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

**Title of Technology/Clinical Practice**

Collagenase Fasciotomy of Dupuytren’s hand contractures

**Program**

Surgery

**Department/Unit**

Plastic Surgery

**Brief summary of TCP**

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.

**Reason for original application**

- [ ] Safety
- [ ] Effectiveness
- [ ] Cost Effectiveness

**Brief summary of supporting evidence**

Three randomised trials comparing collagenase with placebo (CORD I, CORD II, DUPY 303 (discontinued due to manufacturing issues). 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).

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.

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).

3. AusPAR XIAflex Collagenase clostridium histolyticum Actelion Pharmaceuticals Australia Pty Ltd PM-2012-01472-3-3. Final 18 November 2013

### Results of Monitoring and Reporting

**Reporting period**

<table>
<thead>
<tr>
<th>Year</th>
<th>Referred</th>
<th>Treated</th>
<th>Procedures Performed</th>
<th>Successful outcomes</th>
<th>Deaths</th>
<th>Adverse Events</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Expected</td>
<td>Actual</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Year 1</td>
<td>54</td>
<td>52</td>
<td>52</td>
<td>52</td>
<td>48</td>
<td>0</td>
</tr>
<tr>
<td>Year 2</td>
<td>54</td>
<td>52</td>
<td>52</td>
<td>52</td>
<td>46</td>
<td>0</td>
</tr>
</tbody>
</table>
**Summary of Results**

Combine Data Cohorts 1, 2, 3 & 4 over a period of 2 years

- **Total Patients**: 104
- **Age (average)**: 66 years
- **Female**: 17
- **Male**: 87

- **Fingers (total)**: 140
- **Single fingers**: 107
- **Multiple fingers**: 33
- **Multiple fingers (bilateral)**: 12

- **Dupuytren Rays (total)**: 161
- **Single Rays**: 107
- **Multiple Rays in same digit**: 25
- **2+ Rays**: 42
- **3+Rays**: 11
- **4 Rays**: 3

- **MCP**: 111
- **PIP**: 49

**Complications**

- **Minor skin tear**: 20%
- **Major Skin tear**: 6%
- **No Skin tears**: 74%

**Other Complications**

- **PIPJ dislocation**: 1%
- **Tendon rupture**: 0%
- **Need of redo injection**: 1%

**Adverse Events**

- **None**

**Outcomes**

- **Good results (<10 degrees residual flexion)**: 75.8%
- **Partial improvement (10-30 degrees)**: 17.4%
- **Didn’t work**: 6.2%
<table>
<thead>
<tr>
<th>Name of clinician who undertook the procedures?</th>
<th>Number of procedures undertaken?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>104 (Nov 2014 to Dec 2016)</td>
</tr>
</tbody>
</table>

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

**Sites TCP is in current use**
- [ ] Clayton
- [ ] Moorabbin
- [x] Dandenong
- [ ] Casey
- [ ] Kingston
- [ ] Other

If the TCP does not apply to all sites please explain why:

- Adults elective plastic surgery at Dandenong Hospital only due to logistics and availability of surgeons.

**What is the volume (per annum) required for maintaining skills in this TCP?**
- 30 patients

**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 e.g. 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? (e.g., 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.

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? (e.g., 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.

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.e. 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.

10. The current patient information materials will require amendment if the TCP is introduced as standard practice. Please attach the amended patient information brochure.

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

Victorian DRG PCCL/ECCS and MDC coding Information for Collagenase Fasciotomy:

- DRG I30Z hand procedures
- ICD-10-AM Principal Diagnosis M720 Palmar fascia fibromatosis (Dupuytren)
- ACHI Principal procedure 4636600 Subcutaneous fasciotomy for Dupuytren's

- DRG I82Z Other same day treatment of Musculoskeletal Disorders
- ICD-10-AM Principal Diagnosis M720 Palmar fascia fibromatosis (Dupuytren)
- ACHI Principal Diagnosis S011500 Manipulation/mobilization of joint
- ACHI Associated diagnosis 9251499 General anesthesia

Name of appropriate Program Director: Al Saunder
Name of appropriate Executive Director (Acute, Continuing Care, Mental Health, Medical Services and Quality): Martin Keogh (Chief Operating Officer)
Name of appropriate Business Manager: N/A

☐ I declare that the Program Director has received and approved a copy of this completed review   Date: 20/2/2017
☐ I declare that the Executive Director has received and approved a copy of this completed review   Date: Will be endorsed at Clinical Council
☐ 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:

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

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

* There are no conditions to this approval. No further reporting to the Technology/Clinical Practice Committee is required.

