

Review of new technologies or clinical practices (TCPs) for reclassification as standard practice

This process is to determine whether a recently introduced TCP can now be classified as standard practice at Monash Health or if it requires further monitoring and reporting. The review will take place two years after introduction of the TCP or earlier by request from the relevant Department Head.

Background (to be completed by TCPC)							
Title of Technology/Clinical Practice		Laparoscopic Sleeve Gastrectomy					
Program		Surgery		Department/Unit	UGI/HPB		
Brief summary of TCP		<p>Laparoscopic gastric sleeving is a new, alternative surgical intervention for obesity. Surgery has been shown to be more effective than diet and exercise. The main surgical treatment for obesity at Monash Health is gastric banding; however this has limitations including wear and tear on the prosthesis and lack of an exit strategy for the patient. Sleeve gastrectomy is a bariatric procedure that involves a subtotal resection of the gastric fundus and body to create a tubular gastric conduit. Weight loss occurs due to a mechanical (gastric volume restriction) and hormonal (neurohormonal manipulation) mechanism. The technique involves:</p> <ul style="list-style-type: none"> • Mobilising the greater curve of stomach • Dividing the stomach using stapling devices over a calibration tube • Optional oversewing of the staple line with reattachment of omentum. 					
Reason for original application		<input checked="" type="checkbox"/> Safety	<input checked="" type="checkbox"/> Effectiveness		<input type="checkbox"/> Cost Effectiveness		
Brief summary of supporting evidence		<p>A systematic review performed on 26 studies (23 RCTs) led the author to conclude that surgery is more effective than conventional management. Certain procedures produce greater weight loss, but data are limited. The evidence on safety is even less clear. Due to limited evidence and poor quality of the trials, caution is required when interpreting comparative safety and effectiveness. (1)</p> <p>LSG has morbidity and effectiveness positioned between the LAGB and the LRYGB/ORYGB for data up to 1 year. As obesity is a lifelong disease, longer term comparative effectiveness data are most critical, and are yet to be determined. (2)</p> <p>Weight loss and loss of feeling of hunger after 1 year and 3 years are better after SG than GB. GERD is more frequent at 1 year after SG and at 3 years after GB. The number of re-operations is important in both groups, but the severity of complications appears higher in SG. (3)</p> <p>References:</p> <p>(1) Colquitt JL, Picot J, Loveman E, Clegg AJ. Surgery for obesity. Cochrane Database of Systematic Reviews 2009, Issue 2. Art. No.: CD003641. DOI: 10.1002/14651858.CD003641.pub3.</p> <p>(2) Hutter M. et al. First report from the American College of Surgeons Bariatric Surgery Network. Laproscopic Sleeve Gastrectomy has Morbidity and Effectiveness positioned between the Band and the Bypass. Ann Surg. 2011; 254(3):410-422.</p> <p>(3) Himpens, J et al. A prospective randomized study between laparoscopic gastric banding and laparoscopic isolated sleeve gastrectomy: Results after 1 and 3 years. Obesity Surgery, 2006; 16:1450-1456.</p>					
Results of Monitoring and Reporting (to be completed by Department Head)							
Reporting period	Patients		Procedures Performed		Successful outcomes	Deaths	Adverse Events
	Referred	Treated	Expected	Actual			
Year 1		14		14	14	0	
Year 2		20		20	20	0	1
Summary of Results		<p>The key features that make sleeve stand out, when compared to lap band is:</p> <ul style="list-style-type: none"> • Reduced number of post op visits thereby reducing outpatient load • Higher patient satisfaction • Better weight loss in the short term (needs on going follow up to validate for long term) • Low re intervention rate <p>Only one patient had developed wound dehiscence and gastric fistulation following open sleeve gastrectomy. This patient had had extensive previous failed bariatric procedures and was a revisional operation. He was managed conservatively.</p>					
Name of clinician who undertook the procedures?				Number of procedures undertaken?			
				Note: More than one clinician involved in each procedure			
XXXXXXXX				12			

