

USC CONTINUOUS QUALITY IMPROVEMENT (CQI) PROGRAM

CQI Assessment Tool for UPC Studies

GENERAL INFORMATION iStar

Study Title			
IRB Protocol Number		Level of Review	
CQI assessor name		Audit date	
Funding Sources <i>Please check all that apply:</i>	<input type="checkbox"/> Industry	<input type="checkbox"/> Government	<input type="checkbox"/> Internal/Department
	<input type="checkbox"/> Foundation	<input type="checkbox"/> No Funding	<input type="checkbox"/> Other: _____
Location	University Park: _____		
Department/Division			
Type of Study	<input type="checkbox"/> Biomedical	<input type="checkbox"/> Social/Behavioral	<input type="checkbox"/> Other:
Total # Enrollment	#Approved: _____ #Enrolled to date: _____		
Key Personnel Roles			
Principal Investigator			
Faculty Advisor			

**authorized to obtain consent*

1. RECORDS / DATA STORAGE

1.1	iStar	What storage location is listed in iStar application? (26.3) Building: _____ Room: _____		
		1.2 Where are study records physically stored? Building: _____ Room: _____		
		1.3 Where are consent documents stored? Building: _____ Room: _____		
			YES	NO
		1.4 Do file cabinets have locks?	<input type="checkbox"/>	<input type="checkbox"/>
		1.5 Are computers password-protected?	<input type="checkbox"/>	<input type="checkbox"/>
		1.6 Are consent documents stored in an orderly fashion	<input type="checkbox"/>	<input type="checkbox"/>
Additional explanation/comments				

2. IRB DOCUMENTATION

		YES	NO
2.1	Is all correspondence (signed/dated applications, responses, approvals) to the IRB on file?	<input type="checkbox"/>	<input type="checkbox"/>
2.1.1	Is other correspondence (e.g., e-mails) to and from the IRB on file?	<input type="checkbox"/>	<input type="checkbox"/>
Date of Initial IRB Approval		iStar	Expiration Date
		iStar	
2.3	Continuing Review	Date submitted	Date approved
		IRB approval letter on file	
		YES	NO
Number of Continuing Reviews (CR)?		<input type="checkbox"/>	<input type="checkbox"/>
_____		<input type="checkbox"/>	<input type="checkbox"/>
(If study has not undergone CR to date, skip to 2.4)		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
iStar		<input type="checkbox"/>	<input type="checkbox"/>
		YES	NO
2.3.1	Was each CR submitted on time? (45 days prior to expiration) iStar	<input type="checkbox"/>	<input type="checkbox"/>
2.3.2	Was there any lapsed period(s) between expiration date and CR approval date?	<input type="checkbox"/>	<input type="checkbox"/>
2.3.3	Was any subject enrolled during this lapse period?	<input type="checkbox"/>	<input type="checkbox"/>
2.3.4	If yes, was a protocol violation submitted to the IRB?	<input type="checkbox"/>	<input type="checkbox"/>
2.3.5	Were any study procedures done during the lapse period? (If no, go to 2.4)	<input type="checkbox"/>	<input type="checkbox"/>
2.3.6	If yes, were they approved by an IRB Chair?	<input type="checkbox"/>	<input type="checkbox"/>
2.4	Have there been any changes to the study? (If no, go to section 3)	<input type="checkbox"/>	<input type="checkbox"/>
2.5	If there have been changes to the study, were the amendments approved by the IRB before implementation?	<input type="checkbox"/>	<input type="checkbox"/>
Amendments	What was amended?	IRB approval	
		YES	NO
Number of Amendments: _____		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
iStar		<input type="checkbox"/>	<input type="checkbox"/>

3. SUBJECT RECRUITMENT PROCEDURES

		YES	NO
3.1	Is there a subject enrollment log?	<input type="checkbox"/>	<input type="checkbox"/>
3.1.1	If yes, is subject enrollment log up to date?	<input type="checkbox"/>	<input type="checkbox"/>
3.2	Is there a subject screening log?	<input type="checkbox"/>	<input type="checkbox"/>
3.2.1	If yes, is subject enrollment log up to date?	<input type="checkbox"/>	<input type="checkbox"/>
Additional explanation/comments			
3.3	How are potential subjects identified (23.1)?		
3.4	Describe recruitment methods stated in the IRB approved protocol (24.3)		
iStar			
3.5	If recruitment materials are used, specify: (check all that apply)	<input type="checkbox"/> Advertisements (posted) <input type="checkbox"/> Flyers <input type="checkbox"/> Web posting <input type="checkbox"/> Letters <input type="checkbox"/> Pre-Screening form <input type="checkbox"/> Other _____ <input type="checkbox"/> No recruitment materials used; go to section 4	
iStar			
3.6	Is the process for subject recruitment and identification consistent with IRB application and IRB policies? (Review Screening Logs)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.7	According to iStar section 26.2, how will data be recorded to protect privacy? Is the research team following this method?		
iStar			
Please use this space for additional explanation/comments			

