

Technology/Clinical Practice Committee

Evaluation Report 2009

Establishment and maintenance of systems and processes for the introduction, monitoring and reporting of technologies and clinical practices at Southern Health



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EXECUTIVE SUMMARY

This is the second Evaluation Report of the Southern Health Technology/Clinical Practice Committee (TCPC) and consists of activities undertaken in 2009. This report is intended to be brief, focusing only on outcomes and future planning based on results. Details of background information and explanations of the outcome measures are included in the 2008 Evaluation Report available at http://www.southernhealth.org.au/icms_docs/2159_Evaluation_Report_2008.pdf.

Definition of technologies and clinical practices

Technologies and clinical practices (TCPs) are defined as therapeutic interventions (including prostheses; implantable devices; high cost pharmaceuticals; medical, surgical or other clinical procedures) or diagnostic procedures that are considered by a reasonable body of clinical opinion to be significantly different from existing clinical practice.

Systems and processes at Southern Health

In 2009 the TCPC continued to refine and improve its systems and processes. Two new components were introduced and are currently being piloted. These components include; the review (taken two years after implementation) of recently introduced TCPs to determine if they can be classified as standard practice at Southern Health or if further monitoring and reporting is required and the Quality Assurance requirements for clinical audit following implementation of a new TCP at Southern Health.

Audience for the evaluation

The key audiences for the evaluation are the Southern Health TCPC, the Executive Management Team (EMT) and the Southern Health Board. Other stakeholders who may be interested in the results of this evaluation include the Australian Council of Healthcare Standards Surveyors, the DHS Health Technology Program and the Victorian Policy Advisory Committee on Clinical Practice and Technology (VPACT). It is planned that this evaluation report will be disseminated to these stakeholders on completion.

Evaluation plan

The evaluation plan is presented in Appendix 1.

Conclusion

This evaluation report highlights that the Southern Health TCPC is continuing to achieve its goal of meeting the needs of the organisation in the area of safe and appropriate introduction of TCPs. The 2009 evaluation has revealed areas of achievement and success as well as opportunities for improvement.

The greatest achievement of the Technology/Clinical Practice Program for 2009 was receiving the Australian Council of Healthcare Standards Quality Improvement Award for Non-Clinical Service Delivery.

The Committees systems and processes continue to comply with best practice and this is reflected in the requests received from South Eastern Sydney and Illawarra Area Health Service and Queensland Health to access Southern Health TCPC documents.

Compared with 2008 data the Committee noticed improved attendance at meetings in 2009 by its members as well as applicant representation. The Committee was also successful in establishing a review process for recently introduced TCPs at the conclusion of their two year restricted approval period.

Opportunities for improvement include further revision of the Quality Assurance process, review of six monthly reporting for any adverse events and nomination of a new Executive Sponsor and a delegate for the Southern Health Director of Nursing and Midwifery.

In 2010 the TCPC will continue to work towards streamlining the process of application by modularising the application forms and integrating them with documentation for other Southern Health Committees. The Committee will also look at appropriate methods to ensure that all adverse events related to the newly introduced TCPs are reported to the Committee at the time they occur.

In 2008 the Committee attempted to undertake a comparison of decision-making data for new TCPs introduced by other Victorian health services and contribute this information to the development of a database to prevent duplication of applications reviewed in Victoria. This information was requested from the Department of Health in 2009 but at the time the report was completed had not been received. The Committee will continue to request this data from the Department of Health in 2010.

The Southern Health TCPC will continue to be transparent and accountable in all its processes and decision-making.

ESTABLISHMENT OF BEST PRACTICE

Does the Southern Health Technology/Clinical Practice Program match current best practice?

Evidence Mapping

During 2009, the Southern Health TCPC continued to meet all the criteria in the 2008 best practice map.

The Southern Health Technology Clinical Practice Program won the 2009 Australian Council of Healthcare Standards Quality Improvement Award for Non-Clinical Service Delivery and was also nominated for the 2009 Victorian Public Healthcare Award for Most Appropriate Care: providing least intrusive and earliest effective care.

Action

A review of the best practice criteria for technology and clinical practice programs will be undertaken in 2011.