Zdenek Dubrava	16
Jane Ghadiri	3
UGI Fellow	3
Review Form (to be completed by Department Head)	
Sites TCP is in current use	<input checked="" type="checkbox"/> Clayton <input type="checkbox"/> Moorabbin <input type="checkbox"/> Dandenong <input type="checkbox"/> Casey <input type="checkbox"/> Kingston <input type="checkbox"/> Other
If the TCP does not apply to all sites please explain why	Specialists/Services related to TCP only available at Clayton.
What is the volume (per annum) required for maintaining skills in this TCP?	7-11 cases
NO	YES
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<p>1. Are there any conflicts of interest to declare regarding the ongoing use of this TCP at Monash Health? (This includes any financial or other benefits received from groups that have a vested interest eg manufacturers, distributors, etc.) Please see the Monash Health Conflict of Interest Protocol. If Yes, please provide details.</p>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<p>2. Has the TCP been used in any way other than that described in the original application? (eg different patient group, clinical indications, sites, practitioners credentialed, etc) If Yes, please outline the differences and list reasons for the variance from the application.</p>	
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<p>3. Has any new data been published in the research literature since the introduction of this TCP? If Yes, please provide references and a brief description of outcomes</p>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<p>4. Are the rates of successful outcomes and adverse events published in the literature different to data collected for Monash Health patients? If Yes, please explain differences and provide a possible reason for this?</p>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<p>5. Has the TCP performed differently to the expectation outlined in the original application in relation to operational outcomes? (eg different length of stay, use of associated services, cost of staff or consumables, unforeseen outcomes, etc) If Yes, please outline the differences and list reasons for the variance from the application.</p>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<p>6. Will there be an increase in resource use and/or ongoing costs if the TCP is introduced as standard practice? (Consider staffing and salaries, administration, specialist medical practitioners, nursing, allied health, pharmacy, theatre, intensive care, imaging, pathology, special consumables, dietary supplements, outpatient services, organisational overheads.) If Yes, please compare current and future costs with details of the relevant items listed above and how the costs will be met. If there is an increase in resource use and/or ongoing costs approval is required by the relevant Executive Director.</p>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<p>7. Will any change to the current department/unit procedures list be required to incorporate the TCP if it is introduced as standard practice? (ie for credentialing and scope of practice) If Yes, has the appropriate Program Director been notified? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<p>8. Do any additional staff require training and credentialing if the TCP is introduced as standard practice? (Consider if credentialing and competency assurance is required by staff to ensure safe implementation) If Yes, please list those persons who will be credentialed and how/where they will be trained.</p>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<p>10. The current patient information materials will require amendment if the TCP is introduced as standard practice. Please attach the amended patient information brochure.</p>	
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<p>11. Has the TCP gone through any internal reviews such as Clinical Review Panel If Yes, please note the outcome/s of the review/s. Departmental Surgical Audit</p>	
Additional Comments	
nil	
Name of appropriate Program Director	Paul Cashin
Name of appropriate Executive Director (Acute, Continuing Care, Mental Health, Medical Services and Quality)	Alan Saunder
Name of appropriate Business Manager	Peter Choma

<input checked="" type="checkbox"/>	I declare that the Program Director has received and approved a copy of this completed review	Date	25.11.2015
<input checked="" type="checkbox"/>	I declare that the Executive Director has received and approved a copy of this completed review	Date	30.11.2015
<input checked="" type="checkbox"/>	I declare that the appropriate Business Manager has received and approved a copy of this completed review and is satisfied that the ongoing expenses related to use of this TCP can be met within current budgets	Date	30.11.2015
Name	XXXXXX	Department	UGI/HPB
Phone	XXXXXX	Email	XXXXXX@XXXXXX.com

**For any questions please contact:
Ms Gillian Yap at gillian.yap@monashhealth.org**

Decision		
<input checked="" type="checkbox"/> Approved as standard practice at Monash Health	<input type="checkbox"/> Approved with conditions for continued monitoring <i>(see below)</i>	<input type="checkbox"/> Not Approved for continued use at Monash Health
There are no conditions to this approval.		

