

Project Title

IRB Tracking Number

IRB Exempt (check if exempt)

Provide a copy of this form with the Patient Safety/Quality Improvement Proposal Description/Abstract to the IRB Coordinator, Stacey Hendricks, for consideration by the IRB. Ms. Hendricks will advise if the project would be exempt from IRB approval (so you would complete and submit IRB Form B to request Exempt Status), or if you need to complete IRB Form H: HIPAA waiver of authorization required for access to protected health information (e.g., retrospective or prospective chart review) without the subjects' consent (this applies to living & deceased patients for electronic and hard copy records) 45CFR.164).

Attach a narrative description/abstract of your proposal for the Patient Safety/Quality Improvement Project, including key components:

Note: This material is protected pursuant to the TN Patient Safety and Quality Improvement Act of 2011.

Your proposal description/abstract should include these key elements:

1-Project Name

AIM Statement: What are you trying to accomplish?

- How much change/improvement do you anticipate:
- By When:
- Stakeholders impacted:

2-Team Info

- Time: Start Month, yr - current (month, yr)
- Lead person:
- Key Participants:
– Name/s (dept/s)

3-Current Situation/Problem

- Background
- Observations (optional)

4-Desired Condition:

- How will you know that a change is an improvement?
- What change can you make that will result in improvement?
- Vision
- Metrics impacted by this vision

5 - Current Process and PDSA cycles

- Describe Process Steps and/or
- Display data from your PDSA cycles --

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(You can display as a table, a circular PDSA diagram, fishbone diagram, etc.)

Abbreviations Used

6-Followup / Barriers / Unresolved Issues / Summary

IRB Form

Circle which IRB Form you have attached:

FORM B

FORM H