

Quality Assurance (QA) and Quality Improvement (QI) Screening Checklist

Collaborating Authors: NC TraCS Regulatory Program, Office of Human Research Ethics (OHRE), SOM CRSO

The sometimes-subtle differences and frequent overlap in attributes can make it challenging to differentiate between QA/QI and Human Subjects Research (HSR). The purpose of the QA/QI Screening Checklist is to help investigators distinguish QA/QI activities from HSR that requires IRB review.

Instructions:

- Prior to starting the screening checklist, review <u>OHRE SOP 0501: Human Subject Research Determination</u> and the Quality Assurance and Quality Improvement (QA/QI) FAQs.
- Open the downloaded checklist with Acrobat Adobe Reader directly from the saved file location.
- Consider each statement and indicate Yes or No by marking the respective check box.
- If the project is not funded, the last statement is not considered in the screening.
- If you indicated 'Yes' to all of the statements, the project is likely QA/QI and NOT human subjects research.
- If you are unsure after completing the screening checklist, consult the IRB at irb_questions@unc.edu or 919-966-3113.
- Investigators are encouraged to request a formal determination of Not Human Subjects Research (NHSR) by the UNC-Chapel Hill IRB by submitting an NHSR request in IRBIS.

IMPORTANT: The IRB is unable to grant retroactive IRB approval for a QA/QI project that is later determined to be HSR.

Component	Statement	Yes	No
Intent	The project intends to describe and close a specific, local performance gap. Its focus is to continuously assess or promptly improve a process, program, or system; OR improve performance as judged by accepted/established standards. HSR intends to address a gap in scientific knowledge, often through the test of specific hypotheses, with implications beyond the local setting.		
Methods	The methods are flexible and include approaches to evaluate rapid and incremental changes. HSR follows a fixed research plan that typically remains unchanged throughout the research.		
Intended Benefit	The project may benefit a local process, program, or system and may or may not benefit patients directly. HSR provides potential societal benefit in developing new or advancing existing generalizable knowledge. Direct benefit to participants is not typically the intent of HSR or is not certain.		
Risk	The risk to patients is no greater than that of usual care. HSR may place participants at increased risk of physical, psychological, emotional, social, legal, and/or financial harm.		
Applicability of results	The intent of the project is to produce immediate and continuous results that can be implemented directly into local practices and care delivery. Results of HSR are not expected to immediately affect or change local practice.		

Component	Statement	Yes	No
Funding	The project is funded by internal clinical/operations funds or a program that offers clinical reimbursement incentives. The project is not receiving funding for implementation of research. Funding sources for HSR may include an outside organization with an interest in the results, a manufacturer with an interest in the outcome of the project relevant to its products, or a non-profit foundation that typically funds research, or by internal research accounts. If the project is not funded, leave blank.		
Sharing and disseminating	The project <u>may or may not</u> share results through peer-reviewed publication and presentation outside the institution. HSR results are <u>expected</u> to be published or presented to others through a peer-reviewed process.		
	If there is an intent to, or possibility of publishing your work, you and your Department/Unit are comfortable stating in the methods section that the project was undertaken as a QA/QI initiative at [location], and as such the IRB did not provide oversight for the project under their policies. HSR publications generally include a statement about IRB oversight.		

Resources

OHRE SOP 0501: Human Subject Research Determination

OHRE SOP 6001: Definitions

Quality Assurance and Quality Improvement (QA/QI) FAQs

Baily MA, Bottrell M, Lynn J, Jennings B, Hastings Center. The ethics of using QI methods to improve health care quality and safety. *Hastings Cent Rep.* 2006;36(4):S1-S40. doi:10.1353/hcr.2006.0054

Ogrinc G, Nelson WA, Adams SM, O'Hara AE. An instrument to differentiate between clinical research and quality improvement. IRB. 2013;35(5):1-8.