## Saint Joseph's Health System – Institutional Review Board Quality Improvement vs Research Determination Checklist



A Member of Trinity Health

Title of I	Project:_
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Leader:

Department: \_\_\_\_\_

Institution: SJH Hospital Other:

This table is intended to provide a means to self-declare whether a project meets the definition of quality improvement (QI) or clinical research activities. For each item, choose the column to which the project most likely relates- QI or Research. You may only choose ONE answer. Indicate N/A for those sections that do not apply.

Attribute	Quality Improvement	Research with Human Participants			
Intent and Background	Describes the nature and severity of a specific performance gap	Identifies a specific deficit in scientific knowledge from the literature			
	Focus is to improve a specific aspect of health or health care delivery that is currently NOT consistently and appropriately being implemented at this site (may be as a result of HCAHPS, Culture of Safety, Engagement Surveys)	Proposes to address or identify specific hypotheses in order to develop new knowledge or advance existing knowledge			
Methods	Mechanisms of the intervention are expected to change over time (i.e., an iterative in nature) in response to ongoing feedback; adjustments made as one progresses through the process to refine	Specific protocol defines the intervention, interaction and <u>use of collected</u> <u>data</u> <u>and tissues</u> , plus project may rely on the randomization of individuals to enhance confidence in differences			
	Plan for intervention and analysis includes an assessment of the system (i.e., process flow diagram, fishbone, etc.)	May use qualitative and quantitative methods to make observations, make comparisons between groups to answer the hypotheses			
	Statistical methods evaluate system level processes and outcomes over time with statistical process control or other methods	Statistical methods primarily compare differences between groups or correlate observed differences with a known health condition			
Intended Benefit	Intervention would be considered within the usual clinician-patient therapeutic relationship	Intervention, interaction, or use of identifiable private information or specimens occurs outside the clinician-patient therapeutic relationship			
	Direct benefit to participants is indicated (e.g., for the decrease in risk by creating a safer institutional system)	Direct benefit to each individual participant or for the institution is not typically the intent or is not certain.			
	Potential local institutional benefit is indicated (e.g., increased efficiency or decreased cost)	Potential societal benefit in developing new or advancing existing generalizable knowledge			
Risk	Risk is to the privacy or the confidentiality of health information [as	Risk may be minimal, but may include physical, psychological, emotional, social, or			
	it relates to the responsibilities of being a covered entity (Health care system)]	financial risks, as well as risk to privacy or the confidentiality of health information from participation in the project			

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Attribute	Quality Improvement	Research with Human Participants	
	Risk may be described as higher for patients if the institution or group / staff does nothing	Informed consent describes the risks to participants, who individually and voluntarily decide whether to participate (consent could also be optional, such as with exempt research, or could be waived by the IRB)	
Applicability of Results	Implementation is immediate so that review of results occurs throughout the process and may be used for next QI activity	Results and analysis may be delayed or periodic throughout the duration of the project, except to protect patient safety. The results will primarily be used to inform further investigation	
	Extrapolation of results to other settings is possible, but not the main intent of the activity	Results are intended to generalize beyond the institution and to a specific study population	

## Interpretation

If any marks are on the research side, then submit your project to the IRB for review and determination (see the IRB website for forms and instructions). Retain the completed assessment in your project files if ALL of the marks are on the QI side. If an activity such as public health practice, program evaluation, or quality improvement includes a research component, then IRB review should occur under current federal guidance and the IRB policies. If a publication is anticipated then determine if the journal requires a formal IRB determination. IRB reviews cannot occur once the data has been gathered or analyzed. Any IRB review must be prospective, that is, BEFORE any data collection work commences.

## **Explanation and Elaboration of Terms**

- 1. **Vulnerable Population:** Generally a population that includes students, employees, children, prisoners, active military personnel, individuals who have diminished decision making capacity, those who are educationally or economically disadvantaged or others likely to be vulnerable to undue influence and/or coercion.
- 2. Intent: The state of the investigator's mind that directs the activity.
- 3. Quality Improvement: The combined and unceasing efforts of many health care professionals, patients and their families, administrators, payers, planners, educators –to make changes that will lead to better patient outcome, better system performance, and better professional development.
- 4. **Research:** A systematic investigation including research development, testing, and evaluation, designed to develop or contribute to generalizable knowledge. A human participant means a living individual about whom an investigator (whether professional or student) conducting research:

(i) Obtains information or biospecimens through intervention or interaction with the individual, and uses, studies, or analyzes the information or biospecimens; **or** (ii) Obtains, uses, studies, analyzes, or generates identifiable private information or identifiable biospecimens (2018 (Revised) Common Rule definition of *Research* and *Human Subject*).

Print Name	Signature	Date of Evaluation
or:		
Print Name	Signature	Date
	or:	or:

This form was adapted from: Ogrinc, G., Nelson, W. Q., Adams, S. M., & O'Hara, A. E. (2013). An instrument to differentiate between clinical research and quality improvement. IRB Ethics & Human Research, 35(5).