

Application Form for the Introduction of a New Health Technology

(Including new interventional procedures, programs, devices and equipment)

Health Technologies are defined as all methods used by health professions to improve health, prevent and manage disease, and rehabilitate and provide long-term care to patients: including intervention procedures, health programs, clinical devices, and clinical equipment. Health Technology proposals are required for the introduction of new technologies, new application of old technologies and current technologies to new sites in NSCCAHS.

Refer to the *NSCCAHS Policy* for the Introduction of New Health Technologies* for criteria to guide when an application is required:

http://intranet.cclhd.health.nsw.gov.au/ppg/ppglibrary/clinical_governance_service_delivery/medicaltechnologies_devicesequipment/po2006_048.pdf

(Please note that this policy is presently under review and should be used only to assist with guidance as to whether an application is required).

The purpose of this form is to review the use of the technology only; and not the financial business case (which would additionally need to be approved by the relevant Head of Department or Cost Centre Manager by the Clinical Department/Clinician), or scope of practice requirements (which would need to be approved by the Medical and Dental Appointment Advisory Committee).

SUMMARY

Name of the health technology:

Purpose of health technology (including clinical indications and target group):

Attach additional information if required

Brief Description of the health technology:

Attach additional information if required

Proposed Hospitals / Facilities in which it will be used:

Gosford Hosp

Wyong Hosp

Long Jetty Hosp

Woy Woy Hosp

Community

Other (specify):

Anticipated annual volume (Cases):

APPLICATION FORM

1. Has the health technology been used elsewhere?

Please add a description of what types of information should be included at this section.

Yes No

If yes, please attach details

2. Does this new health technology replace current health technologies?

Please add a description of what types of information should be included at this section.

Yes No

Name of technology being replaced:

3. If yes, does this new health technology have advantages over current health technologies?

Please add a description of what types of information should be included at this section.

Yes No

If yes, please attach details

4. Has this health technology been evaluated elsewhere¹ (see footnote below)?

Please add a description of what types of information should be included at this section.

Yes No

If yes, please attach details of literature review, articles

5. Is this technology consistent with the Clinical Services Plan of the Health Service?

Add a description of what types of information should be included at this section.

Yes No

If yes, please attach details

6. Has advice been sought from the relevant Clinical Network?

Yes No

If yes, please attach details

¹ For example: Cochrane Collaboration (www.cochrane.org.au), International Network of Agencies for Health Technology Assessment (www.inahta.org), ASERNIP-S (www.surgeons.org/open/asernip-s.htm), Medical Services Advisory Committee (www.health.gov.au/MSAC), Therapeutic Goods Administration (www.health.gov.au/tga/), NSERNIP (UK), SERNIP (Safety and Efficacy Register of New Interventional Procedures), professional colleges, clinical trials, publications, information from internal and/or external peers. Hospital Library staff can assist you in undertaking literature searches and a search of the above databases.

7. Does this health technology have a Medicare Benefit Scheme item number?

Yes No

If yes, please specify item number/s _____

8. Does the health technology entail a new medical device or drug?

Yes No

If yes, please attach details regarding name of the drug or device, distributor, and product information and maintenance, cleaning and sterilisation instructions for device/s.

9. If yes, has the device or drug been approved for this purpose by the Therapeutic Goods Administration (Commonwealth Department of Health and Aged Care)?

Yes No

10. If the health technology includes the use of a drug, is the indication for which the drug is proposed a PBS listed indication?

Yes No

a. Has this drug been approved for this purpose by a local Drug Committee?

Yes No

Name of approving committee:

Date of approval:

Note that if the new health technology includes the use of a new drug, or an existing drug for a new indication, and is not on the hospital formulary, a Formulary Submission Form needs to be completed and submitted with this application.

11. Are there discrete credentialing, 'scope of practice' or training requirements for the proposed health technology?

Yes No

If yes, please attach details

On a separate sheet please list the name/s, qualifications, evidence of relevant training and courses attended of those individuals who wish to be credentialed for use of this health technology.

