



BAPTIST MEMORIAL MEDICAL EDUCATION

DEPARTMENTAL POLICIES AND GUIDELINES

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| Effective Date: 10/22/24 | <h3>BMME Institutional Research Data Guide</h3> |
| Last Review/Revision: April 2025, December 2025 | |
| Reference: | |

PURPOSE: To outline the appropriate use and protection of the hospitals institutional data while preserving the open, information sharing culture of its academic mission.

Applies to: Faculty, staff, students and trainees who are acting on behalf of Baptist.

Key Contacts for IRB

- IRB Office: Baptist.IRB@bmhcc.org | 901-226-1678 / 901-226-1677
- IRB Coordinators: Beth Ann Spencer (Beth.Spencer@bmhcc.org), Osha Nelson (Osha.Nelson@bmhcc.org)
- Data Appropriateness/Privacy and Security Officer: Laura Cummins
- EPIC Reports (BCRI): Geraldine Anderson
- Help Desk: For reinstating closed EPIC X accounts

Policy Details:

1. Compliance:

- a. Permission to access, use, disclose, or generate institutional data will be authorized to data users only for research purposes. Authorization will be granted based on data user roles and compliance with the institutions, contractual and legal requirements.
- b. Permission to access, use, disclose, or generate financial and research data must abide by the IRB and BMHCC Policies.
- c. In addition, research data must be managed in accordance with the BMHCC Policies.
- d. All Quality Improvement or research projects that request proprietary (non-public) financial data from Baptist Memorial Health Care or its entities, must be reviewed and approved regarding what data can be released by the Baptist leadership group comprised of BMHCC EVP/Chief Operations Officer, EVP/Chief Financial Officer, EVP/Chief Legal Officer, VP/System Chief Medical Officer, Chief Academic Officer, or their designates, along with routine IRB approval.

2. Process:

a. Pre-requisites & Required Training

- Complete required Human Research Protections and HIPAA training (e.g., CITI Biomedical Research Basic course and HIPAA/HIPS). Ensure all personnel with data access complete the same trainings.

- Provide CV, faculty mentor's medical license (as applicable), and conflict-of-interest documentation (Baptist and NIH COI tutorials).
- Obtain IRB Manager Login via the IRB office; resident/student initial applications incorporate the Data Use request (no separate form needed).

b. Initiate IRB Application

- Submit your initial application in IRB Manager. Your faculty advisor/preceptor must sign off before IRB review. Typical resident/student turnaround ≈ 2 weeks.

3. Automatic Team Communications & Privacy Review and Approval:

- On IRB submission, a request is sent to Laura Cummins to review appropriateness and determine exactly which data can be pulled from EPIC.
- You will receive a draft Data Use Agreement (DUA) that specifies which data elements/PHI are approved for use. This information is also communicated to Geraldine Anderson, who will assist in pulling EPIC reports for you. Please note that the DUA is a legal document and may be somewhat confusing; if you have any questions, speak to your mentor or email Laura Cummins for clarification.
- Please send the approved request to gme@bmhcc.org. The approved request should include the description of project and rationale for data request and any samples of similar projects resulting in published articles with such data, if possible.

4. EPIC Research Access ('X' Account):

- You will be assigned an EPIC 'X' account for research. Use this account for ALL research activities; use your usual EPIC account ONLY for patient care. Do not mix accounts.
- If conducting multiple studies, use the same X account for all. If the X account is inactive for a prolonged period, it will be closed; contact the Help Desk to reinstate.

5. Data Abstraction & PHI Handling:

- As you gather data, assign each patient a UNIQUE STUDY IDENTIFIER (SID). Maintain a secure cross-walk file that maps medical record numbers (MRNs) to SIDs. Remove MRNs from analytical datasets when feasible, retaining the cross-walk separately for linkage/validation.
- Collect only the minimum necessary PHI approved in the DUA. Specify variables and sources (e.g., EPIC) in your protocol and DUA.

6. Storage, Security, and Tools:

- Perform all work within approved Microsoft tools (e.g., Excel, Access, and SharePoint/OneDrive with institutional security) and on secure, institutionally managed networks.
- Restrict access to authorized study personnel; maintain audit trails where available. Follow record-retention and identifier-destruction timelines per protocol and IRB/Privacy guidance.

7. Mentor Oversight & Data Sharing:

- Provide your research mentor a copy of all spreadsheets that include the SID, MRN (in the secure cross-walk), and the research data. Use secure institutional storage and sharing methods.

8. Breach/Reportable Events:

- Monitor for and immediately report any breaches of confidentiality/PHI (e.g., lost device containing identifiers) to the IRB and the applicable HIPAA Privacy Officer per policy.

9. Protocol Essentials & HIPAA/Consent Determinations:

- Clearly describe study design, population, and variables to abstract (including PHI), statistical plan, data collection/management, confidentiality, and records retention.
- For retrospective chart reviews, you will typically request waivers of informed consent and HIPAA authorization; prospective reviews are assessed individually.

10. Access to Policies & Training Materials:

- BMME IRB Policy and IRB Training 2025 slideshow will be accessible on the BMME Website and the slideshow will be accessible below.
- Consult these resources for detailed criteria and templates; contact the IRB office for waiver forms and assistance.



Resident Training
06.17.2025.pptx

Reference the Checklist below:

- ✓ IRB Manager initial application submitted; advisor sign-off complete
- ✓ DUA received; approved data elements confirmed
- ✓ EPIC X account active and used ONLY for research
- ✓ SID–MRN cross-walk created and stored securely
- ✓ Minimum necessary PHI collected; variables documented
- ✓ Data stored in secure Microsoft platforms; access restricted
- ✓ Mentor provided secure copy of datasets (SID, MRN, research variables)
- ✓ Breach reporting plan in place; staff trained

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