COMMUNITY HOWARD REGIONAL HEALTH
KOKOMO, INDIANA

MEDICAL STAFF POLICY

POLICY #13 NEW TECHNOLOGY AND PROCEDURES

PURPOSE

The purpose of this Policy is to set forth an approved process for the evaluation of requests to utilize new technology and procedures in the Hospital to ensure that the new technology is consistent with the mission, community needs, capabilities, capacity and resources of the Hospital. Only the Board of Directors has the prerogative to decide which services will be provided in and by the Hospital and grant specific privileges to eligible providers. In order that new technology and procedures are adequately evaluated and, if approved, the new technology and procedures are provided to patients only by Members and staff adequately trained, qualified, and privileged, the following process has been enacted.

PROCESS

Any Member may request the use of a new technology or to perform a new procedure. The Member must provide information concerning the volume of cases expected to be performed annually, any additional training and education the nursing staff and others including providers desiring to perform the new procedure/technology will need, any additional equipment or ancillary services needed such as operating rooms, radiology and laboratory, whether order sets will need to be developed, and whether this technology will require any interfaces in the electronic record. In doing so, the Member will complete the *Request for New Technology and Procedure Form,* that has been approved by the Medical Executive Committee, and return it to the Medical Staff Office or CEO.

The Medical Staff Office will determine if the Request is complete. In order for a Request to be complete, the requesting Member must answer all the questions of the *Form* and provide:

- medical literature with indications and selection criteria;
- course materials;
- manufacturer materials;
- published training requirements;
- current standard of care; and
- how this technology/procedure will improve the quality of care at our Hospital.

The burden to provide this information is on the Member requesting the new technology or procedure.

Once the request form is deemed complete, the request will be sent to the Credentials Committee and the Community Clinical Quality Value Analyst.

At the same time, the Credentials Committee will review the request and weigh the following factors to determine whether to recommend the new technology/procedure:

- Whether the procedure/treatment area is an extension of clinical skills or judgment?
- Whether the requested technology is an extension of existing technology?
- Whether the procedure/treatment area is clinically effective?
- Will multiple members be interested in this procedure/treatment area?
- Whether other healthcare entities are using this technology or using this procedure?
- Whether developed criteria for this procedure/treatment area exist?
- Will the procedure/treatment area be added to an existing block or core privileges?
- Does the procedure/treatment area carry a greater risk than conventional therapy?

Having considered these factors, the Credentials Committee will make a recommendation as to whether the new procedure/treatment should be performed in the Hospital, whether new privileging criteria will need to be established if the request is approved by the Board of Directors and whether additional skills and training skills will be needed. The Credentials Committee recommendation will be forwarded to the Medical Executive Committee for consideration. The Medical Executive Committee, reviewing the recommendations from the Credentials Committee, will make a recommendation to the Board of Directors and communicate that recommendation to the requesting Member and the Credentials Committee.

If the recommendation is favorable to allowing the new technology/procedure, the Credentials Committee will develop privilege criteria if the skills and training needed are not encompassed in established criteria. In developing the credentialing criteria, the Credentials Committee will consider the possible specialty/subspecialties that may be interested in utilizing the new technology procedure and how to fit that in the clinical privileging criteria. The Member or practitioner must apply for the new privilege if it is determined not to be within the current core skill set or transferable skills of the clinical privileges currently bestowed to the Member or practitioner.

If the new technology/procedure is approved, the Medical Audit & Review Committee will monitor the usage to ensure the approved guidelines are being met by those exercising privileges. Questionable cases will be reviewed with input from the Member.

Approved by the Medical Executive Committee of Community Howard Regional Health March 17, 2016.
Approved by the President of Community Howard Regional Health May 10, 2016.
Approved by the Board of Directors of Community Howard Regional Health May 24, 2016.

Related Documents

New Technology/Procedure Request Form

Community
Howard Regional Health

NEW TECHNOLOGY/PROCEDURE REQUEST FORM

PHYSICIAN NAME: _____DATE:_____

1. What new technology/procedure would you like to use?

_____

2. How many cases do you expect to perform annually?_____

3. Will the nursing staff or other staff need any special or additional education?

_____

4. Will use of this technology/procedure require an operating-room setup or additional equipment that is different from the norm? (If yes, please list equipment needed.)

_____

_____

5. Is Radiology needed? ___ No ____Yes
   Explain_____

   _____

6. Please give the names of three (3) hospitals that use this technology/procedure.

_____

_____

_____

7. When would you like to begin using this technology/procedure?

_____

8. Will this technology/procedure require the attendance of any continuing medical education courses prior to its use?

_____

_____

9. Will order sets need to be developed? _____No _____Yes

10. Will use of this technology/procedure require interfaces in electronic record related to charges, coding, billing, etc.?
    _____No _____Yes
    Explain:_____

    _____

11. Please attach hard copies of the following information:

    a. References and/or publications including indications/selection criteria
    b. Course materials
    c. Manufacturer's materials
    d. Published training requirements
    e. Current standard of care and how this technology/procedure will improve care

To request use of new technology/procedure, please complete this form and return it to the Medical Staff Office for consideration via the approved process. Review and consideration of requests usually requires approximately 60-90 days.

Approved by MEC 3-17-16