Review of new technologies or clinical practices (TCPs) for reclassification as standard practice

This process is to determine whether a recently introduced TCP can now be classified as standard practice at Monash Health or if it requires further monitoring and reporting. The review will take place two years after introduction of the TCP or earlier by request from the relevant Department Head.

For submission deadlines and meeting dates please see [Meeting Dates](#)

If you need assistance to complete any of the review questions please contact:

Evidence of Effectiveness

Angela Melder (Centre for Clinical Effectiveness)
Phone: 9594 7575 Email: angela.melder@monashhealth.org

Coding

Ross Major (Health Information Services)
Phone: 9594 1382 Email: ross.major@monashhealth.org

Current Bed Utilisation and Financial Impact

Ben Kuppe (Clinical Information Management)
Phone: 9594 3782 Email: ben.kuppe@monashhealth.org

Credentialing and Scope of Practice

Richard Nasra (Medical Workforce Unit)
Phone: 9594 2750 Email: richard.nasra@monashhealth.org

Background (to be completed by TCPC)

Title of Technology/Clinical Practice	Lucas 2 external chest compression system		
Program	Specialty Medicine	Department/Unit	Monash Heart
Brief summary of TCP	The Lucas chest compression system performs automated, external cardiac compressions on adult patients who have suffered acute circulatory arrest, and who require prolonged cardiac compressions to maintain circulation during resuscitation attempts including advanced cardiac life support, cardiac catheterisation laboratory procedures and commencement of extracorporeal membrane oxygenation (ECMO).		
Reason for original application	<input checked="" type="checkbox"/> Safety	<input checked="" type="checkbox"/> Effectiveness	<input type="checkbox"/> Cost Effectiveness
Brief summary of supporting evidence	The evidence included retrospective case studies and hospital reports on the safety and effectiveness of the device. It was concluded that the LUCAS device was suitable during cardiac catheterisation and intervention, and ensures systemic blood pressure in most patients without life-threatening injuries.		

Results of Monitoring and Reporting (to be completed by Department Head)

Reporting period	Patients		Procedures Performed		Successful outcomes	Deaths	Adverse Events
	Referred	Treated	Expected	Actual			
Year 1		2	5	2	0	2	Nil
Year 2		4	5	4	1	3	Nil
Summary of Results	Out of the 6 patients on whom this device was used, 5 died eventually. All of the 6 patients presented with ST elevation MI with cardiogenic shock. No adverse events were encountered in all the patients (eg details of successful outcomes, other outcomes, adverse events, etc)						

Name of clinician who undertook the procedures?	Number of procedures undertaken?
XXXXXXXXX Dr S. Senewiratne	1
XXXXXXXXX Dr M. Kipari	3
XXXXXXXXX Dr G. Bar...	1
XXXXXXXXX Dr G. Bar...	1

Review Form (to be completed by Department Head)

Sites TCP is in current use	<input checked="" type="checkbox"/> Clayton	<input type="checkbox"/> Moorabbin	<input type="checkbox"/> Dandenong	<input type="checkbox"/> Casey	<input type="checkbox"/> Kingston	<input type="checkbox"/> Other
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If the TCP does not apply to all sites please explain why	Only Monash Medical Centre Clayton site has a cardiac catheterisation laboratories where emergency cardiac catheterisation procedures are undertaken.
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What is the volume (per annum) required for maintaining skills in this TCP?	1
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NO	YES	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p>1. Are there any conflicts of interest to declare regarding the ongoing use of this TCP at Monash Health? (This includes any financial or other benefits received from groups that have a vested interest eg manufacturers, distributors, etc.) Please see the Monash Health Conflict of Interest Protocol.</p> <p>If Yes, please provide details.</p>

