University of Ottawa Heart Institute (UOHI)/ Ottawa Heart Institute Research Corporation (OHIRC)

Research Data Management Strategy

March 31, 2023

Please note that the UOHI RDM strategy is a living strategy
that will be updated as required.

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1.0 Goal of the UOHI/OHIRC Research Data Management Strategy

1.1 Vision

UOHI's vision for effective Research Data Management (RDM) involves the creation of a unified data governance structure, establishment of clear policies and best practices pertaining to data handling, reporting and transparency, and comprehensive training on best practices for all staff and trainees, in addition to RDM supports throughout the research lifecycle. Importantly, these policies, practices, and support must adequately reflect the diversity of data types, research methodologies and study designs at the institution. The institution will support researchers in ensuring they are not only compliant with the *Tri-Agency Research Data Management Policy* requirements, but that they have the skills and supports to generate clear and actionable Data Management Plans (DMPs), not simply for administrative purposes but also as meaningful and helpful tools for data (re)usage by project teams.

To foster this vision, researchers will have access to internal and external digital infrastructure, best practice guidance for data management, storage, sharing and reporting and will be supported in using these tools to manage their data throughout the research cycle and, where appropriate, to deposit data in a recognized repository. Researchers will also be supported by the institution in maintaining compliance to ethical, legal, and intellectual property considerations related to RDM and data deposits. Specific policies, practices, and supports that are pertinent to data resulting from research involving First Nations, Metis, and Inuit communities will also be developed. Collectively this vision will help to ensure that the UOHI maintains its reputation of excellence and leadership in RDM, its compliance to the Tri-Agency RDM policy, and its commitment to related RDM best practices including the *FAIR Principles* and the *OCAP Principles*.

1.2 Goal of the strategy

The goal of this strategic plan is to create and support RDM best practices and ensure that the institution has effective governance and monitoring to do so long-term. Specific goals include:

I. Recognizing data as an asset that must be governed and protected with clear processes

II. Assessing institutional readiness related to implementing further RDM best practices

III. Raising awareness of RDM best practices

IV. Formalizing RDM practises at the institution

V. Defining and road mapping RDM needs for the future and how to monitor and support compliance with RDM practises

This strategy applies to all researchers, staff, students and other trainees, and research support services employees of the institution.

1.3 Key terms

Research Data Management: the process across the research lifecycle to guide the collection, documentation, storage, sharing, and preservation of data.[1]

Data Management Plans (DMPs): Refers to a living document associated with a research project that describes plans for collecting, documenting, storing, sharing, and preserving data. DMPs proactively guide researchers in their project planning to manage data.

Data deposit: Refers to the process of transferring the research data that has been collected as part of a project to a research data repository.[2]

Data Stewardship: Management and oversight of UOHI/OHIRC data assets to help provide users with high quality data that is easily accessible following all policies and procedures.

FAIR Principles: The FAIR Principles are a set of guiding principles published in 2016 to describe best practices for data management. FAIR stand for Findable, Accessible, Interoperable, Reusable.[3]

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[1] Primer_RDM_August2019_EN.pdf (portagenetwork.ca)
[2] Frequently Asked QuestionsTri-Agency Research Data Management Policy - Science.gc.ca
[3] FAIR Principles - GO FAIR (go-fair.org)

OCAP: The First Nations Principles of Ownership, Control, Access, and Possession (OCAP) assert principles for First Nations control over data collection and data use.[4]

Open Science: an inclusive construct that combines various movements and practices aiming to make multilingual scientific knowledge openly available, accessible and reusable for everyone, to increase scientific collaborations and sharing of information for the benefits of science and society, and to open the processes of scientific knowledge creation, evaluation and communication to societal actors beyond the traditional scientific community[5].

RDM Best Practices: Set of practices that ensures transparency and accessibility to data used for scientific research.