SH Policy Reviewer Authoriser
Quality and Risk Management Executive Officer, Technology/Clinical Practice Committee Chair, Technology/Clinical Practice Committee
ACHS Last review date Next review date
Leadership and Management February 2017 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
- Clinical Information Management
  - Phone: 9594 3782  Email: ben.kuppe@monashhealth.org

**Coding**
- Health Information Services
  - Phone: 9594 1382  Email: ross.major@monashhealth.org
- Credentialing and Scope of Practice
  - Medical Workforce Unit
  - Phone: 9594 2750 Email: smssupport@monashhealth.org

## Background (to be completed by TCPC)

<table>
<thead>
<tr>
<th>Title of Technology/Clinical Practice</th>
<th>Skeletal distraction of the proximal interphalangeal joint</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program</td>
<td>Surgery</td>
</tr>
<tr>
<td>Department/Unit</td>
<td>Plastic &amp; Reconstructive Surgery</td>
</tr>
</tbody>
</table>

**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**
- ☒ Safety  ☒ Effectiveness  ☒ 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)

<table>
<thead>
<tr>
<th>Reporting period</th>
<th>Patients</th>
<th>Procedures Performed</th>
<th>Successful outcomes</th>
<th>Deaths</th>
<th>Adverse Events</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Referred</td>
<td>Treated</td>
<td>Expected</td>
<td>Actual</td>
<td></td>
</tr>
<tr>
<td>Year 1</td>
<td>16</td>
<td>16</td>
<td>5-10</td>
<td>16</td>
<td>13</td>
</tr>
<tr>
<td>Year 2</td>
<td>4</td>
<td>4</td>
<td>5-10</td>
<td>4</td>
<td>3</td>
</tr>
</tbody>
</table>

**Summary of Results**
- *total of 20 patients underwent distraction ligamentotaxis in this audit period*
- *patients underwent an average of 39.5 days (range 23-66) of distraction*
- *at the final follow up assessment, an average of 62° and 77° were achieved for PIPJ active and passive range of motion respectively*
- *average DASH score (Disabilities of the Arm, Shoulder and Hand) achieved at the final assessment was 17.7*
- *four patients (21.1%) suffered pin site infections - this is comparable to published literature*

(eg details of successful outcomes, other outcomes, adverse events, etc)

### Name of clinician who undertook the procedures? Number of procedures undertaken?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Cheng Hean Lo</td>
<td>12</td>
</tr>
<tr>
<td>Rory Maher</td>
<td>3</td>
</tr>
<tr>
<td>Mansoor Mirkazemi</td>
<td>1</td>
</tr>
<tr>
<td>John Beer</td>
<td>1</td>
</tr>
<tr>
<td>Steve Salerno</td>
<td>1</td>
</tr>
<tr>
<td>Michael Lo</td>
<td>1</td>
</tr>
<tr>
<td>Ajay Chauhan</td>
<td>1</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Sites TCP is in current use</th>
<th>Clayton</th>
<th>Moorabbin</th>
<th>Dandenong</th>
<th>Casey</th>
<th>Kingston</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>If the TCP does not apply to all sites please explain why</td>
<td>Plastic &amp; Reconstructive Surgery Unit predominantly operate at Dandenong campus</td>
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<td>What is the volume (per annum) required for maintaining skills in this TCP?</td>
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<td>NO</td>
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<td>✔</td>
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</tr>
</tbody>
</table>

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

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, unforseen 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.

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.

10. The current patient information materials will require amendment if the TCP is introduced as standard practice.
    Please attach the amended patient information brochure.

