



**Innovation Fund Project Submission 2017-18
Appendix A
Operational Impact Analysis**

PROTOCOL TITLE:

Does the protocol require use of Hospital resources (equipment, staff, space) over and above those normally required in the standard care of a patient?

- | | | |
|-----------|------------------------------|-----------------------------|
| Equipment | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Staff | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Space | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

Will hospitalization or outpatient visits be required beyond what is required for standard care?

- | | | |
|-------------------|------------------------------|-----------------------------|
| Outpatient Visits | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Hospitalization | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

Indicate impacts associated with this Protocol, by Department:

IF YES is indicated, a signature of an individual authorized to sign for the department must be obtained.

AUTHORIZED SIGNATURE:

- | | | | |
|--|------------------------------|-----------------------------|-------|
| Nursing & Professional Practice | <input type="checkbox"/> YES | <input type="checkbox"/> NO | _____ |
| Emergency Department | <input type="checkbox"/> YES | <input type="checkbox"/> NO | _____ |
| Health Records | <input type="checkbox"/> YES | <input type="checkbox"/> NO | _____ |
| Laboratory & Pathology Services | <input type="checkbox"/> YES | <input type="checkbox"/> NO | _____ |
| Radioisotopes (Radiation Safety) | <input type="checkbox"/> YES | <input type="checkbox"/> NO | _____ |
| Medical Imaging | <input type="checkbox"/> YES | <input type="checkbox"/> NO | _____ |
| Pharmacy | <input type="checkbox"/> YES | <input type="checkbox"/> NO | _____ |
| Performance Measurement | <input type="checkbox"/> YES | <input type="checkbox"/> NO | _____ |
| Information Technology Services
(Hardware / Software) | <input type="checkbox"/> YES | <input type="checkbox"/> NO | _____ |
| Facilities & Planning | <input type="checkbox"/> YES | <input type="checkbox"/> NO | _____ |
| Portfolio Vice President | <input type="checkbox"/> YES | <input type="checkbox"/> NO | _____ |

Please include the appropriate signed Department impact form along with this form.