Fairfield UNIVERSITY

Research Protocol Application

Protocol Information

Principal Investigator (PI) Name:*

Which of the following are you?*

- ○ Undergraduate Student
- ○ Graduate Student
- ◉ Faculty/Staff Member

Principal Investigator (PI) Fairfield Faculty e-mail:*

Protocol Title:*

Sample Quality Improvement Protocol

Co-PIs: Please list all Co-PIs' Names, Titles, and Affiliations.

External PIs: Please list all External PIs' Names, Titles, and Affiliations.

Research Associates: Please list all Research Associates' Names, Titles, and Affiliations.

Project ID: 0430

Research Start Date:*

(Estimated) Research End Date:*

Funding Source:

Review Type Selection

For which type of review would you like to submit this research protocol?*

- ○ Expedited Review
- ○ Full Board Review
- ◉ Quality Improvement
- ○ Delegation to External IRB
- ○ Exemption from IRB Review

Quality Improvement Project

For your application to be submitted as a Quality Improvement Project, your research must involve healthcare and meet all seven of the below criteria:

1) Purpose- The project is intended to improve the process/delivery of care while decreasing inefficiencies.

2) Project Staff- The project will be conducted by the clinicians and staff who provide care or are responsible for the performance quality in the institutions where the project will take place.

3) Project Design- The project is flexible, allowing ongoing change, evaluation, and revision.

4) Recruitment- The project will involve a sample population (staff or patients) ordinarily seen in the institution where the project will take place.

5) Consent- The planned activity will only require consent that is normally sought in clinical practice and could be considered part of usual care.

6) Benefits- Most of the current patients involved in this project (at the institution where the planned activity will take place) could potentially benefit from the project.

7a) Risk- The risk to participants is no greater than that involved in the care they are already receiving.
OR
7b) Risk- The burden of participating in the activity could be considered acceptable or ordinarily expected when reforms are being introduces to the way care is provided.

Does your research involve healthcare and meet all seven of the above criteria?*

- ◉ Yes
- ○ No

Clearly state the purpose of the project.*

Describe the procedures to be followed and how data will be collected.*

Explain who the participants are (e.g., nurses, supervisors, etc.) and how they will be asked to participate.*

Provide the location where the study will be run. (Institution, city, state, and specific location.)*

Provide any other additional information you believe is pertinent for the IRB to verify that your research is a Quality Improvement Project.

General Upload/Info Area

If you would like to include a message to the Chair with your initial application submission, please type it here:

Please use this box to respond to any application comments and/or requests from the IRB:

Please upload any additional documentation having to do with this protocol application here: