

Quality Improvement Review Board Application

1. Project leader: (a TTUHSC faculty member with >50% appointment at TTUHSC)

Name	
Title	
Department	
Campus	
Phone number	
E-mail	

2 Project team: (list all involved with the project)

Name	Title	Department	E-mail address	Role on the project

3. Project Title:

4. Provide a brief (2-4 sentence) summary of your project.

5. State the project goal(s). Include information about who will benefit from the project. Note that QI project goals are intended to bring about immediate improvements in a specific population. For example, "Our goal is to reduce the rate of hospital re-admission for TTUHSC Internal Medicine patients by 35% in 3 months."

6. Provide background information and significance of the project. What is the problem that your project addresses?

7. Describe your plan of improvement intervention. What procedures will you follow?

8. What is the relationship between the project team and the project participants (patients/students)? Is the project team in a position to effect change in the setting?

9. Where and how will you obtain data? Describe what will be collected and the source of data. Do you routinely access these data (medical records, student scores, etc.) in your normal scope of work?

10. How will you analyze your data? How will you measure if the intervention was successful?

11. Describe any ethical considerations (data confidentiality, possible coercion, subject selection, risk/benefit ratio, etc.) and explain what you are doing to address these concerns.

12. Who is providing the necessary funding and resources for this project? If the project is conducted outside of TTUHSC and/or requires information or project participants that are not controlled by TTUHSC, please provide an appropriate letter of support.

13. What are your plans for dissemination of project results?

Submit completed application to the TTUHSC Quality Improvement Review Board at QIRB@ttuhsc.edu. Additional pertinent information may be submitted as attachments. Questions may be directed to the Director of Quality Improvement Review at the above email address or by phone at 806-743-4276.

Please sign electronically and attach to an email – OR - print, hand-sign, then scan and send via email.

Project leader Signature:

Date: _____