Instructions for a Quality Project Submission to
UnityPoint Health – Meriter

SUBMISSION INSTRUCTIONS

All QI Projects must be filed with Meriter's Research Compliance Office and must include sufficient documentation for the planned project. See the Submission Elements table below to determine what is required for your project.

Email applicable Submission Elements to Liz Michaels, MS, CIP, liz.michaels@unitypoint.org.

Meriter's Research Compliance Office will review your submission. Wait to begin your project until you receive an email determination. Please review the determination carefully, as it may include additional instructions or steps that must be completed before initiating your project. You may need to work with the Meriter Privacy Officer if your project requires HIPAA compliance. **Do not begin your project** until you receive all confirmations from Meriter.

If questions, call 417-6411 or email Liz Michaels (liz.michaels@unitypoint.org).

SUBMISSION ELEMENTS

Place of Employment	Submission Element 1	Submission Element 2
UW-Madison Affiliates • **UW-Health** • **UW School of Medicine and Public Health** • **UW Medical Foundation** *If your paycheck comes from one of the above, they are your employer.*	UW ARROW Not Research Application + UW IRB Determination Letter **OR** UW Madison Self-Certification Tool *See Self-Certification Tool Tips on page 2*	Project Description *See template on page 2.*
UnityPoint Health – Meriter • **Meriter Hospital** • **UnityPoint Clinics in Madison**	UW Madison Self-Certification Tool *See Self-Certification Tool Tips on page 2*	Project Description *See template on page 2.*

SELF-CERTIFICATION TOOL TIPS

Name of Project Lead/Investigator:

List name, department and credentials (e.g. Faculty, Fellow, Resident)

Brief Description of Project/Goals:

Indicate 'See Attached' ————— Put project description in separate Word document for emailing to Meriter's Research Compliance Office

See **Project Description Template** below.

Q3: Is this a multi-site project (e.g. there is a coordinating or lead center, more than one site participating, and/or a study-wide protocol)? [**More Info**]

○ Yes Indicate 'Yes' if your project occurs at Meriter and another institution (e.g. UW)

○ No Indicate 'No' if your project is at Meriter only

Save the self-certification to PDF.

PROJECT DESCRIPTION TEMPLATE

Create a Word document with the information below. *Use clear, concise writing by avoiding run-on sentences and assuming no prior knowledge of the subject matter. Spell out abbreviations on first use, avoid tracked changes or comments, and use vertical bullet points for better readability*.

Project Title: *Short title to identify your project*
Project Lead(s): *List people involved and their titles/departments*.

Background: *May be brief but should provide context as to why you are proposing this project*.

Project Purpose/Goals/Aims
- *Describe the main intent of the project.*
- *Give a simple explanation of what you will be doing.*
- *Using this chart, explain why this is a quality project and not research. Tell how your project will improve care at UnityPoint Health – Meriter.*
- *Identify clearly your patient population (inclusion/exclusion criteria).*

Procedures or Methods Involved.
If this project includes Electronic Medical Record review, survey, interview, and/or patient intervention, describe that.
If you are interacting with patients in one of our clinics or medical units, please *name the Meriter manager who has granted you permission to interact with patients*.

Data Security *include the following details:*
- What HIPAA identifiers will you be recording with your data? See Appendix for HIPAA Identifiers.
- Describe where the data you are collecting will be stored. For example, will you be transferring it to a UW Dept Server or will it remain on a Meriter server?
- When will identifiers be destroyed?

HIPAA Identifiers

- Name
- Address (street, city, county, state, zip code)
- Telephone/Fax Numbers
- Social Security Numbers
- Dates (except for years), includes the following:
  - Birth Date
  - Admission Date
  - Discharge Date
  - Service Date
  - Date of Death
  - Any Other Date
- Ages greater than 89 and all elements of dates indicative of such age.
- E-mail Addresses
- Web URLs
- Internet Protocol (IP) Address
- Medical Record Numbers
- Health Plan Beneficiary Numbers
- Account Numbers
- Certificate/License Numbers
- Vehicle Identifiers and Serial Numbers (e.g. VINs, License Plate Numbers)
- Device Identifiers and Serial Numbers
- Biometric Identifiers (e.g. finger or voice prints or full-face photographic images)
- Any other unique identifying number, characteristic, or code, including subject ID codes
- Meriter Specific - Race/Ethnicity if more than the following categories are recorded:
  1) Caucasian (white), 2) African American (Black), 3) Asian, 4) Hispanic, 5) Other