1.4 Background

The University of Ottawa Heart Institute (UOHI) is a world-class patient-centred organization focused on improving understanding, prevention, and treatment of cardiovascular diseases. Robust research data management (RDM) policy and practice is a longstanding priority for the Ottawa Heart Institute Research Corporation (OHIRC), the research arm of the UOHI. The UOHI creates, accesses, and retains a diversity of data in both digital and non-digital formats for both clinical and research purposes and supporting robust RDM encourages patient and scientific trustworthiness, reproducibility, usability and quality of research outputs. The impetus for the formalization of the institution's RDM strategy is a new RDM policy released by the Tri-Agency[1]. The objective of the Tri-Agency policy, which was released in March 2021, is to ensure Canadian research excellence through the promotion of sound RDM and data stewardship. The policy introduced several new requirements related to RDM, with specific directives for institutions and research hospitals eligible to administer CIHR, NSERC, or SSHRC funding to create and publicly post an institutional RDM strategy by March 2023. In addition, the policy will require data management plans (DMPs) to be submitted by researchers as part of grant applications beginning Spring 2022. Eventually the Tri-Agencies will phase in a related data deposit requirement for funded research.

Developing this RDM strategy serves not only to meet the Tri-Agency's requirements but will additionally provide a means to continue to foster institutional RDM best practices and governance across research domains (i.e. basic and clinical research) and monitor ongoing real-time RDM practises to ensure UOHI's continued leadership in robust data management standards.

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[4] The First Nations Principles of OCAP® - The First Nations Information Governance Centre (fnigc.ca)
[5] UNESCO (2021) Open Science Recommendations

2.0   Institutional RDM engagement

The UOHI has an existing framework of services and stakeholders to support robust RDM. An appraisal of existing services and stakeholder needs has been conducted to benchmark the institution's readiness regarding RDM best practices and compliance to the Tri-Agency Research Data Management Policy. Using this framework and based on consultation with our research teams, we will seek to create domain specific best practices for RDM that best align with the data modalities, uses and conventions within these domains (i.e. basic and clinical research) to provide researchers and trainees with the support they need to ensure high quality RDM across the diversity of data types and research methods and domains.

2.1 RDM stakeholder communities at UOHI

The UOHI clinical and research community are essential to communicate and shape the behaviour change regarding RDM. There are a range of stakeholders actively working on issues related to RDM at UOHI and the capacity to communicate RDM best practices. Key stakeholders identified in our appraisal and their role in supporting RDM are briefly outlined below and include but are not limited to:

- *Data Governance Committee*: Meets quarterly and contains diverse representation including members of senior leadership, Research Services, Clinical Research and Compliance, Research Ethics Board, Information Technology, Privacy and Division representation including clinicians and researchers. The committee is responsible for developing and overseeing the majority of institutional policies related to institutional data management and sharing.

- *Office of Research Services:* Provides broad-based support to all UOHI researchers. This support includes, but is not limited to, pre-award processes (grants facilitation), post-award processes, management of internal funding competitions, and oversight of Research Management processes and governance including providing support to the internal Scientific Advisory Committee.

- *Office of Clinical Research and Compliance:* Primarily accountable for clinical research policies, Standard Operating Procedures (SOPs), risk mitigation, regulatory compliance, monitoring and internal auditing of OHIRC-led studies, oversight of training and education, and PI/team support. Works closely with the CRMC to promote data management best practices and ensure compliance with mandatory DMPs prior to interventional study launch.

- *Legal Affairs:* Facilitates research and innovation partnerships with industry, government, and not-for-profit partners through research contracts support. Provide support for the intellectual property (IP) protection process through our liaison with the business development team.

- *Berkman Library:* Provides a range of research support services at UOHI and may be a contact point for RDM-related questions and requests for resources. As a satellite library of the University of Ottawa, the Berkman Library also acts as a valuable link between the University of Ottawa's RDM practises, supports and policies and the work being done at UOHI.

- *Privacy and Data Analytics:* Ensures that UOHI is following the Ontario Personal Health Information Protection Act, 2004 to protect the privacy of our patients, the confidentiality and security of their personal health information. All data requests are reviewed by the privacy office to ensure that the requests are following policies and procedures. Use of various UOHI resources including CardioCore, Epic and Canadian Institute for Health Information.

- *Information Technology:* Delivers IT Infrastructure and Applications to support the UOHI in delivering excellent care, education, and research.Partnering with all UOHI departments, divisions, and various groups to ensure that our technology helps them achieve their goals in the most effective and efficient way. The department ensures access to appropriate use of all technologies used within clinical and research settings*.*

- *Communications:* Responsible for the dissemination and promotion of information to further cultivate our reputation of excellence in clinical care, education, and research. Communications is responsible for the integrity of the Institute's reputation and visual identity. The department shares the Institute's story through vibrant channels internally with staff and externally to the community and beyond.

