

## 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 <i>(to be completed by TCPC)</i>							
Title of Technology/Clinical Practice		Collagenase Fasciotomy of Dupuytren's hand contractures					
Program		Surgery		Department/Unit	Plastic Surgery		
Brief summary of TCP		<p>Dupuytren's contracture of the palm reduces finger mobility and impairs hand functionality. Dupuytren cords can be removed surgical in a procedure called fasciotomy or released chemically via a less invasive procedure using collagenase injections, otherwise called chemical fasciotomy. Collagenase, an enzyme isolated from bacteria can be injected to dissolve the contracture. This is not a new technique and is the standard of care in the United States and many countries of Europe. Over the last 2 years at Monash Health, we have demonstrated that this technique is effective, less invasive, and cost effective in the public Health System. The project was presented to the Victorian Public Healthcare Awards 2016 attracting great comments from the Judges and we have been encouraged to present it again next year.</p>					
Reason for original application		<input type="checkbox"/> Safety	<input type="checkbox"/> Effectiveness		<input type="checkbox"/> Cost Effectiveness		
Brief summary of supporting evidence		<p>Three randomised trials comparing collagenase with placebo (CORD I, CORD II, DUPY 303 (discontinued due to manufacturing issues).</p> <p>Efficacy: Clinical success rate (CORD I 64% versus 6.8% placebo) (CORD II 44.4% versus 4.8 % placebo). Collagenase is non-inferior to surgical therapy (1,2).</p> <p>Safety: Adverse effects are generally confined to the limb and resolve within one month. Of 1082 subjects, local peripheral oedema (75.7%), contusion (50.7%), pain (39%) and haemorrhage (34.9%) occurred, but most resolve within one month. 7.7% of subjects experience serious adverse effects (tendon rupture, ligament injury, tendonitis, finger deformity, complex regional pain syndrome, sensory disturbance or DVT) (3). Caution is advised for pregnant women and patients on anticoagulants.</p> <p>Cost-effectiveness: Collagenase is less expensive than surgical management, as determined by the Australian Pharmaceutical Benefits Scheme when less than three rays are treated (4).</p> <p>1. Hurst LC, Badalamente MA, Hentz VR, Hotchkiss RN, Kaplan FTD, Meals RA, et al. Injectable Collagenase Clostridium Histolyticum for Dupuytren's Contracture. N Engl J Med. 2009 Sep;361(10):968-79.</p> <p>2. Gilpin D, Coleman S, Hall S, Houston A, Karrasch J, Jones N. Injectable Collagenase Clostridium Histolyticum: A New Nonsurgical Treatment for Dupuytren's Disease. The Journal of Hand Surgery. Elsevier; 2010 Dec.;35(12):2027-2038.e1.</p> <p>3. AusPAR Xiaflex Collagenase clostridium histolyticum Actelion Pharmaceuticals Australia Pty Ltd PM-2012-01472-3-3. Final 18 November 2013</p> <p>4. Health AGDO. Collagenase clostridium histolyticum, lyophilised powder for injection, 900 micrograms powder for injection, Xiaflex®. pbs.gov.au. Australian Government Department of Health.</p>					
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	54	52	52	52	48	0	0
Year 2	54	52	52	52	46	0	0

Summary of Results	Combine Data Cohorts 1, 2, 3 & 4 over a period of 2 years
	<p>Total Patients 104                  Age (average) 66 years                  Female 17                  Male 87</p>
	<p>Fingers (total) 140                  Single fingers 107                  Multiple fingers 33                  Multiple fingers (bilateral) 12</p>
	<p>Dupuytren Rays (total) 161                  Single Rays 107                  Multiple Rays in same digit 25                  2+ Rays 42                  3+Rays 11                  4 Rays 3</p>
	<p>MCP 111                  PIP 49</p>
	<p>Complications</p>
	<p>Minor skin tear 20%                  Major Skin tear 6%                  No Skin tears 74%</p>
	<p>Other Complications</p>
	<p>PIPJ dislocation 1%                  Tendon rupture 0%                  Need of redo injection 1%</p>
	<p>Andverse Events                  None</p>
	<p>Outcomes</p>
	<p>Good results (&lt;10 dregrees residual flexion) 75.8%                  Partial improvement (10-30 dregrees) 17.4%                  Didn't work 6.2%</p>