GOVERNANCE

Is the program transparent and accountable?

Publication of systems and processes

In 2009, the TCPC webpage moved to the new Southern Health website. Maintaining transparency and accountability the website accommodates the following suite of documents and resources to support the implementation of the systems and processes of the TCPC:

- TCPC Terms of Reference
- Procedure Protocol for the TCP Program at Southern Health
- Timetable of meeting dates and application deadlines
- Application form for introduction of new TCPs
- Application form for change of use of TCPs in current practice
- Application form for review for reclassification to standard practice
- Application form and instructions for submission to VPACT
- Patient information template
- Finding the evidence: Guide to the best available evidence to support introduction of New Technologies & Clinical Practices 2008 (Centre for Clinical Effectiveness workbook)
- Decision summaries for introduction of new TCPs
- Summary of decisions made about change of use applications
- Progress report template
- Patient outcomes audit template
- TCPC Program Logic Map 2008
- TCPC Evaluation Report 2008

In 2009, the TCPC submitted an application for Quality Assurance for generic data collection items in the Department of Health (DOH) Progress Reports. This application was approved by the Southern Health Human Research and Ethics Committee (HREC) in July 2009; however requires notification of individual clinical audits from newly approved applicants. The TCPC have prepared template letters for this purpose.

Attendance at meetings

During 2009 the TCPC convened eight out of the twelve meetings scheduled. It is a requirement of the committee that a quorum of four members be present if any decisions are to be made. Every meeting held in 2009 achieved this.

Four meetings were cancelled in 2009 as there were no applications submitted and no business to discuss and one meeting was postponed due to committee members being called away at short notice and a quorum was not available to meet.

Table 1: TCPC member attendance 2009

Role	Name	Meetings eligible in 2009	Meetings attended in 2009	Meetings where feedback was provided when unable to attend
Chair	A/Prof Richard King	8	7	1 (November)
Secretary	Dr Claire Harris	8	8	N/A
Executive Sponsor	A/Prof Wayne Ramsey	8	0	1 (May)
Legal/Ethics	Ms Malar Thiagarajan	8	7	0
Operational/Financial	Dr Cate Kelly	8	6	0
Consumer Representative	Dr Beverley Castleman	8	7	1 (July)
Consumer Representative	Ms Pamela Sloss	5	4	0
Nursing Representative	A/Prof Kylie Ward Ms Anne Doherty Mrs Chayne Chalmers	8	KW – 0 AD – 0 CC – 0	N/A
Surgery Representative	Mr Ton Tran	4	0	0
Medical Representative	Prof Ian Meredith	4	1	0
Surgery Representative	Mr Cliff Choong	7	7	N/A
Procurement	Mr Brendan Hoare	3	2	0

* A/Prof Kylie Ward (KW) left Southern Health in March 2009, Ms Anne Doherty was acting nursing representative from March 2009, Ms Chayne Chalmers was invited to join the TCPC in October 2009 as the newly appointed Director of Nursing and Midwifery at Southern Health.

Committee members who attended less than eight meetings joined the TCPC at different times of the year.

Reporting on Southern Health TCPC activities

During 2009, the TCPC provided the following reports to the Southern Health Executive Management Team:

- July – December 2008 Progress Report
- January – June 2009 Progress Report
- TCPC 2008 Evaluation Report
- Notification of changes to VPACT 2010-2011 funding round

During 2009, the TCPC provided the following reports to the Victorian Department of Health:

- July – December 2008 Progress Report
- January – June 2009 Progress Report

Summary

Transparency and accountability of the TCPC and its processes was accomplished in 2009. The TCPC improved on the attendance of members in 2008 however it was still evident that surgical and medical representatives found meetings difficult to attend. In 2009 both the surgical and medical representatives were replaced to improve attendance. The TCPC was not successful in attracting a nursing representative in 2009 and did not have sufficient Executive Sponsorship; this should be addressed in 2010.

Action

Actions to address transparency of Quality Assurance requirements:

- Include information and templates on the TCPC webpage

Actions to address transparency of reporting to EMT and DoH:

- Once approved include all reports on the TCPC webpage

Actions to address Nursing and Executive Sponsorship representation

- The Committee should seek a delegate for Chayne Chalmers and a replacement for Wayne Ramsey.

