

HIGH COST RESOURCE UTILIZATION  
TECHNOLOGY ASSESSMENT COMMITTEE  
REVIEW CHECKLIST

Title of New Technology _____	Submitted by: _____
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ITEMS	YES	NO	COMMENTS
Overview Complete			
Information Adequate			
Follow-up Necessary			
<b>SECTION II - OPERATIONAL ASSESSMENT POLICIES AND PROCEDURES</b>			
Credentiialing Consideration			
Education Necessary			
Current/New Policy Routed			
Current/New Procedure Routed			
<b>SECTION III - QUALITY ASSESSMENT</b>			
Community Standards for Appropriateness			
Patient Outcomes Identified			
Patient Comfort Enhanced			
Improves Diagnostics			
Safety Concerns Identified			
<b>SECTION IV - FINANCE</b>			
ROI Completed			
List of Additional Purchases			
<b>SECTION V - ORGANIZATIONAL ASSESSMENT</b>			
Medical Staff Office			
Bio-Med Equipment Maintenance			
Facility/Support Services			
Education Services			
Finance			
Materiels Management			

Please Use Back Side of Form for Additional Comments

HIGH COST RESOURCE UTILIZATION  
TECHNOLOGY ASSESSMENT COMMITTEE

Title of Resource Utilization Technology \_\_\_\_\_  
Submitted by: \_\_\_\_\_  
Date Submitted: \_\_\_\_\_ Date to Committee: \_\_\_\_\_

**SECTION I - MEDICAL ASSESSMENT AND OVERVIEW- Please answer all questions.**  
Use a separate sheet of paper if necessary. Attach any supporting documentation from the literature.

1. Describe the nature and scope of the technology, including uses and benefits.
2. What supporting equipment of additional resources will be required?
3. What are the alternatives to this service, including technology already available on premises?
4. What is the anticipated life cycle of the equipment?
5. What departments will be affected by the use of this equipment?
6. Are there special state or federal approvals required?
7. What is the opportunity for standardizing equipment associated with this request?
8. How does this technology "fit" with the strategic plan or advance the business of the medical center?

**SECTION II - OPERATIONAL ASSESSMENT POLICIES AND PROCEDURES. Proposal reviews are considered complete when all policy statements and associated procedures are attached to request.**

1. Will this procedure/technology need to be added to the Credentialing process?  
YES \_\_\_\_\_ NO \_\_\_\_\_
2. Will there be a need for staff education?  
YES \_\_\_\_\_ NO \_\_\_\_\_  
Medical Staff \_\_\_\_\_ Hospital Nursing Staff \_\_\_\_\_ Hospital Support Staff \_\_\_\_\_
3. Current policy(ies) attached: YES \_\_\_\_\_ NO \_\_\_\_\_  
Titles(s): \_\_\_\_\_
4. Current procedure(s) attached: YES \_\_\_\_\_ NO \_\_\_\_\_  
Title(s): \_\_\_\_\_

### SECTION III - QUALITY ASSESSMENT

1. Have community standards for appropriateness of this technology been developed? YES \_\_\_\_\_ NO \_\_\_\_\_
2. Will this technology improve patient outcomes? YES \_\_\_\_\_ NO \_\_\_\_\_
3. Will this technology improve patient comfort? YES \_\_\_\_\_ NO \_\_\_\_\_
4. Will this enable a more accurate and faster diagnosis? YES \_\_\_\_\_ NO \_\_\_\_\_
5. Comment:  
\_\_\_\_\_
6. Will this positively effect the patient or staff? YES \_\_\_\_\_ NO \_\_\_\_\_
7. Comment:  
\_\_\_\_\_
8. Attach indicators of quality/cost that will be tracked, i.e.; volume, proficiency.

SECTION IV -FINANCE - Attach completed Return on Investment (ROI) and documentation to support it. If you need assistance please contact (phone number)

**STOP**

### FINAL APPROVAL - SIGNATURES

Chief of Staff: \_\_\_\_\_ Date: \_\_\_\_\_

Medical Staff Member: \_\_\_\_\_ Date: \_\_\_\_\_

Hospital Administration: \_\_\_\_\_ Date: \_\_\_\_\_

Director/Controller: \_\_\_\_\_ Date: \_\_\_\_\_

Director, Quality management: \_\_\_\_\_ Date \_\_\_\_\_

Director, Building Services \_\_\_\_\_ Date \_\_\_\_\_

**\*\*\* Return to RIT Assessment Committee**