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

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| **Name** |  |
| **Faculty Title** |  |
| **Department** |  |
| **Campus** |  |
| **Phone number** |  |
| **E-mail** |  |

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

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| Name | Title | Department | E-mail address | Role on the project |
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### 3. Project Title:

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

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### 5. Provide background information and significance of the project. What is the problem or performance gap that your project addresses?

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### 6. State the project goal(s). Include information about who will benefit from the project, by how much, and by when. For example, “Our goal is to reduce the rate of hospital re-admission for TTUHSC Internal Medicine patients by 35% in 3 months.”

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### 7. Describe your plan of improvement intervention. What procedures will you follow? If you are conducting an Evidence Based Practice (EBP) project, describe what EBP model you are using and the steps for implementation.

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### 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?

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### 9. Where and how will you obtain data? Describe what measures you are collecting and the source of data. If possible, include the 3 measure types: Outcome, Process, and Balancing. Do you routinely access these data (medical records, student scores, etc.) in your normal scope of work?

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### 10. How will you analyze your data to evaluate change over time? How will you determine if the intervention was successful?

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### 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.

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### 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.

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

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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.

Project leader Signature:

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_