APPLICATIONS

Is the application process and documentation being utilised? Are applicants happy with the process? Were all TCPs introduced at Southern Health captured in the application process?

The review process for recently introduced TCPs for reclassification as standard practice at Southern Health was introduced in May 2009 and is designed to determine whether a recently introduced TCP requires further monitoring and reporting. This process is currently being piloted.

TCP applications received

During 2009 the TCPC reviewed fifteen applications;

- three for the 2009-2010 VPACT funding round
- four for the introduction of a new TCP
- three for the change of use of a current TCP
- two for reclassification as standard practice
- three for the 2010-2011 VPACT funding round

As part of the 2010-2011 VPACT funding round the Committee also reviewed four expression of interest applications, all of which were submitted to the DoH for consideration.

Data has been collected to determine how many applications were received, submitted by the set timelines and completed correctly at first submission. This data is outlined in Table 2.

In 2009 only four out of the fifteen applications received were submitted on time with more than half (8/15) completed correctly.

Table 2: Applications received in 2009

Application	Submitted on time	Completed correctly	Approval		Comment
			Southern Health	DoH	
06001N	N/A	✓	✓		Both applicants assisted the TCPC in piloting the new forms for reclassification as standard practice
06004N	N/A	✓	✓		
09001V*			✓	✓	Additional information was sought from applicants and amendments were required for format and presentation – Submitted to DHS
09002V			✓	✓	
09003N [†]		✓	✓		
09004V			✓	✓	Additional information was sought from applicants and amendments were required for format and presentation – Submitted to DHS
09005N	✓	✓		N/A	
09007N	✓		✓	N/A	Amendments were required for content, format and presentation
09008N		✓	✓	N/A	
09009V			✓		At the time this evaluation report was drafted these application were still being considered by DoH
09010V			✓		
09011V			✓		
COU6 [#]	✓	✓	✓	N/A	All completed satisfactorily
COU7		✓	✓	N/A	
COU8	✓	✓	✓	N/A	

* V = VPACT application, [†]N = Application for introduction of a new TCP, [#]COU = Application for change of use to TCP

Satisfaction with the application process

Feedback was requested for 'content and wording' and 'format' of the application form, 'resources' provided for completion of the application form and 'assistance' available for the application process.

The TCPC received feedback from two of the thirteen applicants who submitted an application to the TCPC in 2009.

One applicant commented that the application form for introduction of new technologies and clinical practices was well formatted and the 'Finding the Evidence' workbook was a useful document.

Another applicant commented that the change of use form was easy and quick to complete.

The two applicants who piloted the review for reclassification form were happy with the process.

Comparison of the Southern Health TCPC application process and decision-making with other health services

It was hoped that the Southern Health TCPC would utilise a planned meeting by DoH for all Victorian health services to discuss the application processes for introduction of TCPs. The aim of the meeting would be to establish networks to share information and find out what applications other TCPCs had received, decisions they had made and how this compared to our own applications and decisions. Unfortunately this meeting did not eventuate in 2009 and instead information regarding applications received and approved by other health services was requested by Southern Health from DoH in mid 2009. At the time of this report Southern Health had not yet received a response regarding this request.

Capturing TCPs that were introduced into practice at Southern Health but not reviewed by the TCPC

To determine if the new TCPC systems and processes have been effective we have developed strategies to identify new technologies or clinical practices that have been introduced without approval from the Southern Health TCPC. These activities were not consistently undertaken in 2009. Effort will be made in 2010 to capture this information with the assistance of the coding department.

Summary

The process and documentation have been revised during 2009 based on feedback and ongoing evaluation.

Timelines for submitting applications were not well adhered to with only four of the thirteen applications being submitted on time. It was also found that only six of the thirteen applications for introduction of a new TCP or change of use of existing TCP were completed correctly at first submission.

Action

Further work is required in 2010 to compare our processes and decision-making with other health services as well as establishing methods of capturing the introduction of TCPs or changes to the current use of TCPs that are not approved by the Southern Health TCPC. The TCPC will also continue to revise the application form.