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p>2. Has the TCP been used in any way other than that described in the original application? (eg different patient group, clinical indications, sites, practitioners credentialed, etc)</p> <p><i>If Yes, please outline the differences and list reasons for the variance from the application.</i></p>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p>3. Has any new data been published in the research literature since the introduction of this TCP?</p> <p><i>If Yes, please provide references and a brief description of outcomes</i></p>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p>4. Are the rates of successful outcomes and adverse events published in the literature different to data collected for Monash Health patients?</p> <p><i>If Yes, please explain differences and provide a possible reason for this?</i></p>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p>5. Has the TCP performed differently to the expectation outlined in the original application in relation to operational outcomes? (eg different length of stay, use of associated services, cost of staff or consumables, unforeseen outcomes, etc)</p> <p><i>If Yes, please outline the differences and list reasons for the variance from the application.</i></p>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p>6. Will there be an increase in resource use and/or ongoing costs if the TCP is introduced as standard practice? (Consider staffing and salaries, administration, specialist medical practitioners, nursing, allied health, pharmacy, theatre, intensive care, imaging, pathology, special consumables, dietary supplements, outpatient services, organisational overheads.)</p> <p><i>If Yes, please compare current and future costs with details of the relevant items listed above and how the costs will be met. If there is an increase in resource use and/or ongoing costs approval is required by the relevant Executive Director.</i></p>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p>7. Will any change to the current department/unit procedures list be required to incorporate the TCP if it is introduced as standard practice? (ie for credentialing and scope of practice)</p> <p><i>If Yes, has the appropriate Program Director been notified?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p>8. Do any additional staff require training and credentialing if the TCP is introduced as standard practice? (Consider if credentialing and competency assurance is required by staff to ensure safe implementation)</p> <p><i>If Yes, please list those persons who will be credentialed and how/where they will be trained.</i></p>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p>10. The current patient information materials will require amendment if the TCP is introduced as standard practice. Please attach the amended patient information brochure.</p>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p>11. Has the TCP gone through any internal reviews such as Clinical Review Panel</p> <p><i>If Yes, please note the outcome/s of the review/s.</i></p>

Additional Comments

Name of appropriate Program Director		Prof Julian Smith	
Name of appropriate Executive Director			
Name of appropriate Business Manager		Mr Ying Chan	
<input checked="" type="checkbox"/>	I declare that the Program Director has received and approved a copy of this completed review	Date	26.04.2016
<input type="checkbox"/>	I declare that the Executive Director has received and approved a copy of this completed review	Date	
<input checked="" type="checkbox"/>	I declare that the appropriate Business Manager has received and approved a copy of this completed review and is satisfied that the ongoing expenses related to use of this TCP can be met within current budgets	Date	26.04.2016
Name	XXXXXXXXXXXX	Department	Monash Heart
Phone	9XXXXXX	Fax	
		Email	XXXXXXXXXXXX

Decision

Approved as standard practice at Monash Health
 Approved with conditions for continued monitoring (see below)
 Not Approved for continued use at Monash Health

Criteria of Approval

This procedure is approved for use in the catheterisation laboratory to avoid radiation exposure and in the emergency department for prolonged resuscitation.

FEEDBACK

We would appreciate any comments regarding this form and how we can improve this reporting process.

