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| Instructions for submitting | | | |
| All nursing research/EBP/QA/QI must first be submitted to the Nursing Research Committee. Alignment with organizational and departmental goals is a priority. To submit to the committee, please forward all completed paperwork to: Sebin Vadasserril BSN, RN, CCRN-K, NVRN-BC at [vadassers@sjhmc.org](mailto:vadassers@sjhmc.org)  Upon review and approval of the proposed work, it will then move forward to IRB. The investigator/project leader agrees to work with an identified support person at St Joseph’s Health during the time of the proposed project, and agrees to submit a closure report upon completion of the project/study. | | | |
| Section 1: PROJECT TITLE | | | |
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| Section 2: INVESTIGATOR/PROJECT LEADER | | | |
| Last Name: First Name: Degree: | | | |
| Title: Department: Cost Center: | | | |
| Investigator is a nurse affiliated with SJRMC : | | | Investigator is not a nurse |
| Section 3: DOES PROJECT REQUIRE IRB REVIEW? | | | |
| Yes | No |  | |
|  |  | Requesting review of **EBP/QA/QI** *(If No, do not use this form)* | |
|  |  | Implementing the practice outlined in the project **will not incur patient harm** *(If No, requires IRB review)* | |
|  |  | The practice change outlined in the project **is not new or novel** and **has been published elsewhere** *(If No, requires IRB review)* | |
|  |  | The practice outlined in the project will be **implemented in a practice location** *(If No, requires IRB review)* | |
|  |  | **All staff and affected patients** in the project location will be **expected to participate** in the project *(If No, requires IRB review)* | |
|  |  | The project is **not testing issues** or **adding research questions that go beyond** common practice *(If No, requires IRB review)* | |
|  |  | The project will **not randomize patients** into different intervention groups *(If No, requires IRB review)* | |
|  |  | The project will **not deliberately delay interpretation of data** *(If No, requires IRB review)* | |
|  |  | The project will **not deliberately delay or abbreviate feedback** to those who would benefit from the findings to enhance likelihood of publication *(If No, requires IRB review)* | |
|  |  | The project **has no funding support from an outside organization with a commercial interest in the use of the results** *(If No, requires IRB review)* | |
| By signing below, you certify that the information provided about these activities is accurate to the best of your knowledge, and that you agree to conduct the project in compliance with applicable St. Joseph’s Health System policies as well as state and federal regulations. | | | |
| Section 4: SIGNATURE | | | |
| Investigator/  Project Leader: Date: | | | |

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| 1. TITLE |
|  |
| 2. INVESTIGATOR/PROJECT LEADER (name/s, credentials, department) |
|  |
| 3. NARRATIVE |
| EBP/QA/QI Assessment Process  In order for the IRB to assess whether your project meet the definition of human subjects research requiring IRB review or may qualify as a quality improvement/assurance activity, please provide the following information:   1. Provide a summary of the purpose and procedures of the proposed project. In your summary, please address:  * the project question or hypothesis that you are planning to evaluate * provide relevant background information * describe the problem/challenge that exists in the organization * the project design * identify the measures selected to demonstrate the improvement/change/result * any interaction or intervention with humans * a description of the methods that will be used and whether they are standard or untested * Whether identifiable data from individuals will be used (if so, identify the source of the data and how the data will be obtained or accessed). * A description of how the collected data will be used – (example, prepare a report for operational leaders, publish the findings, etc.). |
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