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: Al Saunder
Name of appropriate Executive Director: Martin Keogh
Name of appropriate Business Manager: Peter Choma

I declare that the Program Director has received and approved a copy of this completed review Date: 12/7/2017
I declare that the Executive Director has received and approved a copy of this completed review Date: 12/7/2017
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: 12/7/2017

Name: 
Department: Plastic & Reconstructive Surgery
Phone: 
Fax: 
Email: 

Please complete both the application (above) and evaluation (below) forms and submit electronically to the TCPC Executive Officer on 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

- [x] 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

<table>
<thead>
<tr>
<th>SH Policy</th>
<th>Quality and Risk Management</th>
<th>ACHS</th>
<th>Leadership and Management</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reviewer</td>
<td>Executive Officer, Technology/Clinical Practice Committee</td>
<td>Last review date</td>
<td>January 2017</td>
</tr>
<tr>
<td>Authoriser</td>
<td>Chair, Technology/Clinical Practice Committee</td>
<td>Next review date</td>
<td>January 2019</td>
</tr>
</tbody>
</table>

*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

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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

**Coding**
Health Information Services
Phone: 9594 1382 Email: ross.major@monashhealth.org

**Clinical Information Management**
Monash Business Intelligence
Phone: 9594 3782 Email: ben.kuppe@monashhealth.org

**Medical Workforce Unit**
Phone: 9594 2750 Email: smssupport@monashhealth.org

**Background (to be completed by TCPd)**

<table>
<thead>
<tr>
<th>Title of Technology/Clinical Practice</th>
<th>Thromboelastography (TEG)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program</td>
<td>Surgery &amp; Interventional Services</td>
</tr>
<tr>
<td>Brief summary of TCP</td>
<td>Thromboelastography is a point of care blood test used to rapidly guide blood product use in bleeding or coagulopathic patients.</td>
</tr>
<tr>
<td>Reason for original application</td>
<td>Safety, Effectiveness, Cost Effectiveness</td>
</tr>
<tr>
<td>Brief summary of supporting evidence</td>
<td>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.</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Reporting period</th>
<th>Patients</th>
<th>Procedures Performed</th>
<th>Successful outcomes</th>
<th>Deaths</th>
<th>Adverse Events</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Referred</td>
<td>Treated</td>
<td>Expected</td>
<td>Actual</td>
<td></td>
</tr>
<tr>
<td>Year 1</td>
<td>166</td>
<td>319</td>
<td>319</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Year 2</td>
<td>132</td>
<td>254</td>
<td>254</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Summary of Results</td>
<td>Total 573 tests performed successfully in 298 patients (eg details of successful outcomes, other outcomes, adverse events, etc)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Name of clinician who undertook the procedures?</td>
<td>Number of procedures undertaken?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Multiple anaesthetists and perfusionists</td>
<td>573</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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? (ie. for PROMPT procedures and guidelines)
   If Yes, please provide details (ie. 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. ☐ Patient HS 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 Sawyer
Name of appropriate Executive Director  Siva Sirvanesan
Name of appropriate Business Manager  Natalie Goodfay

☐ I declare that the Program Director has received and approved a copy of this completed review
☐ I declare that the Executive Director has received and approved a copy of this completed review
☐ 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

Name  Mark Adams
Phone  0419 532 876
Fax
Email  M.A Adams@monashhealth.org
Department  Agribusiness

Please complete both the application (above) and evaluation (below) forms and submit electronically to the TCPC Executive Officer on 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

- 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>

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<tr>
<th>FEEDBACK</th>
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<td>We would appreciate any comments regarding this form and how we can improve this reporting process.</td>
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<th>SH Policy</th>
<th>Quality and Risk Management</th>
<th>ACHS</th>
<th>Leadership and Management</th>
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<tbody>
<tr>
<td>Reviewer</td>
<td>Executive Officer, Technology/Clinical Practice Committee</td>
<td>Last review date</td>
<td>January 2017</td>
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<tr>
<td>Authoriser</td>
<td>Chair, Technology/Clinical Practice Committee</td>
<td>Next review date</td>
<td>January 2019</td>
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