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Background <i>(to be completed by TCPC)</i>							
Title of Technology/Clinical Practice		Extracorporeal shockwave lithotripsy for renal tract stones					
Program		Surgery			Department/Unit		Urology
Brief summary of TCP		Establishment of new out patient service at Monash Health					
Reason for original application		<input type="checkbox"/> Safety		<input type="checkbox"/> Effectiveness		<input checked="" type="checkbox"/> Cost Effectiveness	
Brief summary of supporting evidence		Lithotripsy has been used in millions of patients over the last 36 years. The centralised service at St Vincents Hospital has not served the Monash population well and the latest machines allow cost effective treatment for both ureteric and renal stones without the need for anaesthesia.					
Results of Monitoring and Reporting <i>(to be completed by Department Head)</i>							
Reporting period	Patients		Procedures Performed		Successful outcomes	Deaths	Adverse Events
	Referred	Treated	Expected	Actual			
Year 1	222	197	200	227	70%	0	2
Year 2	250	215	240	255	70%	0	1
Summary of Results		Overall success rate of treatments is 70% (may take multiple treatments). This is comparable with world literature. There have been minimal adverse results - 3 haematomas. There have been a number of patients requiring ureteric stents, but literature suggests 10-20% may develop steinstrasse. Our results are comparable. (eg details of successful outcomes, other outcomes, adverse events, etc)					
Name of clinician who undertook the procedures?				Number of procedures undertaken?			
XXXXXXXXXX				200			
XXXXXXXXXX				150			
Review Form <i>(to be completed by Department Head)</i>							
Sites TCP is in current use		<input type="checkbox"/> Clayton		<input type="checkbox"/> Moorabbin		<input type="checkbox"/> Dandenong	
		<input checked="" type="checkbox"/> Casey		<input type="checkbox"/> Kingston		<input type="checkbox"/> Other	
If the TCP does not apply to all sites please explain why							
What is the volume (per annum) required for maintaining skills in this TCP?						50	
NO	YES						
<input checked="" type="checkbox"/>	<input type="checkbox"/>	1. Are there any conflicts of interest to declare regarding the ongoing use of this TCP at Monash Health? <i>(This includes any financial or other benefits received from groups that have a vested interest eg manufacturers, distributors, etc.) Please see the Monash Health Conflict of Interest Protocol.</i> <i>If Yes, please provide details.</i>					
<input checked="" type="checkbox"/>	<input type="checkbox"/>	2. Has the TCP been used in any way other than that described in the original application? <i>(eg different patient group, clinical indications, sites, practitioners credentialed, etc)</i> <i>If Yes, please outline the differences and list reasons for the variance from the application.</i>					
<input checked="" type="checkbox"/>	<input type="checkbox"/>	3. Has any new data been published in the research literature since the introduction of this TCP? <i>If Yes, please provide references and a brief description of outcomes</i>					
<input checked="" type="checkbox"/>	<input type="checkbox"/>	4. Are the rates of successful outcomes and adverse events published in the literature different to data collected for Monash Health patients? <i>If Yes, please explain differences and provide a possible reason for this?</i>					
<input type="checkbox"/>	<input checked="" type="checkbox"/>	5. Has the TCP performed differently to the expectation outlined in the original application in relation to operational outcomes? <i>(eg different length of stay, use of associated services, cost of staff or consumables, unforeseen outcomes, etc)</i>					

		<i>If Yes, please outline the differences and list reasons for the variance from the application. Many less complications than expected and (to date) no ongoing costs</i>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	6. Will there be an increase in resource use and/or ongoing costs if the TCP is introduced as standard practice? <i>(Consider staffing and salaries, administration, specialist medical practitioners, nursing, allied health, pharmacy, theatre, intensive care, imaging, pathology, special consumables, dietary supplements, outpatient services, organisational overheads.)</i> <i>If Yes, please compare current and future costs with details of the relevant items listed above and how the costs will be met. If there is an increase in resource use and/or ongoing costs approval is required by the relevant Executive Director.</i>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	7. Will any change to the current department/unit procedures list be required to incorporate the TCP if it is introduced as standard practice? <i>(ie for credentialing and scope of practice)</i> <i>If Yes, has the appropriate Program Director been notified?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No
<input checked="" type="checkbox"/>	<input type="checkbox"/>	8. Do any additional staff require training and credentialing if the TCP is introduced as standard practice? <i>(Consider if credentialing and competency assurance is required by staff to ensure safe implementation)</i> <i>If Yes, please list those persons who will be credentialed and how/where they will be trained.</i>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	10. The current patient information materials will require amendment if the TCP is introduced as standard practice. <i>Please attach the amended patient information brochure.</i>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	11. Has the TCP gone through any internal reviews such as Clinical Review Panel <i>If Yes, please note the outcome/s of the review/s.</i>

