**MonashHealth**

# Technology/Clinical Practice Committee
# Terms of Reference

## BACKGROUND

The Technology/Clinical Practice Committee operates under the authority of Monash Health Executive Committee.

This committee operates in accordance with the Victorian Health Technology Program and the National Safety and Quality Health Service (NSQHS) Standards.

A health *technology/clinical practice* (TCP) is defined as a therapeutic intervention (including prostheses; implantable devices; high cost pharmaceuticals; medical, surgical or other clinical procedures), or diagnostic procedure.

A *clinical practice* relates to the care of patients by any Health Professional.

## KEY FUNCTIONS

The role of this committee is to ensure safe, high quality and patient-centred care is considered before introducing new technologies and clinical practices (TCP) to Monash Health. This committee also ensures that there is organisation-wide quality improvement of current clinical practice for responsible use of public healthcare resources in Monash Health.

Key functions of this committee include:

1. The introduction of new TCP, and the change of use of TCP are supported by evidence based on safety, clinical effectiveness and cost effectiveness.

2. Ensuring TCP in current use are consistent with the best available evidence, and opportunities for quality improvement are identified.

3. Ensuring technologies clinical practice in current use for which there is evidence of harm, lack of effectiveness, or lack of cost effectiveness are considered for disinvestment.

4. Ensuring TCP is monitored, evaluated and transitioned to standard practice

5. Recommending credentialing to the relevant Credentialing Committees.

## Responsibilities

The following are responsibilities of the Technology/Clinical Practice Committee:

### Assessment of New Technology and Clinical Practice

- To assess new TCP, or any changes to the use of existing TCP against best available evidence to determine safety, clinical effectiveness and cost effectiveness.

- To assess current clinical practice against best available evidence to determine safety, clinical effectiveness and cost effectiveness.

- To identify current practice that is inconsistent with the best available evidence.

- To check training and experience of clinicians for new TCP and recommend credentialing to Credentialing Committees (Medical, Nursing and Midwifery, Allied Health).

- To define data to be collected, analysed and reporting intervals.

- To ensure a specialist role of consumer representatives in the review and making recommendations on patient information for new TCP.

- To provide advice to the Monash Health Human Research Ethics Committee (HREC), and ensure proposed human research projects submitted for scientific and ethical review conform to relevant principles and standards of safety, clinical effectiveness and cost effectiveness.

- To make recommendations to Clinical Council.

## Monitoring of New Technology and Clinical Practice

- To monitor the performance of approved TCP for two years/other period to ensure safety and quality care.

- To establish a reporting process for escalation of any adverse event or complications as a result of the new TCP.

- To maintain records of applications, training and experience of clinicians for new TCP, monitoring and outcomes of new TCP.

- To evaluate approved TCPs two years after implementation (or as required) to assess whether they can be reclassified as standard practice.

## Dissemination and Disinvestment

- To ascertain and disseminate evidence of new TCP (e.g., horizon scanning).

- To ascertain and disseminate synthesised evidence on use of TCP as it is published.

- To provide oversight and governance over the Choosing Wisely program in Monash Health.

- To prioritise recommendations for practice change and improvement opportunities.

- To provide recommendations to the Clinical Council on opportunities for disinvestment.

COMPOSITION

The Monash Health Executive Committee shall appoint the Chair of the Technology/Clinical Practice Committee.

The Technology/Clinical Practice Committee shall comprise of the following members:

| Name | Designation |
|------|-------------|
| Diana Egerton-Warburton (Chair) | Director of Emergency Medicine Research |
| Anjali Dhulia (Deputy Chair) | Chief Medical Officer |
| Alan Saunder | Program Director, Surgery and Interventional Services |
| Richard Harper | Emeritus Director, Monash Heart |
| William Sievert | Director of Clinical Research |

| Name | Designation |
|---|---|
| Simon Bower | Chair of Monash Health Human Research Ethics Committee |
| Katrina Nankervis | Director of Nursing and Midwifery Education and Strategy |
| Danielle Ryan | Chief Allied Health Officer |
| Julian Smith | Academic Director of Surgery and Interventional Services |
| Angela Melder | Manager of Centre for Clinical Effectiveness |
| Ben Mol | Professor of Obstetrics and Gynaecology/Consultant Obstetrics and Gynaecology |
| Peter Ebeling | Head of Department, Medicine, The School of Clinical Sciences at Monash Health |
| Carlos Scheinkestel | Director of Patient Safety, Strategy and Innovation |
| Abi Arulanandarajah | Medical Administration Registrar, Monash Doctors |
| Pamela Sloss | Consumer Representative |
| Lynda Condon | Consumer Representative |

Invitees are at the discretion of the Chair. The Secretariat will support the Chair of the Committee.

The membership list is subject to periodical review and approval by the Chair of the Committee.

To meet quorum requirements, 50% (8) of members, with at least three clinicians, must be present. The Program Director who is submitting the application, or non-member attendees, will not be considered for the purpose of establishing a quorum.

All members shall delegate a proxy to attend the committee in their absence.

Members are deemed to have resigned from the Technology/Clinical Practice Committee on their resignation from the position on which their membership is based.

## BUSINESS RULES

- The Chair, or in the Chair's absence, a member nominated by the Executive Sponsor shall preside as Chair at every meeting of the Committee.

- If within thirty (30) minutes from the time appointed for the meeting a quorum is not present the meeting shall be dissolved.

- No business shall be transacted at any meeting unless a quorum is present at the time when the meeting proceeds to business.

- The Committee, where possible, shall reach consensus on applications under consideration. At any meeting a resolution put to the meeting shall be decided by consensus.

- Where voting becomes necessary the decision of the majority shall be carried. In an equality of votes on a show of hands, the Chair of the meeting shall have the casting vote in addition to the vote to which he/she may be otherwise entitled.

- Every permanent member of the committee present in person shall have one vote.

- The coopted members will not have a vote. The Program Director supporting the new technology will not have voting rights.

- Where a Committee member abstains or dissents, this fact may, at the discretion of the member, be recorded in the minutes.

**APPEALS**

- An appeal against decisions by the Technology/Clinical Practice Committee can be made directly to the Chief Executive, Monash Health.

**REPORTING**

The Technology/Clinical Practice Committee shall report monthly on its activity to the Clinical Council, and annually to the Monash Health Executive Committee.

Quality assurance within the Committee is ensured by means of an evaluation every two years, or as required.

| AUTHOR | Anjali Dhulia, Chief Medical Officer |
|---|---|
| **ENDORSED BY** | Andrew Stripp, Chief Executive |
| **APPROVED BY** | Monash Health Executive Committee |
| **DATE OF APPROVAL** | 16 April 2019 |
| **DATE OF REVIEW DUE** | April 2020 |