Name of clinician who undertook the procedures?		Number of procedures undertaken? <i>Note: More than one clinician involved in each procedure</i>	
<del>Dr Michael Deering, Dr James Deering, Dr John Crook</del>		104 (Nov 2014 to Dec 2016)	
<b>Review Form</b> (to be completed by Department Head)			
Sites TCP is in current use		<input 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		Adults elective plastic surgery at Dandednong Hospital only due to logistics and availability of surgeons. .	
What is the volume (per annum) required for maintaining skills in this TCP?		30 patients	
<b>NO</b>	<b>YES</b>		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>1. Are there any conflicts of interest to declare regarding the ongoing use of this TCP at Monash Health?</b> (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 checked="" type="checkbox"/>	<input type="checkbox"/>	<b>2. Has the TCP been used in any way other than that described in the original application?</b> (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.	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>3. Has any new data been published in the research literature since the introduction of this TCP?</b>  If Yes, please provide references and a brief description of outcomes	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>4. Are the rates of successful outcomes and adverse events published in the literature different to data collected for Monash Health patients?</b>  If Yes, please explain differences and provide a possible reason for this?	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>5. Has the TCP performed differently to the expectation outlined in the original application in relation to operational outcomes?</b> (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"/>	<b>6. Will there be an increase in resource use and/or ongoing costs if the TCP is introduced as standard practice?</b> (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.	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>7. Will any change to the current department/unit procedures list be required to incorporate the TCP if it is introduced as standard practice?</b> (i.e. for credentialing and scope of practice)  If Yes, has the appropriate Program Director been notified? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>8. Will any change to the current department/unit guidelines list be required to incorporate the TCP if it is introduced as standard practice?</b> (i.e. for PROMPT procedures and guidelines)  If yes, please provide details (i.e. title of current guidelines to be changed or proposed title of new guideline).	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>9. Do any additional staff require training and credentialing if the TCP is introduced as standard practice?</b> (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.	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>10. The current patient information materials will require amendment if the TCP is introduced as standard practice. Please attach the amended patient information brochure.</b>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>11. Has the TCP gone through any internal reviews such as Clinical Review Panel</b>  If Yes, please note the outcome/s of the review/s.	

<b>Additional Comments</b>			
<b>Additional Comments</b> Victorian DRG PCCL/ECCS and MDC coding Information for Collagenase Fasciotomy :			
DRG I30Z hand procedures ICD-10-AM Pricipal Diagnosis M720 Palmar fascia fibromatosis (Dupuytren) ACHI Principal procedure 4636600 Subcutaneous fasciotomy for Dupuytren's			
DRG I82Z Other same day treatment of Musculoskeletal Disorders IDC-10-AM Principal Diagnosis M720 Palmar fascia fibromatosis (Dupuytren) ACHI Principal Diagnosis 5011500 Manipulation/mobilization of joint ACHI Associated diagnosis 9251499 General anesthesia			
<b>Name of appropriate Program Director</b>		Al Saunder	
<b>Name of appropriate Executive Director</b> ( <i>Acute, Continuing Care, Mental Health, Medical Services and Quality</i> )		Martin Keogh (Chief Operating Officer)	
<b>Name of appropriate Business Manager</b>		N/A	
<input checked="" type="checkbox"/>	I declare that the Program Director has received and approved a copy of this completed review	<b>Date</b>	20/2/2017
<input type="checkbox"/>	I declare that the Executive Director has received and approved a copy of this completed review	<b>Date</b>	Will be endorsed at Clinical Council
<input 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	<b>Date</b>	
<b>Name</b>	XXXXXXXXXXXX	<b>Department</b>	Plastic Surgery
<b>Phone</b>	9548868X	<b>Email</b>	XXXXXXXXXXXX mkleung@bigpond.net.au

