LMBP Quality Improvement (QI) Data Submission Form
Non Material Change

Instruction: To assist you with completing this form, please refer to the Instructions

Submitter's Name: _____   **Today's Date:** _____
Position: _____
Institution: _____
Organization / Department: _____
E-mail: _____   **Phone:** _____
Mailing Address: _____
City: _____   **State:** _____   **Zip Code:** _____

Do you want your organization to be identified _____ **or remain anonymous?** _____

If identified, please provide the name(s) of person(s) the data is attributed to:

_____

If any information on the submission form is not familiar to you or needs explanation, please note "not familiar" as an answer choice.

Thank you for taking the time to submit your information.

LMBP Quality Improvement (QI) Project/Study Summary Form
(Note: Please complete separate form for each study/evaluation you conducted)
You can "check" boxes by double left clicking on them.   If you do not have room to fill in the answer, use the next page and refer to question number.

Background Information	QI Project/Study	QI Practice	Outcome Measures	Results/Findings/ Considerations

Background Information

1. LMBP Quality Problem (topic):
_____

2. a.Quality Problem/ Issue Description

   b. IRB approval obtained

   ☐ Waived
   ☐ YES
   ☐ NO {Stop here and submit form, our staff will follow up with you} **

3. Funding Source(s):
   ☐ In-house
   ☐ Manufacturer: Describe:
   ☐ Grant/Contract: Describe:
   ☐ Other – Describe:

4. Facility Description
   a. Facility type
   ☐ Hospital: Type:_____
   ☐ Physician Office Laboratory
   ☐ Public Health Laboratory
   ☐ Blood Center
   ☐ Independent laboratory
   ☐ Other:
      Specify_____

   b. Number of Beds
   ☐ N/A
   ☐ <100 beds
   ☐ 100-300 beds
   ☐ >300 beds

   c. Total test volume per yr _____

QI Project/Study

5. a.QI Project Design:
   ☐ Observational: Pre-post (before-after)
   ☐ Observational: Case – Control
   ☐ Controlled Experiment/ Randomized Control
   ☐ Time Series
   ☐ Cohort
   ☐ Other: Specify_____

   b. Briefly describe aim for the design:

6. QI Project Setting:
   ☐ Emergency Dept. ☐ ICU/PICU/NIUC
   ☐ Ob/Gyn   ☐ Hospital inpatient
   ☐ Physician office   ☐ Hospital outpatient
   ☐ Other-Describe:

7. Sample Size and Description: (describe totals for new and usual practice)
   a. Sample is:
      ☐ Tests
      ☐ Specimens
      ☐ Patients

   b. Sample size for New QI Practice is:

   c. Sample size for Original (Usual) Practice (if applicable) is :

QI Practice

8. Describe Original (Usual) Practice:

9. Describe New Intervention/ Practice:

10. Practice Duration
a. New QI Practice
   Start date (mo/yr): _____ /
   End date (mo/yr): _____
   Practice is Ongoing: ☐ YES ☐NO

b. Original (Usual) Practice
   Start date (mo/yr): _____ /
   End date (mo/yr): _____
   Practice is Ongoing: ☐ YES ☐NO

11. Resource Requirements/Costs:
   A. Staff:
      ☐ Medical technologist
      ☐ Laboratory phlebotomist
      ☐ Nursing personnel
      ☐ Resident
      ☐ Medical student
      ☐ Physician

   B. Training:
   _____
   _
   _____
   _
   C. Equipment/Supplies:
   _____
   _
   D. Cost:
   _____
   _
   E.
   Other:_____

Outcome Measures

12. Outcome Measure(s) Description:
   Description:
   _____
   _____

   How determined:
   _____
   _____
   _____

13. Measurement Duration
a. New QI Measurement
   Start date (mo/dd/yr): ____/____/____
   End date (mo/dd/yr): ____/____/____

b. Original (Usual) Practice Measurement
   Start date (mo/dd/yr): ____/____/____
   End date (mo/dd/yr): ____/____/____

14 a. Recording method (how data was collected / note any differences between the original (usual) and new/intervention practices):
   ☐ Occurrence logs
   ☐ Incident / adverse events reports
   ☐ Audit – direct observation
   ☐ Electronic information system monitoring
   ☐ Other

   Please Describe each checked method:
   _____
   _____
   _____

15. Potential Limitations to the QI Project/Study:
   _____

Results/Findings/ Considerations

16. Results/Findings (as related to /outcome measure):

17. Data Analysis- Significance (if applicable):
   ☐ For Pearson correlations
   ☐ F-Test   ☐ T-Test
   ☐ Fischer Exact   ☐ Chi-square
   ☐ Odds Ratio   ☐ Rates
   ☐ Other: _____

18. Barriers to Implementation:

19. Requirements to sustain the new QI practice:

20. Lessons Learned: