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| **Project Description** | **YES** | **NO** |
| Purpose: Is the activity intended to improve the process/delivery of care while decreasing inefficiencies within a specific health care setting |  |  |
| Scope: Is the activity intended to evaluate current practice and/or attempt to improve it based upon existing knowledge? |  |  |
| Evidence: Is there sufficient existing evidence to support implementing this activity to create practice change? |  |  |
| Clinicians/Staff: Is the activity conducted by clinicians and staff who provide care or are responsible for the practice change in the institutions where the activity will take place? |  |  |
| Methods: Are the methods for the activity flexible and include approaches to evaluate rapid and incremental changes? |  |  |
| Sample/Population: Will the activity involve a sample of the population (patients/participants) ordinarily seen in the institution where the activity will take place? |  |  |
| Consent: Will the planned activity only require consent that is already obtained in clinical practice, and could the data being collected be considered part of the usual care? |  |  |
| Benefits: Will future patients/participants at the institution where the planned activity will be implemented potentially benefit from the project? |  |  |
| Risk: Is the risk to patients/participants no greater than what is involved in the care they are already receiving OR can participating in the activity be considered acceptable or ordinarily expected when practice changes are implemented within a health care environment? |  |  |

In general, a quality improvement (QI) project does not require IRB review and approval because it is not research that is subject to the federal human subjects protection regulations. The following questions will determine whether the proposed activity is a QI project. If all of the questions below can be answered as a Yes, this study is exempt from IRB oversight. If the answer to any of these questions is NO, IRB review may be required. Please complete this form and submit the project to the IRB for confirmation.

This study meets the criteria of a QI study. I agree to perform the project as outlined in this submission. If any substantial changes are made to the project, a revision will be submitted.

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| Principal Investigator Signature |  | Date of Review |
|  |  |  |

Print name

**IRB Reviewer:**

[ ]  I have reviewed this project and found it meets the criteria for a QI project and does not require IRB oversight.

[ ]  I have reviewed this project and found it does not meet the criteria for a QI project and requires IRB review.

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| IRB Reviewer Signature |  | Date of Review |
|  |  |  |

Print name