**For any questions please contact:**  
TCPC Executive Officer on [TCPC@monashhealth.org](mailto:TCPC@monashhealth.org)

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

SH Policy	Quality and Risk Management	ACHS	Leadership and Management
Reviewer	Executive Officer, Technology/Clinical Practice Committee	Last review date	February 2017
Authoriser	Chair, Technology/Clinical Practice Committee	Next review date	February 2018

**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**

Centre for Clinical Effectiveness  
Phone: 9594 7579 Email: [TCPC@monashhealth.org](mailto:TCPC@monashhealth.org)

**Clinical Information Management**

Monash Business Intelligence  
Phone: 9594 3782 Email: [ben.kuppe@monashhealth.org](mailto:ben.kuppe@monashhealth.org)

**Coding**

Health Information Services  
Phone: 9594 1382 Email: [ross.major@monashhealth.org](mailto:ross.major@monashhealth.org)

**Credentialing and Scope of Practice**

Medical Workforce Unit  
Phone: 9594 2750 Email: [smsupport@monashhealth.org](mailto:smsupport@monashhealth.org)

Background (to be completed by TCPC)							
Title of Technology/Clinical Practice		Skeletal distraction of the proximal interphalangeal joint					
Program		Surgery		Department/Unit		Plastic & Reconstructive Surgery	
Brief summary of TCP		A frame and rubber band traction is applied in surgery to distract a proximal interphalangeal joint that has been severely fractured, dislocated and impacted.					
Reason for original application		<input checked="" type="checkbox"/> Safety		<input checked="" type="checkbox"/> Effectiveness		<input checked="" type="checkbox"/> Cost Effectiveness	
Brief summary of supporting evidence		Skeletal distraction and splint distraction has been used for many years as documented in literature. Since early 1990s, more than ten similar clinical series have been published.					
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	16	16	5-10	16	13	0	3 infection
Year 2	4	4	5-10	4	3	0	1 infection
Summary of Results		<p>*total of 20 patients underwent distraction ligamentotaxis in this audit period</p> <p>*patients underwent an average of 39.5 days (range 23-66) of distraction</p> <p>*at the final follow up assessment, an average of 62° and 77° were achieved for PIPJ active and passive range of motion respectively</p> <p>*average DASH score (Disabilities of the Arm, Shoulder and Hand) achieved at the final assessment was 17.7</p> <p>*four patients (21.1%) suffered pin site infections - this is comparable to published literature</p> <p>(eg details of successful outcomes, other outcomes, adverse events, etc)</p>					
Name of clinician who undertook the procedures?				Number of procedures undertaken?			
<del>Cheng, Dean</del>				12			
<del>NOX/NDK</del>				3			
<del>MAX/XXX/XXX/XXX</del>				1			
<del>JIN/XXX</del>				1			
Steve Salerno				1			
Michael Lo				1			
Ajay Chaudhan				1			
Review Form (to be completed by Department Head)							
Sites TCP is in current use		<input 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			Plastic & Reconstructive Surgery Unit predominantly operate at Dandenong campus				
What is the volume (per annum) required for maintaining skills in this TCP?				1			

