1. Log into the Registry at: https://registry.improvecarenow.org with your CCHMC user credentials:

![Image of the Research Network Login page]

For CCHMC users, please use your network username and password. For External users, please use the username and password that was assigned to you. If you do not have a username, please request one by sending an email to help@tems.cchmc.org. If you do not remember your password, click here to use the password self-service password reset portal.

For Federated partner users, please click on the logo of your institution, then login with your corresponding credentials.

Username: 
Password: 

Submit

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2. Upon entering the ICN2 Registry, select “Registration/Administration”:

![Image of the ICN2 Registry login page]

Welcome to the ICN Registry

Registry Activities

- Data Entry
- Registration / Administration
- Visit Tracking
- Electronic Data Transfer

Automated Reporting

- Pre-Visit Planning Reports
- Population Management Reports
- GI Measure Reports
- Exceptions Reports
- Measure Definitions
- Lines Management

Research and Analysis

- Identify Patients
- Research Studies
3. Next, select “Modify Existing Participant” to search for patients:

4. Use the search fields to find the participant you would like to update, click on the person to modify their information:

5. Upon selecting the participant you will see “Modify Participant” screen. On the right change “document participant’s consent information?” to Yes
   Choose “E-Consent”
   Enter patient’s zip code (this will be used as confirmation during their portion) and their email.
6. When Coordinator saves by clicking “Modify” they will see the following pop up confirming that they wish to send an invitation to participant. (This completes the first step of the E-Consent process from a CRC’s perspective)

7. Upon selecting “OK” the participant will receive the following email, requesting them to follow the link provided. Your center’s information will be included in the contact section.

Hello,

You are receiving this message because you have expressed interest in learning more about the “Using Patient Data to Transform Care and Improve Outcomes For Children, Adolescents and Young Adults With Inflammatory Bowel Disease” study. Your hospital, IGN Test Center, is part of a large network of institutions called ImproveCareNow (ICN). The ICN Network would like to collect information about your child’s Inflammatory Bowel Disease (IBD). All the data that we collect is de-identified information from the participant’s medical records and stored in a confidential secured database. The goal of the research is to help us learn how to provide better care for our IBD patients. Please click the link below to review the consent document:

Link: https://econsent.research.cchmc.org/public/register/dhtml?accessCode=0B0C8085-BEDA-EAA4-5EA2-CB77D899A9

Your login password will be your current zip code.

A coordinator may have already verbally reviewed the informed consent explaining the details of this study. Please take a few moments to read through the electronic informed consent. If you are agreeable to participate, please make the appropriate responses and select “Submit”.

Once a member of our research staff has reviewed your consent document, you will receive another e-mail to confirm the enrollment or to let you know if there were any issues with the consent document. If you have any questions, please contact [contact information] for assistance.

Contact Information:
- Email:
- Phone:

We appreciate your support of research. Your/your child’s involvement will allow us to learn more about Inflammatory Bowel Disease and to improve future care for patients diagnosed with IBD.

Thanks for your participation!

Sincerely,

The ImproveCareNow Study Team

8. The participant will follow the link and be taken to the “E-Consent” page located at https://econsent.research.cchmc.org, they will be required to enter in their zip code (this must match what the CRC put into ICN2 for it to be effective)

9. Upon entering the correct zip code and selecting “Submit” the participant will be taken to the Informed Consent screen. Here they will be able to view a copy of the Consent form and either Refuse Consent/ Accept with no questions/ Accept with questions. They will need to enter their Name and click “Submit”
Welcome, Patient 24

Study: Improve Care Now

Please read the following informed consent form in its entirety, scroll to the bottom to indicate you have read and understand the form, and then click next to sign.

IRB #: 2011-2012
Approved: 11/27/2012
Do Not Use After: 11/26/2013

STUDY TITLE: USING PATIENT DATA TO TRANSFORM CARE AND IMPROVE OUTCOMES FOR CHILDREN, ADOLESCENTS AND YOUNG ADULTS WITH INFLAMMATORY BOWEL DISEASE

PRINCIPAL INVESTIGATOR: <<Enter PI and phone number>>
CENTER NAME: <<Name of local institution>>

IF YOU ARE A PARENT/GUARDIAN READING THIS DOCUMENT FOR A MINOR, REFERENCES TO ‘YOU’ OR ‘YOUR’ MAY REFER TO ‘YOU’ OR ‘YOUR CHILD’.

Your doctor is a member of ImproveCareNow. ImproveCareNow is a network of thousands of doctors, other healthcare professionals and patients who are working together to improve the care and health of children, adolescents and young adults with Crohn’s disease and ulcerative colitis, also called Inflammatory Bowel Disease (IBD). The ImproveCareNow doctors have established a guideline for best practices, and they measure how patients are doing and how doctors are providing care at each of the participating centers. By sharing information about all of the patients and all of the doctors, ImproveCareNow doctors are able to learn how to provide better care and achieve better health for all of the patients so that everyone can benefit.

In order to achieve these goals, all of the doctors in ImproveCareNow contribute specific information about their IBD

Note: if the patient is 13-18 years old and is eligible for assent, you will see an additional text box indicating this.

ICN.child.11-17

Have Questions? Click Here to contact a study representative.

Signatures/Consent

Yes, I consent. No, I do not consent.

☐ My child has read the assent form or has had it read and explained to them. I confirm that they understand and have no questions about the study.

Participant’s name indicating assent *

Name of Participant’s Parent or Legally Authorized Representative indicating consent for Participant *

Relationship with Participant *

☐ Parent ☐ Legal Authorized Representative

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10. Once the participant submits their response, the participant will then see the following statement:

At this time, the CRC will also receive the following email, alerting them to a pending Consent needing their approval:

11. The CRC will follow the instructions in the email and log on to the ICN Registry and click Pending Approvals:

12. The CRC will then select “Modify” to view the details that the Participant entered

13. The CRC will have the options to: Approve/ Reject/Reject and Re-Invite. In the event the CRC selects “Approve” the participant’s status will change to “Obtained Research Consent” and their expiration date
automatically formulated. There will be an option to Withdraw Consent as well as Download a copy of the Consent Document.

14. When the CRC Approves the Consent, the participant will receive another email, letting them know they have been approved and that they can access a PDF version of the Consent Form:

Dear ICN Study Participant,

We have received and approved your online consent. To get a PDF file of the consent form, you may click on the following link to go to the E-Consent Portal:

Link: https://econsent.clinicalresearch.cchmc.org/yubilee/registrant.xhtml?accessCode=360BCF815-BED8-4B3E-A432-C0B77D250A09

Your login password will be your current zip code.

You may see information fields such as address and phone number; it is not necessary for you to complete this information. After logging in, click "Continue with Registration" and select Download Consent Document and this will allow you to open or save the file and print it.

There is nothing further for you to do. Please feel free to contact "if you have questions about the study.

Contact Information:
- Email:
- Phone:

Thank you for your support of research.

Sincerely,

The ImproveCareNow Study Team
15. The participant can follow the link and access the site by entering their zip code again. They will have the option to enter in any other data they desire, or “Continue with Registration.” When they select “Continue with Registration” they will be taken to a screen that will allow them to “Download Consent Document” this completes the E-Consent process for Participant.