- *Scientific Advisory Committee:* The Scientific Advisory Committee (SAC) is a sub-group of the Senior Management Committee. The SAC is responsible for the oversight of research excellence and academic activities in keeping with the priorities established in the UOHI's Oracle Research Strategic Plan. The SAC acts in an advisory role and reviews, approves and makes recommendations to Senior Management with respect to guidelines, policies, procedures, and practices related to scientific staff, investment of resources for research, risk management, and assessment of and strategic planning for research. The SAC membership includes the CSO, the four Division Chiefs, the Director of the Cardiovascular Research Methods Centre and elected investigators representing the different research areas at the Institute.

- *Trainee Committee:* The Trainee Committee, a sub-group of the SAC, is comprised of trainees, undergraduates, residents, fellows, graduate students who are pursuing educational opportunities. Represent the voice of all learners and are active participants in the management of research data.

- *UOHI Core Facilities/Services including, but not limited to:*

  - *Cardiovascular Research Methods Centre (CRMC):* Collaborates in all stages of the research process from protocol design to final manuscript

preparation and dissemination. In particular, the infrastructure and personnel of the CRMC can be involved in the following: development of research design and analysis strategies, implementing various methodological aspects of the experimental design such as randomization schedules, developing case record forms, designing and implementing databases, management and monitoring of data and data flow, assisting with study DMPs, coordinating data entry, generating standard and study specific statistical reports, organizing and working with data safety monitoring boards, implementing and conducting statistical analyses, and participating in the generation of manuscripts.

- *Cardiac Imaging Core Lab (CIRL):* Provide image deidentification and anonymization services to the UOHI and to external laboratories. The resulting images comply with the privacy protection policies and standards of the UOHI. This core facility was created as part of the CAIN network funded by CFI in 2009. In house cardiac imaging research images are stored in DICOM-standard format within the HERMES GOLD or TerraRecon picture archiving and communication systems (PACS). Since 2016, any diagnostic images being sent offsite for collaborative research studies, are required to be processed/verified through the RSNA clinical trial processor (CTP) software administered by CIRCL.

- *Population Outcome Research Unit (PORU):* The UOHI Population Outcomes Research Unit is a core research facility dedicated to supporting clinical research using population-based administrative health databases via data providers including ICES. The unit supports clinician researchers in ICES data access and approvals, epidemiological and methodological study design and development of analytic plans, facilitation of ICES documentation and compliance with ICES data usage policies, and data interpretation and generation of research outputs.

- *Biobank:* A UOHI specific biorepository of clinically annotated biological specimens including blood and tissue samples, and health data. The UOHI biobank was created in 2013 with the goal of helping to facilitate precision medicine research related to cardiovascular diseases. Technidata $^{TD}BioBank$ software is used to manage the biorepository and ensure traceability of samples. The UOHI biobank complies with provincial, federal and international laws, codes, regulations and agency/institutional requirements for safe storage of specimens.

- *UOHI Patient Partners*: Experts with unique experience and knowledge gained through living with a condition or illness, receiving treatment, or supporting a loved one who is a UOHI patient. Patient and family engagement is part of the overall culture of the Institute, as per the *Patient Engagement Framework.* This 'lived experience' is critical to our understanding of issues that are most important for our patients, families and caregivers – which in turn drives our research priorities leading to improvements in patient care.

- *Ottawa Health Science Network Research Ethics Board (OHSN-REB):* The OHSN-REB is responsible for the ethical conduct of research in the University of Ottawa Heart Institute. The OHSN-REB insures that all research involving human subjects is conducted ethically in accordance with the Declaration of Helsinki, the Tri-Council Policy Statement on the Ethical Conduct of Research Involving Humans Version 2 (TCPS2), Network of Networks (responsible for REB standard operating principles), International Council on Harmonization (pharmaceutical standards) and Good Clinical Practice (GCP- principles of equal importance associated with basic ethics, particularly recognized for persons, beneficence, and justice). In addition to ensuring that ethical practices are followed, the OHSN-REB is responsible for regulatory compliance. Since 2016, the OHSN-REB has required a statement in consents that enables the secondary use of information and data sharing in compliance with the recommendations of the International Committee of Medical Journal Editors.

This RDM strategy builds from these stakeholders' initiatives and will provide an opportunity to harmonize these resources to better serve the researcher community and to identify and alleviate any gaps in supports.

