# Institutional Review Board (IRB) DNP Project Review for Quality Improvement Projects

Student: Date:
Name:
Title:
Email:
Phone:

## Project Title:

University:
Lubbock Christian University School of Nursing

## Degree:

Post MSN Clinical Doctor of Nursing Practice in program

Advisor/Supervisor:
Name:
Title:
Email:
Phone:

## Faculty Mentor:

Name:

Email:

Phone:

Name of other IRB study will be submitted to (if applicable):

## PICOT Question:

## Project Description:

## Brief Review of Literature:

## Area of Project Implementation:

## Data Collection and Analysis:

## Participant Population:

## Informed Consent:

## Risk Assessment:

## Benefits:

## Confidentiality Measures:

# Quality Improvement IRB Checklist

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | Yes | No | N/A |
| **1.** | **The project will benefit current patients or improve local processes or programs.****Explanation:** |  |  |  |
| **2.** | **All patients will receive the usual care at the institution.****Explanation:** |  |  |  |
| **3.** | **All patients are expected to benefit from the intervention****Explanation:** |  |  |  |
| **4.** | **Only tested, generally accepted evidence-based practice (EBP) treatments or procedures will be used.****Explanation:** |  |  |  |
| **5.** | **The purpose is to improve the process of delivery or performance of a specific service.****Explanation:** |  |  |  |
| **6.** | **The goal is not to produce new, generalizable knowledge or test a hypothesis.****Explanation:** |  |  |  |
| **7.** | **Any change is consistent with best practices as established in academic literature.****Explanation:** |  |  |  |
| **8.** | **There are no additional risks to patients/personnel beyond ordinary expectations.****Explanation:** |  |  |  |
| **9.** | **No drugs or devices outside of usual medical practice will be used.** |  |  |  |
| **10.** | **Only employees, patients, or caregivers that are ordinarily seen in the setting are included.** |  |  |  |
| **11.** | **Participants will not be divided into control groups or randomized.**  |  |  |  |
| **12.** | **No data that is not normally accessed in your role at the institution will be accessed.****Explanation:**  |  |  |  |
| **13.** | **No outside funding is involved.** |  |  |  |
| **14.** | **Clinicians at the site agree that this is Quality Improvement.** |  |  |  |
| **15.** | **Protocols are not fixed; Clinicians will have the authority to override the intervention.** |  |  |  |
| **16.** | **The project will be described as Quality Improvement in any presentations/publications.** |  |  |  |

**Note:** **Students seeking additional IRB approval from another IRB:** Students must have approval from LCU IRB before submitting to another IRB. Once final approval has been obtained from another IRB, students must submit a copy of the final IRB approval letter to the LCU IRB when received. If significant changes were made to your proposal, send a copy of the revised proposal with letter.

## Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_