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| **Figure 4.9** | **Request for New Procedure/Technology Privileges** |
| Note: You may be contacted to present your request to the credentials committee. Requested by: Date of request: Contact information: Service line chief:  **Product/Technique/Approach**   1. Describe the innovation, including supporting documentation as necessary. 2. Manufacturer? 3. Different sizes needed? 4. ICD/CPT codes? 5. Are better outcomes expected with the new innovation? 6. What is the community need for this innovation? 7. What are expected volumes? 8. For what clinical conditions will this innovation be used? 9. Is it FDA-approved for intended clinical use? 10. Will this innovation replace another product or service currently in use? 11. Describe the equipment and anticipated cost. 12. List other hospitals with similar demographics at which this service/procedure is used. 13. What policy or privilege changes will be necessary? 14. Describe steps and timeline to implement this innovation.   **Education Requirements**   1. What training will be required for nursing staff? 2. What special credentialing/certification does the company require? 3. Does this new service/procedure affect any other department? 4. What other specialties might be interested in this innovation?   **Application**   1. In what area(s) of the hospital will this new service/procedure be used? 2. Has department manager/director input been obtained? 3. What kind of quality monitoring is recommended? 4. What are the outcome measures to be monitored? 5. Will this innovation affect the hospital’s liability coverage? 6. Will this innovation affect your malpractice insurance?   **Conflict-of-Interest Disclosure**  1. Does the person requesting this innovation have any conflict of interest or financial relationship with the manufacturer? | |