2.2 Assessing institutional RDM performance

To assess institutional RDM performance against best practice we undertook three activities:

I.   A review and mapping of existing institutional policies related to RDM practises.

II.   An audit of 2-years of publication output from the institution to obtain a baseline of the types of data at the institution and current data deposit practises.

III. An online survey of researchers' behaviours and experiences pertaining to RDM as well as their perceived barriers and facilitators to meeting best practices.

Undertaking a policy review, audit of RDM practises in publications, and a survey of the UOHI research community provides a valuable and necessary baseline for RDM activities in order to identify current gaps in RDM best practices, targets for RDM, and standardization across labs/facilities. This baseline can be used to monitor changes over time and to develop targeted interventions and supports for the researcher community.

2.21   Institutional policies related to RDM practises

UOHI has many policies and Standard Operating Procedures to support research data management.

See appendix A for policies/SOP's related to RDM practises
CRMC maintains their own policies/SOPs in accordance with UOHI practises.

Other resources:
Guidelines for Managing and Storing Clinical Research Data and Documents: Establishes the expectations for data capture and data management plans through CRMC, use of the

Florence eBinders, proper storage drives on the Institute server, conversion of documentation to protected archived files for long-term storage, as well as the auditing procedures for ensuring continued access to electronically stored documents.

Clinical Research Quality Management System (CR-QMS): Explains the processes and infrastructure developed by UOHI/OHIRC to facilitate the highest quality clinical research activities. Provides guidance to assure compliance and research integrity and embeds regulations, guidelines, and institutional policies and procedures.

Internal Procedures – Research Data Management: Provides an overview of data storage and management for research data. IT procedure provided to Clinical Research and Compliance and CRMC to support researchers.

Acceptable Use Policies for REDCap/DACIMA: Informs users of the programs' guidelines in order to ensure appropriate use of the REDCap/DACIMA software platforms for research purposes.

3.0 Strategic goals related to RDM

We have identified five strategic goals related the RDM based on the benchmarking exercises described in 2.0 and mapping out institutional readiness to comply to the Tri-Agency Data Management Policy. These strategic goals and the broader strategic plan underwent consultation through an initial stakeholder data retreat (Fall 2021), and multiple targeted presentations to the UOHI Data Governance Committee and Scientific Advisory Council (2021, 2022) and refinement by stakeholders in the UOHI research community.

3.1   Unify standards, policies, and services

Goal: To adopt overarching unified standards, policies, and services that advance data management best practices and clearly assign responsibilities related to RDM while providing tailored implementation plans that meet the diverse needs of different data types in different research areas (i.e. basic vs. clinical research)

Actions:
- 3.11 Identify gaps in existing RDM standards, policies, and services through conducting a mapping of existing policies in relation to RDM that were identified in preparation of this strategy. Ensure that standards, policies, and services appropriately address aspects of RDM related to:

  - Data quality and standards
  - Data management plans
  - Standardized training on data management practices
  - Data access and sharing
  - Open science and research data dissemination
  - Data retention and long-term data preservation

- Privacy and ethical issues related to patient data
- Intellectual property considerations
- Consideration of Indigenous data sovereignty
- Monitoring and rewarding compliance to RDM best practices

- 3.12 Develop a unified governance structure and harmonized mechanisms to communicate and implement newly introduced/unified standards, policies, and services to formalize these as norms at the institution.

- 3.13 Develop a process for the regular review of unified RDM standards, policies, and services to ensure these are current and adapting to the rapidly changing RDM practises nationally and internationally.

3.2 Promote RDM best practices in the UOHI community

Goal: To raise awareness of RDM best practices and institutional supports to foster compliance

Actions:

- 3.21 Create a new RDM website on the institutions page that provides a 'one-stop-shop' for researcher and patient resources and policies pertaining to RDM.

- 3.22 Create a local network of Data Champions to help promote the value of RDM and engage with the diverse communities of data users at the institution.

- 3.23 Embed RDM continuing education in the existing training programs at the institution by delivering workshops and training, including, where needed, involvement of external experts to increase knowledge in specific RDM practises.

- 3.24 Create best practice standards and documents tailored to different research themes and data types (i.e. basic and clinical) and a mandatory online module addressing these best practices including data handling/sharing and FAIR principles which is required for all research staff every three years.

- 3.25 Embed "data management checkpoints" into existing research administrative requirements, including REB application, data access requests, internal grant review, publication checklists, as a means to foster compliance.