4. INFORMED CONSENT PROCESS

4.1	How many versions* of the consent form are there? _____		
4.2	Current Consent Version Date	Consent approval period	
iStar			
4.3	Complete CIQ Consent/HIPAA Chart If no subjects have been enrolled, check here <input type="checkbox"/> and go to section 5		
		YES	NO
4.4	Were any invalid consent forms used? (if no, go to 4.5)	<input type="checkbox"/>	<input type="checkbox"/>
4.4.1	If yes, was a protocol violation report submitted to the IRB?	<input type="checkbox"/>	<input type="checkbox"/>
4.5	Did anyone not approved by the IRB to consent subjects sign as study representative?	<input type="checkbox"/>	<input type="checkbox"/>
4.5.1	If yes, was a violation report submitted to the IRB?	<input type="checkbox"/>	<input type="checkbox"/>
4.6	Does the iStar application item 22.1 indicate inclusion of minors? iStar	<input type="checkbox"/>	<input type="checkbox"/>
4.6.1	If yes, was parental permission obtained?	<input type="checkbox"/>	<input type="checkbox"/>
4.6.2	Was parental permission waived?	<input type="checkbox"/>	<input type="checkbox"/>
Please use this space for additional explanation/comments			

5. SUBJECT SELECTION CRITERIA

Using the study files for subjects chosen for review (section 4.3), complete the following. Add additional space as necessary to accommodate the number of chosen subjects.

		YES	NO
5.1	Is there an eligibility checklist containing inclusion/exclusion criteria?	<input type="checkbox"/>	<input type="checkbox"/>
5.2	Does each subject file indicate whether the subject was included/excluded appropriately? Indicate below: (If no subjects have been enrolled, check here <input type="checkbox"/> and skip to section 7)		
	Subject #1:	<input type="checkbox"/>	<input type="checkbox"/>
	Subject #2:	<input type="checkbox"/>	<input type="checkbox"/>
	Subject #3:	<input type="checkbox"/>	<input type="checkbox"/>
	Subject #4:	<input type="checkbox"/>	<input type="checkbox"/>
	Subject #5:	<input type="checkbox"/>	<input type="checkbox"/>
5.3	If any subjects that did not meet eligibility criteria were enrolled, was a protocol violation submitted to the IRB?	<input type="checkbox"/>	<input type="checkbox"/>
Please use this space for additional explanation/comments			

6. ADVERSE EVENTS, UNANTICIPATED PROBLEMS AND PROTOCOL DEVIATIONS

6.1. Is there documentation of adverse event(s) ? Was this reported in iStar? iStar
6.2. Is there documentation of unanticipated problems ? Was this reported in iStar? iStar
6.3. Is there documentation of protocol deviations ? Was this reported in iStar? iStar

7. RECORD KEEPING

		YES	NO
7.1	Is there a binder/folder for study documents? (e.g. items listed in section 1 of checklist)	<input type="checkbox"/>	<input type="checkbox"/>
7.2	Is there a binder/folder for IRB correspondence? (e.g. items listed in section 2 of checklist)	<input type="checkbox"/>	<input type="checkbox"/>
7.3	Is there a study file for each subject? (ok, if no)	<input type="checkbox"/>	<input type="checkbox"/>
7.4	Have there been any disclosures of confidential information in this study?	<input type="checkbox"/>	<input type="checkbox"/>
Please use this space for additional explanation/comments:			

<i>Sections</i>	<i>Audited</i>	<i>Notes</i>
<i>1. Records/Data Storage</i>		
<i>2. IRB Documentation</i>		
<i>3. Subject Recruitment Procedures</i>		
<i>4. Informed Consent Process</i>		
<i>5. Subject Selection Criteria</i>		
<i>6. Adverse Event, Unanticipated Problems and Protocol Deviations</i>		
<i>7. Record Keeping</i>		
<i>Comments and Follow-up Items:</i>		
<i>Report Submitted:</i>	<i>Emailed to PI:</i>	

INTERVIEW WITH PI / RESEARCH STAFF

1. Ask the PI/research staff to give an overview of study and procedures.
2. Did the investigator encounter any problems in recruitment, subject retention or other areas? If so, what was the nature of the problem and how was it addressed?
3. Has the investigator encountered any adverse events or unanticipated problems? How were they handled?
4. Do the investigator or research coordinator have any problems with the IRB, IRB staff or IRB reviews? If so, what are the problems and proposed solutions? How has the iStar submission process been?
5. How does PI maintain privacy and confidentiality as far as recruitment, consent, data storage and retrieval?
6. Ask PI/research staff to describe the subject population and demographics. Are they vulnerable? If yes, what extra protections are being provided?
7. Ask PI to describe how they disseminate results back to the subject community.