12. What additional support would be required for use of the new health technology?

<input type="checkbox"/> Operating rooms (<i>specify</i>):	<input type="checkbox"/> Procedure room (<i>specify</i>):	<input type="checkbox"/> Anaesthesia (<i>specify type</i>):
<input type="checkbox"/> Emergency services (<i>specify</i>):	<input type="checkbox"/> ICU/high dependency (<i>specify</i>):	<input type="checkbox"/> Central Sterilising Services Department (<i>specify</i>):
<input type="checkbox"/> Length of stay (<i>specify</i>):	<input type="checkbox"/> Imaging (<i>specify</i>):	<input type="checkbox"/> Pathology (<i>specify</i>):
<input type="checkbox"/> Pharmacy (<i>specify</i>):	<input type="checkbox"/> Biomedical engineering support (<i>specify</i>):	<input type="checkbox"/> Home nursing (<i>specify</i>):

<input type="checkbox"/> Allied health (<i>specify</i>):	<input type="checkbox"/> Outpatient or community health services (<i>specify</i>):	<input type="checkbox"/> Ambulance or inter-hospital transport (<i>specify</i>):
<input type="checkbox"/> Waste Management	<input type="checkbox"/> Infection Control	<input type="checkbox"/> OH& S issues, including any chemical or radiation risks
<input type="checkbox"/> Other services (<i>specify</i>):		

13. Would the introduction of the health technology increase the patient's need for other diagnostic or therapeutic interventions, devices, equipment, programs or services?

Yes No

If yes, and not already specified in response to the previous question, please specify

14. Would the introduction of the health technology reduce the patient's need for other diagnostic or therapeutic interventions, devices, equipment, programs or services?

Yes No

If yes, please specify or attach details

15. Would the introduction of the health technology require or lead to a change in which facilities provide the care, or a change in which services provides the care?

Yes No

If yes, please specify or attach details

16. Would the introduction of the health technology have an impact on patient transfers between facilities within NSCCAHS?

Yes No

If yes, please specify or attach details

17. Would the introduction of the health technology have an impact on the staffing levels, mix or role?

Yes No

If yes, please specify or attach details

18. If the health technology carries with it a risk for adverse events are there criteria for reviewing outcomes before any further procedures are performed?

Yes No Not applicable

If yes, please specify the criteria or attach details

19. Has a patient information sheet been developed?

Yes No Not applicable

If yes, please attach

20. Does introduction of the procedure require Human Research Ethics Committee approval?

Yes No

Please outline any special consent issues

21. How will outcomes be monitored? List 3 -5 Criteria that will be used to monitor outcomes.

22. Conflicts of interest must be disclosed

Is there any likely conflict of interest?

Yes No

Please describe on a separate attachment any relationship between the proposing clinician and

- a) supplier(s) concerned and/or
- b) involvement in prior assessment of the procedure that could result in a conflict of interest and/or
- c) any financial involvement (other than normal NSAHS payment for clinical duties and/or
- d) other potential conflict of interest.

AUTHORISATION

Name and contact details of the submitting department, division, clinical network or service

Name of department, division, network or service:			
Contact name:			
Telephone:		E-mail:	

Endorsements

In signing below, I support the application for the introduction of the new health technology.

Name of Department Head:			
Department:			
Signature:		Date:	
Telephone:		E-mail:	
Level of priority	<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High		

Name of Clinical Director of Division:			
Division:			
Signature:		Date:	
Telephone:		E-mail:	
Level of priority	<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High		

Internal Use Only
Recommendation from the Chief Executive/Delegate.

Name of CE/Delegate:			
Division:			
Signature:		Date:	
Telephone:		E-mail:	
Recommendation:			

Once completed, this brief and application should be sent to the CCLHD Research Manager:

Address: Level 1 Health Services Building (inside the Library),

Gosford Hospital, Gosford NSW 2250 Fax: 4320 2477

Email: CCLHD-Research@health.nsw.gov.au

**If you have any queries please do not hesitate to contact the
 Research Manager on (02) 4320 3218**