## Quality Improvement DNP Project Instructions and Template

## Union University College of Nursing

## (Do not submit these instruction sheets)

Projects that are thought to be quality improvement (QI) projects may be submitted to the **[UU CON QI Project Committee]** for an authoritative determination of their status as QI, DNP, or research project. If the project is determined to be research, it will be forwarded to the Institutional Review Board (IRB). Review of FAQs from US Department of Health & Human Services should be conducted before reviewing this project application:

<https://www.hhs.gov/ohrp/regulations-and-policy/guidance/faq/quality-improvement-activities/index.html>

In addition to the template presented below, the UU CON QI or Research form is required for the UUCON QI application submission review.

The project application below is designed for projects involving the translation of existing knowledge into clinical practice. Evaluating the effectiveness of knowledge implementation in creating clinical practice change is measured by the QI project outcomes. Since the focus of these projects does not fit the definition of research under 45 CFR 46.102(d), they will be evaluated as not involving research with humans. For such projects, privacy, and confidentiality regulations (HIPAA) must still be followed. The IRB will review and provide consultative assistance, but is not responsible for approving how privacy, data storage and confidentiality measures are implemented in the quality improvement project. A clinical site letter is requested to document support and agreement with this practice change by individuals engaged in direct clinical care at the site where the practice change is to occur.

**The project summary should be no more than 5 pages** (Appendices exempt from page count). The writing style will represent APA 7th edition.

Please use the template on page 4 of this document to complete the proposal.

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**Project Title**

**Clinical Site**

State the name and location of the clinical site. Identify the participants (nurses in the unit, leadership in the department, physician stakeholders) and how many stakeholders are involved in the project change (See Appendix A for approval letter).

**Statement of the Problem**

Concisely describe the local problem and its significance addressed by this quality improvement project. Include data to frame local problem. Summarize information that supports topic/problem is an organizational priority. Provide support that the focus of this project is to implement existing knowledge in clinical practice and not to generate new knowledge. Write a focused, searchable question using an established method (e.g., PICOT).

**Evidence-Based Literature Review and Synthesis** (Evidence Table in Appendix B)

Write a brief synthesis of the evidence and provide the Evidence Table that indicates the Level of Evidence and the GRADE of evidence.

**External Evidence.** Summarize search strategy (e.g., databases, keywords, filters/limits, criteria for article selectin, tools for critical appraisal). Include practice-based evidence (e.g. evidence-based solutions that experts/other health systems have implemented. Critically summarize the evidence that supports the quality improvement project. The evidence should be convincing to clearly support practice change. Demonstrate how the translation of evidence will be implemented in clinical practice. Emphasize that this project will not produce new knowledge (research) but is to implement evidence into clinical practice (quality improvement) to drive practice change.

**Internal Evidence.** Summarize applicable unit/ community/ department/ hospital/ organizational level data or data required for national entities (e.g. CMS, NDNQI, AHRQ …)

Performs a needs assessment (SWOT) if applicable.

**Project Purpose & Aims**

* Identify the purpose of this project and list specific aims or goals to be accomplished.
* You must list one or the other with Goals or Aims. You are not required to have both.

**If stating Goals:**

* Goals will use SMART criteria as the established method.

**If stating Aims:**

* The aims should clearly support that the project is to implement evidence into clinical practice (quality improvement) and that it will not produce new knowledge (research).
* Aims should be directional (date specific) and measurable (increase/decrease by %).
* Do not use more than two AIM statements without express approval from your advisor.

**Data Collection Plan**

* Provide a concise description of how data will be collected. Include how patient data will be identified, who is involved with data collection, and what data will be obtained.
* Describe where this information is found and how it will be extracted.
* Include Appendix for all data collection forms (keep in sequential order within the narrative).

