

Meriter QI/QA/Performance Improvement Project Description

Use clear, concise writing. Avoid run-on sentences. Do not assume prior knowledge of the subject matter. Spell out abbreviations on first use. Use vertical bullet points for better readability.

PROJECT OVERVIEW

Project Title: Short title to identify your project

Click or tap here to enter text.

Project Lead(s): List people involved and their titles/departments

Click or tap here to enter text.

Project Background: Provide short paragraph 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

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?

[See data policies here.](#)

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When will identifiers be destroyed?

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Are you recording any HIPAA identifiers with your project data?

☐ Yes (see list below) ☐ No

If Yes, what HIPAA identifiers will you be recording? Check all that apply.

☐	Name
Address	
☐	Street
☐	City
☐	Count
☐	State
☐	Zip Code
☐	Telephone Number(s)
☐	Fax Number(s)
☐	Social Security Number
Dates (except for years)	
☐	Birth Date
☐	Admission Date
☐	Discharge Date
☐	Service Date
☐	Date of Death
☐	Any Other Date
Other Information	
☐	Ages greater than 89 and all elements of dates indicative of such age
☐	E-mail Addresses

☐	Web URLs
☐	Internet Protocol (IP) Address
☐	Medical Record
☐	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, code (including subject ID codes)
☐	Race/Ethnicity if more than the following categories are recorded: 1) Caucasian (white), 2) African American (Black), 3) Asian, 4) Hispanic, 5) Other