DECISION-MAKING

Are processes and documentation for decision-making being utilised?

Appropriate representation for decision-making

For introduction of new TCPs, the TCPC requires attendance by the Applicant, Department/Unit Head, Program Director and, if for a high cost pharmaceutical, the Chair and Executive Officer of the Southern Health Therapeutics Committee. To ensure there is an independent perspective an additional Program Director is invited to attend and contribute to the decision.

Change of use applications do not require representation at TCPC meetings.

In 2009, ten applications were received for introduction of a TCP at Southern Health, nine of which required representation at the TCPC meeting. The Chair decided that one application did not require support from the applicant as it had previously been approved by Southern Health for submission to VPACT but rejected by DoH. Eight applications were represented by two or more people and seven were attended by an independent Program Director.

Table 3: Applicant attendance in 2009

Attendance	Applications									
	09001V	09002V	09003N	09004V	09005N	09007N	09008N	09009V	09010V	09011V
Applicant (proxy)	✓	✓ [†]	✓ [†]	✓ [†]		✓ [†]	✓	✓	N/A	✓
Head of Department/Unit (proxy)					(✓)				N/A	
Program Director (proxy)	✓	✓	✓			✓	✓	✓	N/A	
Additional Program Director	✓		✓		✓	✓	✓	✓	N/A	✓

[†] Denotes that applicant was the Head of Department/Unit, (✓) denotes proxy representative.

Utilisation of decision summaries

The TCPC utilised the decision summary for nine of the ten applications submitted in 2009, the exception being a VPACT application led by another health service. Decision summaries for TCP applications can be found on the TCPC webpage http://www.southernhealth.org.au/page/Health_Professionals/TCPC/.

Decisions made regarding change of use of current TCPs are recorded on the application form and are also summarised on the TCPC webpage.

Informing applicants of decision-making outcomes

All 2009 applicants have been informed of the decision made by the Committee regarding their application. All applicants received an outcome letter outlining the due dates for reporting and any special conditions related to the application.

Compliance with conditions of approval

Conditions of approval were met by five of the six eligible applications approved in 2009. Special conditions for the three VPACT application approved by the TCPC are not due until 2010.

Process of appeal for TCPC applications

The one application rejected by the TCPC in 2009 did not appeal the decision with the Southern Health Chief Executive.

Decision-making for review of TCPs introduced

In 2009 the TCPC reviewed and approved two applications (introduced at Southern Health in 2006) for reclassification as standard practice. Summaries of the decisions made are available on the TCPC webpage.

Summary

Participation by appropriate representatives in the decision-making process has vastly improved during 2009. All decisions made by the TCPC in 2009 were transparent and freely available on the Committee's webpage.

Action

No specific actions outlined for 2010.

MONITORING AND REPORTING

Are monitoring and reporting processes being utilised? Are applicants happy with the process? Were patient outcomes as expected?

Applications requiring reporting in 2009

In 2009 the TCPC requested reporting from applicants listed in Tables 4 and 5.

Progress reports were received by the due date from all applicants in the January – June period and from two of the eight applicants in the July – December reporting period. Most applicants notified the TCPC secretariat that they would have difficulty in submitting reports by the due date as it coincided with Southern Health Clinical Accreditation.

In the January – June period one applicant did not submit a data collection spreadsheet and no applicants used their own patient outcome data collection tool. In the July – December period one applicant used their own data collection spreadsheet.

Table 4: January – June Reporting

Applications	Received by Due Date 28/8/2009	Progress reporting template completed correctly	TCPC patient outcome data spreadsheet utilised	Applicants own patient outcome data collection tool utilised
07004N	✓	N/A – no patients seen	N/A	N/A
07007N	✓	N/A – no patients seen	N/A	N/A
08001V	✓	✓	✓	N/A
08003V	✓	✓	✓	N/A
08007N	✓	✓	✓	N/A
08012N	✓	✓	✓	N/A
08013N	✓	✓	N/A	N/A