NO	YES	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p><b>1. Are there any conflicts of interest to declare regarding the ongoing use of this TCP at Monash Health?</b> (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><i>If Yes, please provide details.</i></p>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p><b>2. Has the TCP been used in any way other than that described in the original application?</b> (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><b>3. Has any new data been published in the research literature since the introduction of this TCP?</b></p> <p><i>If Yes, please provide references and a brief description of outcomes</i></p>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p><b>4. Are the rates of successful outcomes and adverse events published in the literature different to data collected for Monash Health patients?</b></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><b>5. Has the TCP performed differently to the expectation outlined in the original application in relation to operational outcomes?</b> (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><b>6. Will there be an increase in resource use and/or ongoing costs if the TCP is introduced as standard practice?</b> (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><b>7. Will any change to the current department/unit procedures list be required to incorporate the TCP if it is introduced as standard practice?</b> (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><b>8. Will any change to the current department/unit guidelines list be required to incorporate the TCP if it is introduced as standard practice?</b> (i.e. for PROMPT procedures and guidelines)</p> <p><i>If yes, please provide details (i.e. title of current guidelines to be changed or proposed title of new guideline).</i></p>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p><b>9. Do any additional staff require training and credentialing if the TCP is introduced as standard practice?</b> (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><b>10. The current patient information materials will require amendment if the TCP is introduced as standard practice.</b></p> <p><i>Please attach the amended patient information brochure.</i></p>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p><b>11. Has the TCP gone through any internal reviews such as Clinical Review Panel</b></p> <p><i>If Yes, please note the outcome/s of the review/s.</i></p>

**Additional Comments**

<b>Name of appropriate Program Director</b>		AI Sauder	
<b>Name of appropriate Executive Director</b>		Martin Keogh	
<b>Name of appropriate Business Manager</b>		Peter Choma	
<input checked="" type="checkbox"/>	I declare that the Program Director has received and approved a copy of this completed review	<b>Date</b>	12/7/2017
<input checked="" type="checkbox"/>	I declare that the Executive Director has received and approved a copy of this completed review	<b>Date</b>	12/7/2017
<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	<b>Date</b>	12/7/2017
<b>Name</b>	<del>XXXXXXXXXXXX</del>	<b>Department</b>	Plastic & Reconstructive Surgery
<b>Phone</b>	<del>XXXXXXXXXX</del>	<b>Fax</b>	
		<b>Email</b>	<del>XXXXXXXXXXXX</del>

Please complete both the application (above) and evaluation (below) forms and submit electronically to the TCPC Executive Officer on [TCPC@monashhealth.org](mailto:TCPC@monashhealth.org)

**Prompts for Technology Clinical Practice Committee (for Executive Officer)**

Contact Monash Health Coding. Will this TCP require a new code if it is introduced as standard practice?

<Insert Coding response here>

Contact Department of Health (DH) for data to compare patient numbers, outcomes and adverse events with data presented above to other Victorian health services.

<Insert DH response here>

**Decision**

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

**Conditions of Approval**

None.  
No further reporting to the Committee is required.

**FEEDBACK**

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

SH Policy	Quality and Risk Management	ACHS	Leadership and Management
Reviewer	Executive Officer, Technology/Clinical Practice Committee	Last review date	January 2017
Authoriser	Chair, Technology/Clinical Practice Committee	Next review date	January 2019

**This hard copy may not be the latest version of this document.**  
**Please see the Monash Health Policy and Protocol intranet site for current policies, protocols and guidelines**

### 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

Centre for Clinical Effectiveness

Phone: 9594 7579 Email: [TCPC@monashhealth.org](mailto:TCPC@monashhealth.org)

#### Clinical Information Management

Monash Business Intelligence

Phone: 9594 3782 Email: [ben.kuppe@monashhealth.org](mailto:ben.kuppe@monashhealth.org)

#### Coding

Health Information Services

Phone: 9594 1382 Email: [ross.major@monashhealth.org](mailto:ross.major@monashhealth.org)

#### Credentialing and Scope of Practice

Medical Workforce Unit

Phone: 9594 2750 Email: [smssupport@monashhealth.org](mailto:smssupport@monashhealth.org)

### Background (to be completed by TCPC)

Title of Technology/Clinical Practice	Thromboelastography (TEG)		
Program	Surgery & Interventional Services	Department/Unit	Anaesthesia
Brief summary of TCP	Thromboelastography is a point of care blood test used to rapidly guide blood product use in bleeding or coagulopathic patients.		
Reason for original application	<input type="checkbox"/> Safety <input checked="" type="checkbox"/> Effectiveness <input checked="" type="checkbox"/> Cost Effectiveness		
Brief summary of supporting evidence	The use of TEG guided management over conventional guided management has been shown to reduce RBC, FFP and Platelet transfusions in some surgical specialties involving high transfusion rates. There is also some but poorer quality evidence for a reduction in ICU stay and hospital stay post cardiac surgery, reduced need for surgical re-exploration in cardiac surgery.		

