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| Initiative: |  | Team Name: |  | Date: |  |
| Champion: |  | Savings / (Cost) |  |  |  |

Validation:  Yes  No Final Product Decision:  Accept  Decline  Deferred

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| **Reason For Product Change Request/Addition:** | **Requestor(s)** | **Supporting Documentation/Expected Improvement** |
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| **Data Collection:**  **-Usage reports** indicates stakeholders and determines locations for potential validation  -**Cost analysis** demonstrating current usage, price and product as well as proposed price and products that meeting work related criteria  -**Clinical Evidence** includes evidence based practice, standards of care, CDC guidelines, infection control reports, incidence and prevalence reports, etc. | **Responsible Party** | **Due Date** | **Comments/Attach Supporting Document** |
| Usage/Volume |  |  |  |
| Financial analysis |  |  |  |
| Clinical evidence & leading practice |  |  |  |
| Set base line measurement of current process: |  |  |  |
| Other: |  |  |  |

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| **Stakeholder Analysis:**  **-**Who is affected by the product, influences the product, has expertise about the product and has decision making authority?  -Stakeholder Examples**:** Surgery, Materials Management, Nursing, Finance, Lab, Radiology, Quality, Clinical Engineering, Infection Control, Housekeeping, Nutrition, Storeroom, Etc.  **X *check shaded box if stakeholder is a team or ad hoc team member*** | | | | |
| **Stakeholder** | | **Responsible Party**  (Who will contact ?) | **Due Date** | **Communication Plan/Required Input** |
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| **Functional Criteria:**  **-**Designate an individual to investigate task requirement that a product must accomplish: care, safety, address a critical need that is unresolved.  -Designate individuals to collect information and data regarding how the existing product is used, how many are used.  -Designate individuals to find multiple products be evaluated against functional criteria. | **Responsible Party** | **Due Date** | **Comments/Attach Supporting Document** |
| Functional criteria |  |  |  |
| Logistics/Packaging criteria |  |  |  |
| Clinical use/indications |  |  |  |
| Non-Financial Value criteria |  |  |  |
| Product sourcing |  |  |  |
| Other: |  |  |  |
| Other: |  |  |  |
| **Clinical Review & Impact:**  **Policies, procedures, processes, and practices**  **-**Review and modify all policies and procedures related evidenced based practice and selected product usage.  -Review and modify all processes and practices related to the selected product. | **Responsible Party** | **Due Date** | **Comments/Attach Supporting Document** |
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| **Roadblocks/Barriers**  **-**Consider Political, Cultural, Organizational, Historical, Structural, Technical, Attitudinal and Interpersonal barriers to success. | **Responsible Party** | **Due Date** | **Strategy/Comments** |
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| **Communication/Education**  **-**Consider the context of the message, to whom , when, and method of communication (This includes the validation and conversion phases)  -Remember to include all stakeholders | **Responsible Party** | **Due Date** | **Strategy/Message/Tools** |
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| **Validation of Potential Products**  **-**Determine location of validation, order sample product, distribution of product, evaluation form creation, product education, evaluation form collection, validation result reports, usage and coordination of old product removal for validation.  **-**Determine measurement method for products against established baseline | **Responsible Party** | **Due Date** | **Comments/Attach Supporting Document** |
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