * must provide value	<input type="radio"/>	<input checked="" type="radio"/>
Nurses * must provide value	<input type="radio"/>	<input checked="" type="radio"/>
Nurse Practitioners 0.5hr per patient per week. Karen Smith (Clinical Manager) * must provide value	<input checked="" type="radio"/>	<input type="radio"/>
Administrative & Patient Flow Supervisor * must provide value	<input type="radio"/>	<input checked="" type="radio"/>
Health Disciplines * must provide value	<input type="radio"/>	<input checked="" type="radio"/>
Others * must provide value	<input type="radio"/>	<input checked="" type="radio"/>

Example: a team has made the following request along with the proposed time commitment:

- Physicians/Specialists
- Nurse Practitioners

*They have also indicated that they consulted with a Clinical Manager in the clinical area (name specified)

- Once all information has been verified, please click '**COMPLETE**' in the Form Status drop down and '**SAVE & EXIT FORM**'. NOTE: This will trigger an email notification (protocol will be attached) to be sent to **BOTH** the Clinical Director and Department Head of the specific clinical area(s) selected. Once their review is completed, REDCap will email a PDF copy of the feedback to the submitter.

An 'incomplete' status (RED) will be the default to show the user has started to enter their information but does not yet have all the required information. NOTE: NO notifications will be sent when this status is selected.
An 'unverified' status (ORANGE) will be selected by the user for instances where additional information is required. NOTE: NO notifications will be sent when this status is selected.
A 'completed' status (GREEN) will be selected by the user once both Reviewers have been confirmed and all information has been entered. Once this status is selected, a notification will be sent to the Reviewers with the link for the Feedback Survey.

Form Status

Complete?

PROJECT LAUNCH: Departmental Feasibility Instructions

10. **Feedback Notes:**

- The Clinical Director and Department Head will indicate whether they have any requested revisions (minor) and/or whether a meeting is required due to significant impact to their clinical area(s).
- If **major changes** are required, it is recommended that a **NEW** Departmental Feasibility Form is completed and re-submitted via REDCap.
- If **minor changes** are required, please ensure that you can provide documentation demonstrating how these minor revisions were addressed.