### 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		166		319	319	0	0
Year 2		132		254	254	0	0
Summary of Results	Total 573 tests performed successfully in 298 patients (eg details of successful outcomes, other outcomes, adverse events, etc)						
Name of clinician who undertook the procedures?	Multiple anaesthetists and perfusionists			Number of procedures undertaken?			
				573			

### Review Form (to be completed by Department Head)

Sites TCP is in current use  Clayton  Moorabbin  Dandenong  Casey  Kingston  Other

If the TCP does not apply to all sites please explain why Currently machines only at Clayton. Clayton takes on highest risk surgery.

What is the volume (per annum) required for maintaining skills in this TCP? Minimal skills required

NO YES

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.
- 
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.
- 
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

Medline search of 'thromboelastography' and human for 2015 to current returned 478 results. See added page for some notable papers.

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?
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.
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.  
Use of TEG may increase somewhat but published evidence suggests TEG is of overall cost benefit
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?  Yes  No
8. Will any change to the current department/unit guidelines list be required to incorporate the TCP if it is introduced as standard practice? (i.e. for PROMPT procedures and guidelines)  
If yes, please provide details (i.e. title of current guidelines to be changed or proposed title of new guideline).
9. 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.  
Any additional staff wishing to use TEG will be required to do the online learning package on Monash Learning
10. The current patient information materials will require amendment if the TCP is introduced as standard practice.  
Please attach the amended patient information brochure. *No Patient Info required.*
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.

Additional Comments

Name of appropriate Program Director *Alan Saunders*  
 Name of appropriate Executive Director *Siva Sivanesan*  
 Name of appropriate Business Manager *Natalie Godfrey*

I declare that the Program Director has received and approved a copy of this completed review Date *25/8/17*  
 I declare that the Executive Director has received and approved a copy of this completed review Date *29/8/17*  
 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 *29/8/17*

Name *MARK ADAMS* Department *Anaesthesia, MMC*  
 Phone *0419 530 876* Fax Email *MARK.ADAMS@MONASHHEALTH.ORG*

Please complete both the application (above) and evaluation (below) forms and submit electronically to the TCPC Executive Officer on [TCPC@monashhealth.org](mailto:TCPC@monashhealth.org)

Prompts for Technology Clinical Practice Committee (for Executive Officer)		
<input type="checkbox"/>	Contact Monash Health Coding. Will this TCP require a new code if it is introduced as standard practice?	
<Insert Coding response here>		
<input type="checkbox"/>	Contact Department of Health (DH) for data to compare patient numbers, outcomes and adverse events with data presented above to other Victorian health services.	
<Insert DH response here>		
Decision		
<input type="checkbox"/>	Approved as standard practice at Monash Health	<input type="checkbox"/> Approved with conditions for continued monitoring (see below)
		<input type="checkbox"/> Not Approved for continued use at Monash Health

Conditions of Approval

- *To be completed by TCPC*

Approval is granted subject to any conditions for continued monitoring outlined above.

Progress Reports Due:

<TCPC to insert dates when approved with conditions for continuous monitoring>

**FEEDBACK**

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

SH Policy	Quality and Risk Management	ACHS	Leadership and Management
Reviewer	Executive Officer, Technology/Clinical Practice Committee	Last review date	January 2017
Authoriser	Chair, Technology/Clinical Practice Committee	Next review date	January 2019

**This hard copy may not be the latest version of this document.**

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