3.3 Provide access and support to digital infrastructure and tools to support RDM

Goal: Support researchers across the lifecycle to adhere to RDM best practices by enabling them access to subject-specific digital infrastructure, training, and data tools internal and external to the institution.

Actions:

- 3.31 Use the recently conducted RDM survey to produce a gap analysis between existing practices and RDM supports, and solutions needed.

- 3.32 Identify internal and external digital infrastructure to best support RDM practises for different data types (E.g., DMP Assistant).

- 3.33 Support researchers use of internal and external infrastructure through provision of training and access to local specialists for consulting.

- 3.34 Develop a process for the regular review of recommended internal and external infrastructure to anticipate changing needs regarding data solutions in the future.

3.4   Develop RDM practises and supports specific to data deriving from First Nations, Metis, and Inuit communities

Goal: Ensure that data deriving from First Nation, Metis, and Inuit is collected in accordance to best established best practices.

Actions:

- 3.41 Conduct a review of existing projects using First Nation, Metis, and Inuit data to determine current state of practice to provide a gap analysis.

- 3.42 Curate resources to support researchers to embedding co-development and partnership as a standard practice for all data deriving from First Nation, Metis, and Inuit communities.

- 3.43 Require that research teams working or generating research outputs with First Nations data include First Nations partners and obtain training on The First Nations principles of ownership, control, access, and possession (OCAP principles).

3.5   Develop a monitoring framework for ongoing RDM activities

Goal: Develop a monitoring framework to track compliance to this strategy

Actions:

- 3.51 Create a graphic and summary document based on this strategy with a timeline to share and communicate to the institution and update over time.

- 3.52 Identify and implement metrics to promote RDM best practices that will foster uptake of the strategy within the institution.

- 3.53 Identify how this strategy will be reviewed and assessed over time (e.g., how will success be measured).

4.0 UOHI's commitment to actively pursuing leadership in RDM

The UOHI is committed to maintaining RDM best practices to encourage scientific trustworthiness, reproducibility, and usability of research outputs. The Institution further recognizes the need for public accountability in RDM practises and compliance with regulatory and funder mandates, while balancing the need to protect personal health information as well as potential intellectual property considerations. This data management strategy will ensure that data from the Institution is collected, used, and shared in a way that is in the best interest of the public and research community.

The UOHI is committed to producing RDM policy, training, and infrastructure that situates the Institution as a leader in the Canadian biomedical research ecosystem. We will openly engage in dialogue with other stakeholders, including the Tri-Agency and external institutions, to facilitate the broader research culture changes necessary to foster RDM best practices as research norms.

Appendix A: UOHI policies specific for data management

OHIRC Research:	6-10	Responsible Conduct of Research: Ensures the institute promotes and supports the highest standards of research integrity through the establishments on policies, procedures and ethical frameworks on how to conduct research such as applications, proposals, the research itself, reports and publications, and financial management.
	6-20	Addressing Allegations of Breach of Policy in Research: Provides a framework and procedures on how to report and investigate allegations of breach of policy which includes but not limited to submission of allegations to CSO and/or CEO/RIO, the creation and action of investigative committee for unresolved allegations, and reporting to Tri-agencies.
	6-30	Scientist Review and Performance Evaluation Policy: To ensure that research undertaken at the institute is of the highest quality and that researchers output, and excellence is regularly assessed and reviewed.
	6-40	Research Involving Humans: Any research involving humans is subject to review by OHSN-REB or an assigned qualified board of record through Clinical Trials Ontario (CTO) Ethics Stream and must be conducted in compliance to TCPS2, ICH-GCP, PHIPA, institutional policies and standard operating procedures, and all other applicable regulations i.e., Health Canada, US FDA etc., to ensure the institution maintains the highest ethical standards.
	6-50	Research Involving Animals: Follows the "Policy on Animals used in Research and Teaching used" at the University of Ottawa, where any project in which an animal is used must be reviewed by the Animal Committee prior to starting (and annually) to ensure no physical or psychological harm will be caused on the animal and it highlights how to care and use animals in research and teaching.
	6-160	Data Security and Confidentiality Policy for Clinical Research Databases: Provides guiding principles on how to access and use the institute's clinical research databases while also ensuring compliance with PHIPA, PIPEDA, as well as international standards governing the use of PHI and PII, to protect personal health information while also using appropriate organizational, technological, and physical security safeguards.
	6-170	Internal Grant Review: Internal review program is provided to ensure the submission of the strongest possible application for grant funding opportunities and that effective grant review is established by setting out principles and rules and frameworks of accountability to help guide the overall oversight of the program.
	6-180	Internal Auditing of Clinical Trials: The institute conducts an internal audit of all clinical trials using a framework that utilizes a risk-based approach to ensure the rights and well-being of human subjects are protected, data are accurate, completed