Additional Comments

Name of appropriate Program Director		Alan Saunder	
Name of appropriate Executive Director		Bernadette Comitti	
Name of appropriate Business Manager		Peter Choma	
<input checked="" type="checkbox"/>	I declare that the Program Director has received and approved a copy of this completed review	Date	30/11/2016
<input checked="" type="checkbox"/>	I declare that the Executive Director has received and approved a copy of this completed review	Date	30/11/2016
<input checked="" type="checkbox"/>	I declare that the appropriate Business Manager has received and approved a copy of this completed review and is satisfied that the ongoing expenses related to use of this TCP can be met within current budgets	Date	30/11/2016
Name	XXXXXXXXXX	Department	Urology
Phone		Fax	
		Email	XXXXXXXXXX

**For any questions please contact:
TCPC Executive Officer on TCPC@monashhealth.org**

Decision		
<input checked="" type="checkbox"/> Approved as standard practice at Monash Health	<input type="checkbox"/> Approved with conditions for continued monitoring <i>(see below)</i>	<input type="checkbox"/> Not Approved for continued use at Monash Health
Conditions of Approval		
<ul style="list-style-type: none"> There are no conditions to this approval. No further reporting to the Technology/Clinical Practice Committee is required. 		

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Please see the Monash Health Policy and Protocol intranet site for current policies, protocols and guidelines

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This process is to determine whether a recently introduced TCP can now be classified as standard practice at Monash Health or if it requires further monitoring and reporting. The review will take place two years after introduction of the TCP or earlier by request from the relevant Department Head.

Background (to be completed by TCPC)							
Title of Technology/Clinical Practice		N14-0-3 Drug eluting Stents and balloons					
Program		DI and vascular surgery			Department/Unit		
Brief summary of TCP		Drug eluting technology for peripheral and fistula percutaneous revascularisation					
Reason for original application		<input checked="" type="checkbox"/> Safety		<input checked="" type="checkbox"/> Effectiveness		<input type="checkbox"/> Cost Effectiveness	
Brief summary of supporting evidence		This TCPC application was intended as a method for safe introduction to Monash health of a well established TGA approved technology					
Results of Monitoring and Reporting (to be completed by Department Head)							
Reporting period	Patients		Procedures Performed		Successful outcomes	Deaths	Adverse Events
	Referred	Treated	Expected	Actual			
Year 1	11	11		11	11	0	0
Year 2	36	36		36	36	0	0
Summary of Results		Nil adverse events (eg details of successful outcomes, other outcomes, adverse events, etc)					
Name of clinician who undertook the procedures?				Number of procedures undertaken?			
Prof Brackenham, Xue Ming Kuan, Dr Simon Kelleher, Dr Angus Kheoh				see above			
Mr Thwaites, Mr Ed Wong, Mr MacIsaac, Dr Lau, Mr Mayer, Prof Naidoo							
Review Form (to be completed by Department Head)							
Sites TCP is in current use		<input checked="" type="checkbox"/> Clayton		<input type="checkbox"/> Moorabbin		<input checked="" type="checkbox"/> Dandenong	
		<input type="checkbox"/> Casey		<input type="checkbox"/> Kingston		<input type="checkbox"/> Other	
If the TCP does not apply to all sites please explain why			No angio facilities at other sites procedure only performed at Dandenong and Clayton				
What is the volume (per annum) required for maintaining skills in this TCP?					It is the same technique as in standard angioplasty so no additional volume required		
NO	YES						
<input checked="" type="checkbox"/>	<input type="checkbox"/>	1. Are there any conflicts of interest to declare regarding the ongoing use of this TCP at Monash Health? (This includes any financial or other benefits received from groups that have a vested interest eg manufacturers, distributors, etc.) Please see the Monash Health Conflict of Interest Protocol. If Yes, please provide details.					
<input type="checkbox"/>	<input checked="" type="checkbox"/>	2. Has the TCP been used in any way other than that described in the original application? (eg different patient group, clinical indications, sites, practitioners credentialed, etc) If Yes, please outline the differences and list reasons for the variance from the application. approved variation for Fistula use					
<input type="checkbox"/>	<input type="checkbox"/>	3. Has any new data been published in the research literature since the introduction of this TCP? If Yes, please provide references and a brief description of outcomes					
<input checked="" type="checkbox"/>	<input type="checkbox"/>	4. Are the rates of successful outcomes and adverse events published in the literature different to data collected for Monash Health patients? If Yes, please explain differences and provide a possible reason for this?					
<input checked="" type="checkbox"/>	<input type="checkbox"/>	5. Has the TCP performed differently to the expectation outlined in the original application in relation to operational outcomes? (eg different length of stay, use of associated services, cost of staff or consumables, unforeseen outcomes, etc) If Yes, please outline the differences and list reasons for the variance from the application.					