**Timeline**

* Describe the timeline for completion of the project. Include when data collection is to be initiated, when the project implementation phase occurs, and when post implementation data will be collected. (see Appendix XX keep in sequential order within the document)

**Project Methods**

Include the following information in this section:

* Design, organization setting, sample.
* Identify agencies, departments, units, individuals needed to complete the project and/or affected by project, and strategies to gain stakeholder buy-in.
* Evidence-based innovation that will change practice Evidence-based Implementation Strategy of selected framework/model to guide implementation (e.g., EBP model, QI framework, Change model)
* Assessment measures including fidelity and patient outcomes as appropriate.

**Evaluation Plan**

Using an established method (e.g. run or control charts) display data and interpret project outcomes. Report evaluation of the effectiveness of the practice change, including extent the practice change was implement (process outcome) and extent to which the desired outcome(s) were achieved.

* **Run charts** – illustrates change and patterns over time; assist in identifying problems and when they occurred.
* **Pareto charts** - Based on the Pareto principle that 80% of the output in a situation is due to 20% of the input; Prioritizes frequency of causes related to one another.
* **Flowcharts** – Help provide a better understanding of a process and variations in the process; Can be used prospectively or retrospectively.
* **Dashboards** – Optional to provide quick information in the form of a compilation of run charts or summary.

**Ethical Merit**

**Protected Health Information**

Indicate how you intend to use Protected Health Information (if you do) of patients whose information is used to measure the change in practice because of the evidence-based implementation project.

**Privacy, Data Storage & Confidentiality**

***All of the following information must be included in this section:***

* Discuss how the patient’s privacy will be protected (if you use patient data)
* Describe what media type will be used to store the data (paper or electronic file or both).
* Describe what Protected Health Information (PHI), if any, will be stored/secured.
* Specify whether PHI will be destroyed once all data collection is completed. Specify how data will be de-identified.
* Specify the location where the paper or electronic file will be stored.
* Specify the location where the data will be secured, who will have access to this information and measures to assure confidentiality is maintained.

**Appendices (must be in sequential order within the document)**

 **Letter of support from the clinical setting**

A clinical site letter **or** Clinical Site Agreement is to be included with this summary to document support and agreement with this practice change by individuals engaged in clinical care. The support letter should include the signature of the clinical administrator or clinical leader who has the authority to approve the implementation of practice change.

 **Evidence Table**

 **Timeline**

 **Data Collection Forms**

**Quality Improvement Summary Template**

* Name of the DNP student: Click or tap here to enter text.
* Faculty Advisor: Click or tap here to enter text.
* Clinic Site/Setting for this project: Click or tap here to enter text.
* Approval from Clinic Site/Setting: Yes [ ]  No [ ]
* Approved QI Exempt Status: Yes [ ]  No [ ]
* Signature of QI Committee Click or tap here to enter text.

**Project Title: A Quality Improvement Project**

Click or tap here to enter text.

**Clinical Site: (With approval letter Appendix A)**

Click or tap here to enter text.

**Statement of the Problem** (**Includes PICOT question)**

Click or tap here to enter text.

**Evidence- Literature Review and Synthesis (with Evidence Table Appendix B)**

 Click or tap here to enter text.

**External Evidence (search strategy narrative)**

**Internal Evidence (baseline data narrative)**

**Project Purpose & Aims The purpose of this QI project is** Click or tap here to enter text.

**Project Aims: (Aim’s in bulleted format no more than 2)**

* Click or tap here to enter text.
* Click or tap here to enter text.

**Data Collection Plan (With appendices for all data collection)**

Click or tap here to enter text.

**Timeline Narrative**

Click or tap here to enter text.

**\*\*see Appendix ? (keep in sequential order within the document)**

**Project Methods**

Click or tap here to enter text.

**Evaluation Plan (statistical tests and analysis)**

Click or tap here to enter text.

**Ethical Merit**

 **Protected Health Information**

Click or tap here to enter text.

 **Privacy, Data Storage & Confidentiality**

Click or tap here to enter text.

**Appendices (not included in the page count and added here as a checklist to make sure you have included these works) must be in sequential order within the application.**

**Please add the QI vs Research Checklist as an appendix.**