Table 5: July – December Reporting

Applications	Received by Due Date 26/2/2010	Progress reporting template completed correctly	TCPC patient outcome data spreadsheet utilised	Applicants own patient outcome data collection tool utilised
07007N*	x	N/A	N/A	N/A
08001V	x	✓	✓	N/A
08003V	✓	✓	✓	N/A
08007N	x	✓	✓	N/A
08012N	✓	x	N/A	✓
08013N	x	✓	✓	N/A
09008N	x	✓	✓	N/A

* At the time this evaluation report was completed no information was received for this application to indicate if any patients had been treated with the TCP

Available data for comparison between original application and progress report data

Table 6 compares the number of patients actually treated with the number expected at the time of application. It should be noted that expected number of procedures to be performed is estimated per year, while actual number of procedures performed is collected six monthly. Underperformance should take into consideration that not all TCPs were introduced at the beginning of reporting periods eg commencement of a procedure in November will impact on achieving expected number of performed procedures.

Some procedures exceeded the number expected and others did not reach the anticipated figure. No data were collected on the possible reasons for any discrepancies, so no firm conclusions can be drawn from this information.

There were three reported deaths, none of which were attributable to the treatment. Thirty-eight patients suffered adverse events including twelve cases of catheter related bacteraemia, twenty-two cases of blocked catheters and four cases of unplanned readmission post discharge.

Table 6: Reporting data 2009

Applications & Reporting Periods		Data					
		Patients		Procedures performed		Deaths	Other adverse events
		Referred	Treated	Expected (6 months)	Actual (6 months)		
07004N	January – June 2009	0	0	2-3	0	0	0
07007N	January – June 2009	0	0	10-15	0	0	0
08001V	January – June 2009	6	0	2	0	0	0
	July – December 2009	6	1	2	1	0	0
08003V	January – June 2009	393	393	600	393	0	0
	July – December 2009	655	655	420	655	0	0
08007N	January – June 2009	12	5	6	5	0	0
	July – December 2009	9	3	8	3	0	0
08012N	January – June 2009	14	19	50-70	14	0	14
	July – December 2009	70	70	30-40	70	3	24
08013N	January – June 2009	23	23	20	23	0	0
	July – December 2009	24	24	20	24	0	0
09008N	July – December 2009	12	3	5	3	0	0

Satisfaction with the reporting process

Feedback about the reporting process was requested for ‘content and wording’, ‘format of the progress report’ and ‘format of the outcome spreadsheet’. Two responses were received and highlighted that the pre filled format was helpful and the requirements for short answers worked well. These applicants also felt that applying specific information to a generic form was not surprisingly difficult and that the questions in the progress report and patient outcome spreadsheet were repetitive. When asked what could be improved one applicant suggested inclusion of information specific to the technology and the other suggested the inclusion of a section for commenting on the relative quality of the patient outcomes.

Quality Assurance supplements submitted to HREC

Two applications approved by the TCPC in 2009 were required to submit a supplement to HREC for the TCPC Quality Assurance application. At the conclusion of 2009 these supplements had not yet been submitted.

Summary

Overall, compliance with the proposed reporting schedule was satisfactory. Some adverse events were identified in the routine data collection cycle but were not reported to the committee at the time of the incident. This will require attention from the Committee in 2010.

Action

Reporting

- Committee to review six monthly reporting for any adverse events
- Committee to decide on actions to ensure that adverse events are reported at the time they occur

Quality Assurance

- Follow up with applications that are required to submit a supplement to the TCPC Quality Assurance application

RESOURCES

Are resource documents and support systems being utilised?

Patient Information

In 2009, TCPC approved patient information was made available on the Southern Health Intranet. The patient information template has been utilised by four out of nine approved applications. Five of the nine applications have not yet commenced and the Committee is awaiting patient information as a condition of approval.

Applicant satisfaction with quality of resources

No feedback was received regarding the quality of resources in 2009.

Applicant feedback regarding accessibility of resources

No feedback was received regarding the accessibility of the resources and support offered in 2009. However one applicant commented that the 'Finding the Evidence' workbook was a useful document.

External requests for Southern Health TCP Program resources and expertise

During 2009 the South Eastern Sydney and Illawarra Area Health Service and Queensland Health requested access to the Southern Health TCPC documents.