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p>6. Will there be an increase in resource use and/or ongoing costs if the TCP is introduced as standard practice? <i>(Consider staffing and salaries, administration, specialist medical practitioners, nursing, allied health, pharmacy, theatre, intensive care, imaging, pathology, special consumables, dietary supplements, outpatient services, organisational overheads.)</i></p> <p><i>If Yes, please compare current and future costs with details of the relevant items listed above and how the costs will be met. If there is an increase in resource use and/or ongoing costs approval is required by the relevant Executive Director.</i></p>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p>7. Will any change to the current department/unit procedures list be required to incorporate the TCP if it is introduced as standard practice? <i>(ie for credentialing and scope of practice)</i></p> <p><i>If Yes, has the appropriate Program Director been notified?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p>8. Do any additional staff require training and credentialing if the TCP is introduced as standard practice? <i>(Consider if credentialing and competency assurance is required by staff to ensure safe implementation)</i></p> <p><i>If Yes, please list those persons who will be credentialed and how/where they will be trained.</i></p>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p>10. The current patient information materials will require amendment if the TCP is introduced as standard practice. <i>Please attach the amended patient information brochure.</i></p>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<p>11. Has the TCP gone through any internal reviews such as Clinical Review Panel</p> <p><i>If Yes, please note the outcome/s of the review/s.</i></p>

Additional Comments

Name of appropriate Program Director		Mr Al Saunder, Prof Richard King	
Name of appropriate Executive Director		Martin Keogh	
Name of appropriate Business Manager		Peter Choma	
<input checked="" type="checkbox"/>	I declare that the Program Director has received and approved a copy of this completed review	Date	24/11/16
<input checked="" type="checkbox"/>	I declare that the Executive Director has received and approved a copy of this completed review	Date	24/11/16
<input checked="" type="checkbox"/>	I declare that the appropriate Business Manager has received and approved a copy of this completed review and is satisfied that the ongoing expenses related to use of this TCP can be met within current budgets	Date	24/11/16
Name	XXXXXXXXXX	Department	DI
Phone		Fax	
		Email	XXXXXXXXXX@monashhealth.org

**For any questions please contact:
TCPC Executive Officer on TCPC@monashhealth.org**

Decision		
<input checked="" type="checkbox"/> Approved as standard practice at Monash Health	<input type="checkbox"/> Approved with conditions for continued monitoring <i>(see below)</i>	<input type="checkbox"/> Not Approved for continued use at Monash Health
Conditions of Approval		
<ul style="list-style-type: none"> ▪ There are no conditions to this approval. No further reporting to the Technology/Clinical Practice Committee is required. 		

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