**IRB APPLICATION #:**      (*To be assigned by the IRB)*

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| **QUALITY IMPROVEMENT/EVIDENCE-BASED PRACTICE CHECKLIST** | |
| **Project Title:** | |
| **Applicant Name:** | **Applicant Email:** |
| **Advisor’s Name:** | **Advisor’s Email:** |

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| Answer **YES** or **NO** to each of the following questions about your project: | **YES** | **NO** |
| The federal regulatory definition of research is “A systematic investigation including research development, testing, and evaluation, designed to develop or contribute to generalizable knowledge” (45-CFR 46.102(l)).  In this instance “generalizable knowledge” is information (findings) that can be applied to populations or situations beyond those being immediately studied.  **Is the intent of your project to apply the findings to populations or situations beyond the one you are proposing?** |  |  |
| **Does your project involve a systematic, data-guided initiative(s) or process(es) designed to enhance or improve**   * health care * public health * delivery of an educational program * evaluation or comparison of pre/post program assessment (i.e., to determine what was learned, success of the program, etc.)   **for the particular project setting or location?** |  |  |
| Purpose – **Is the project intended to improve the process/delivery of a program or service?** |  |  |
| Funding - **This project is receiving funding from federal agencies or research-focused organizations.** |  |  |
| Project Staff – **Is the proposed project conducted or overseen by the personnel who provide the services, care, education, or are responsible for the assessment of performance quality in the setting(s) where the project will take place?** |  |  |
| Recruitment – **Will the project involve a sample of the population (staff, clients, patients, educators, or students) ordinarily seen in the setting(s) where the project will take place?** |  |  |
| Procedures - **This project involves implementation of established and tested quality standards and/or systematic monitoring, assessment, or evaluation of the organization to ensure that existing quality standards are being met.**  **The project develops untested methods or new untested standards.** |  |  |
| Permission - **The clinical practice unit—hospital, clinic, division, or care group—agrees that this is a QI project that will be implemented to improve the process or delivery of care.**  *Attach proof of permission from the participating institution/facility with your application.* |  |  |
| Consent – **Will the planned activity/procedure(s) require consent other than what is normally sought or required when obtaining the program services, education curricula, or clinical care?** |  |  |
| Risks – **Are the risks and burdens to the participants no greater than what is involved in the services, care, or education they are already receiving?** |  |  |
| **If this work is to be published, you and your faculty advisor agree to place the following statement in your methods section*:*** *“This project was undertaken as a Quality Improvement/Evidence-Based Practice Initiative at [Insert clinic/hospital name], and as such was not formally supervised by the Liberty University Institutional Review Board.”* |  |  |
| **Please submit this completed checklist along with an IRB application to the** [**IRB**](mailto:irb@liberty.edu) **for review to determine if the submission is a Quality Improvement/Evidence-Based Practice activity not requiring IRB review and approval. This determination is necessary to receive a letter from the IRB.** | | |