Acute Care Research Council (ACRC)
Council Charter

Vision

We will create a collaborative **community of acute care researchers** that encompasses the campus institutions, entire region, ascending to a nationally-acclaimed best practice program recognized for its unparalleled advancement of acute care research.*

Mission

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

Challenge Statement

Research in the acute care setting is characterized by challenges that include: 1) Need to interact with patients on a 24/7 basis within minutes to hours of their illness, injury or change in their clinical status, 2) Inability to preschedule/recruit patients via usual means, 3) Frequent inability to direct-consent patients due to patient care and family issues that surround a catastrophic health failure, 4) Movement of patients throughout health care system (EMS, ED, Surgery, ICU), and 5) Population at higher risk of health disparities and health failure due to using Emergency Departments as a safety net.

Goals	Evaluation metrics; *number of -*
Catalogue and grow the acute care research portfolio	**1.** New grants and contracts in ACR trials
Create an environment of trust, respect and collaboration among acute care researchers across the Academic Health Center	**2.** Multi-PI, inter-disciplinary contracts/grants
Enhance Cincinnati's reputation as national and global leaders in ACR	3. Publications **4.** National/international presentations of original ACR
Coordinate growth in areas that leverage stakeholder interactions	5. TBD
Share resources and best practices among research stakeholders	6. TBD

Operating Principles

- Meeting frequency – We agree to meet 1/month, currently on first Wednesday from 11am-noon
- Decision-making practice – We agree to a good-faith effort to obtain team consensus in decisions-making, yet understand that successful collaborations include flexibility and compromise to avoid *paralysis by analysis*
- Adaptability – We agree members may need to adapt ACRC decisions to remain aligned w/their institutional strategic goals

Focus Areas

1. Progress to-date
   - Designed framework to identify and report evaluation metrics; collected baseline FY16, with FY17 set as Q3 initiative
   - Created ACRC Regulatory Professionals group to identify/apply efficiencies and share best-practices; established online shared repository with over 1,000 documents
   - Developed SOP's to extend regulatory and project management services to Partners seeking help w/ACR initiative
   - Established web presence https://cctst.uc.edu/acrc; expanding to include clinical research professionals
2. Focus areas – short term
   - Complete *Capacity to Consent* trial - study mechanisms to improve/standardize capacity to consent process in acute care settings, including e-Consent
   - Form professional group for ACR coordinators (using ACRRP as model)
   - Acute Care Regulatory Research Professionals group – review SOP's to identify commonalities & spread best-practices
   - Acute Care Education – develop core competencies for ACR stakeholders, create training programs and on-line modules
   - Compile ACR registry (linking AHC resources as efficiency tool for researchers) and infrastructure catalog
   - Develop editorial/white paper characterizing differences between AC and non-AC research
3. Focus areas – long term
   - Shared resources, such as access to 24/7 call-pool to facilitate enrollments outside usual work hours
   - Shared training programs, including research coordinator, fellowship and graduate programs
   - Identify tools (apps, Epic utilities, etc.) that could be useful for multiple stakeholders, or consider developing such tools
   - Create pathways for education and career development of research professionals who will specialize in ACR

**Acute Care Research (ACR) - defined as research that occurs within 24 hours of a visit to an emergency department or an unscheduled admission, or within 24 hours of identification of a new or worsening condition - characterized by sudden onset requiring immediate care.*

last updated 08/02/17