		and verified, and research trials are compliant with approved protocol/amendments, policies and guidelines.
	6-230	Publications and Authorship: Outlines the expectations and resources available for dissemination of research results, whether positive, negative, or null, for publications of completed studies to the community and stakeholders. Consideration is given to authorship, author affiliation requirements, publication ethics, protection of research participants, open access requirements, manuscript preparation and submission, and training for best publication practises.
OHIRC Clinical Research Standard Operating Procedures (SOP)	SOP No. C-1-002	Regulatory Requirements and Essential Documents: Describes the establishment and maintenance of study files which are essential for the management and documentation of a clinical trial in order for UOHI/OHIRC research staff to comply with the Regulations and Guidelines governing clinical research.
	SOP No. C-1-008	Contracts Approval Process: Sets forth when a contract is required for review and the procedure to follow to submit a contract to Legal Affairs for review and negotiation, to manage the Institute's risk exposure (includes data sharing requirements when applicable, as per below).
	SOP No. C-1-009	Data Sharing Agreements: Describes when a data sharing agreement is required and the procedure to put one in place at the UOHI. When data is shared amongst researchers at different institutions or entities, a Data Sharing Agreement is often necessary to protect the privacy of research participants, minimize potential liability, clarify publication and intellectual property rights, and to ensure that anyone who will access the data comply with applicable laws including privacy laws.
	SOP No. C-1-010	Management of Clinical Research Data: Provides specific guidance on the protection of information and access, disclosure, retention, removal or movement, and destruction of data, as required Policy 6-160.
	SOP No. C-4-001	Long-Term Storage of Study Records: Explains the processes and procedures for retention of Subject study information and regulatory documents once the study has been terminated, to ensure appropriate long-term storage for compliance with the regulations and guidelines.
Biobank	6-210	To ensure the highest and best standards and practices in biobanking for research purposes are established, the institute has set appropriate principles to guide the processes of interaction and decision-making of the biobank leadership, operations and oversight members which includes internal and external governance and structure.
	SOP B-005.00	Highlights the roles and responsibility, appropriate forms, and documents to be completed, and procedures used to ensure UOHI Biobank provides high quality biospecimens and associated clinical data for research purposes while protecting the participants.

Data Governance	5-140	Manages and controls the proper usage of data located within the UOHI information systems. Process to follow when data is requested to ensure accurate and appropriate use of data.
Information Security	5-30	Ensures a secure and safe computing environment to UOHI staff while ensuring UOHI interests are maintained by use of appropriate passwords.
	5-70	Provide rules, procedures, and cost for research projects and administrative department looking to store data on UOHI Storage Area Network, which is managed by the IT department at UOHI.
	5-100	Ensures that e-mail system is used securely and appropriately in compliance with the Personal Health Information Protection Act (PHIPA) and the UOHI policies.
UOHI Finance and Administration:	1-40	Ensures the Institute retains and destroys records in accordance with applicable legislation, guidelines and/or contracts, and supported with proper storage audits performed by the Finance and Administration every 3 years.

Appendix B: UOHI research data management best practices

All standard operating procedures and policies are currently available to internal stakeholders. If you would like access any internal policy or standard operating procedure listed, please contact research services at researchservices@ottawaheart.ca.

UOHI approved platforms for data storage:
DACIMA DACIMA_DATAMANAGEMENTPLAN_SOP_Dec2019.docx
RedCap REDCAP_DATAMANAGEMENTPLAN - Dec 2019.docx

Surveying:
UOHI approved platform for survey securely Heart Survey.
https://hearthub.ottawaheart.ca/sites/default/files/uploads/Heart%20Survey%20User%20Guide_0.pdf

Retention:
https://hearthub.ottawaheart.ca/sites/default/files/uploads/1-140%20File%20Retention%20and%20Destruction%20Reviewed%202021.pdf

Public Sharing of Collected Information:

Third Party Application: If you plan to use a third party application, a formal request must be completed to have the application reviewed by Information Security and Privacy

DMP Assistant for your grant: Research Data Management | Digital Research Alliance of Canada (alliancecan.ca)