
Examining the Impact of a Year-long RN-led Care Management Intervention

A Data Management Plan created using DMPTool

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Template: National Institutes of Health (NIH)

Last modified: 10-26-2017

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Examining the Impact of a Year-long RN-led Care Management Intervention

Data sharing plan

Data Sharing Plan for FOIA- PA-14-140 Examining the Impact of a Year-long RN-led Care Management Intervention.

What data that will be shared:

For the purpose of this study, shared data will include the following de-identified data:

Data to be included in the Chronic Disease Electronic Management System (CDEMS) [Microsoft Access Platform] and analyzed using IBM 23 SPSS Statistics:

- 1) Biometric data captured for the study (HgbA1C, blood pressure, cholesterol, BMI)
- 2) Demographic data
- 3) Goal Attainment Scaling tool scores
- 4) SeMaS: Self-Management Screening scores.
- 5) Health utilization information related to emergency room visits or hospital admissions (#, primary reason for visit, admitting diagnosis, # days in hospital) for study participants.

Scanned files:

- 1) Completed participant support tools: (Goal Setting Worksheet)
- 2) Measures to capture intervention processes (Med Discrepancy tool, intervention activities instrument).
- 3) Signed consent forms if requested for auditing purposes.

Return on Investment analysis files:

- 1) Budgeted and actual cost data for RNCM time, including base salary and fringe.
- 2) Provider time spent with study participants and other practice patients for similarly billed office visits.
- 3) Cost estimates for health utilization (# emergency room visits, # admissions, cost estimates for these)

Qualitative Data:

Transcripts of interviews. [Word and Atlas.ti files]

This data will be maintained in a password protected file on the Universities firewalled server. The PI and all collaborators agree to follow NIH GWAS Policy as well as existing policies of the University and collaborating agencies on protection and sharing of data.

What data that will be shared (publicly):

Given the limited size of the sample, and in order to protect the confidentiality of the participants, a redacted final dataset of study data will be made available for general use through a user agreement. Qualitative data (transcribed interviews) will also be made available through a user agreement.

Who will have access to the data:

Results from research conducted under this project will be shared in several ways. Manuscripts will be submitted for publication in high-quality peer-reviewed journals, following the NIH Public Access Policy guidelines. Findings will be presented at relevant national conferences for groups such as the American Association of Ambulatory Care Nurses.

Where will the data be available?

Study data will be maintained on the secured server at WCU following agency protocols for data

When will the data be shared?

Data will be made available no later than within one year of the completion of the funded project period for the parent award or upon acceptance of the data for publication, whichever is earlier.

How will researchers locate and access the data?

I agree that I will identify where the data will be available and how to access the data in any publications and presentations that I author or co-author about these data, as well as acknowledge the repository and funding source in any publications and presentations.

Reports and other data sets created by each party shall be shared according to the research protocol. However, the partner agency shall maintain ownership of any medical records and original source documents. Each party may retain copies of materials it creates for purposes of this research. The PI and Collaborators agree to maintain responsibility for data integrity.

Additional data sharing requirements

Reports and other data sets created by each party shall be shared according to the research protocol. However, partner agencies shall maintain ownership of any medical records and original source documents. Each party may retain copies of materials it creates for purposes of this research. The PI and Collaborators agree to maintain responsibility for data integrity.