Representatives from Queensland Health met with the Executive Officer of the TCPC in February 2009 and sought advice on how to establish a health service wide TCP Program. In September 2009, the Executive Officer of the Southern Health TCPC conducted a workshop for Queensland Health on establishing a TCP Program.

Summary

Due to the lack of feedback data, it is unclear whether or not the users of the Southern Health TCP Program found the resources and support useful. The Southern Health documents, processes and expertise are being sought by other health services and state health departments.

Action

In 2010 the TCPC plan to continue to request and collect feedback from applicants regarding the usefulness of the TCPC resources. The TCPC will also update the 'Finding the Evidence' workbook.

REFERENCES

1. VICTORIAN DEPARTMENT OF HUMAN SERVICES (2006) Guidance for Victorian Health Services to Establish Technology/Clinical Practice Committees. Melbourne, Victoria, Victorian Department of Human Services.
2. AUSTRALIAN SAFETY AND EFFICACY REGISTER OF NEW INTERVENTIONAL PROCEDURES General Guidelines for Assessing, Approving and Introducing New Procedures into a Hospital or Health Service. Royal Australian College of Surgeons.
3. NEW SOUTH WALES HEALTH (2005) Clinical Practice - Model Policy for Safe Introduction of New Interventional Procedures. North Sydney, NSW, NSW Health.
4. AUSTRALIAN CAPITAL TERRITORY HEALTH (2007) Policy: Introduction of new health technologies. Canberra, ACT, ACT Health.
5. NATIONAL HEALTH COMMITTEE (2005) Decision-Making about New Health Interventions: A Report to the New Zealand Minister of Health. New Zealand, National Health Committee New Zealand.

Appendix 1: Evaluation Plan

Components	Key evaluation questions	Success measures/indicators (What to measure)	Method of data collection and source (Where & how to find it)	When to be.....	
				Collected	Reported
Establishment of best practice	Does the SH TCP Program match current best practice?	Current best practice – Evidence Mapping	Revise mapping exercise of State/National/International Sources	End of establishment phase – 3 to 5 year intervals	
Governance	Is the process transparent and accountable?	Publication of TOR, procedure protocols, application deadlines, meeting dates	Review of TCPC website, Southern Health intranet	Annually	Annually
		Attendance at meetings	Attendance list	Monthly	Annually
		Feedback from TCPC re processes	TCPC meetings – review minutes	Annually	Annually
		Achieving reporting requirements (EMT/ DHS)	Reports sent	Biannually	Biannually
		Appropriateness of reporting to EMT & DHS	Feedback from EMT & DHS	Biannually	Biannually
Applications New TCPs	Has an application process and documentation in accordance with DHS requirements been established and is it being utilised? Are applicants happy with the process?	Number of applications received	Audit of TCP register	Monthly	Annually
		Number of applications completed correctly at first submission	Audit of TCP register	Monthly	Annually
		Applicant satisfaction with application process	Audit application feedback forms	Monthly	Annually
		Number of VPACT applications approved by DHS	DHS feedback	Monthly	Annually
		Compliance with the Southern Health VPACT schedule	Audit VPACT timetable	Annually	Annually
		Comparison with other health services <ul style="list-style-type: none"> ▪ number of applications received ▪ comparison of applications (same/different) ▪ were the same decisions made 	Collect this information from the group that Paul Fennessey sets up	Annually	Annually
	Did we capture all TCPs introduced at Southern Health	Number of TCPs introduced at Southern Health that did not go through the TCPC process	Query unit managers and theatre Query enquiries received by Steven Anderson/Kevin Ericson Query high cost drug list produced by Pharmacy Query presentations made at the Southern Health State of Art Lectures and grand rounds Query Capital Expenditure “Unfunded Capital Expenditure budget process of prioritisation”	Quarterly	Annually
Applications	Has a change of use application	Number of applications received	Audit of TCP register	Monthly	Annually

Components	Key evaluation questions	Success measures/indicators (What to measure)	Method of data collection and source (Where & how to find it)	When to be.....	
				Collected	Reported
COU of existing TCPs	process and documentation been established and is it being utilised? Are applicants happy with the process?	Number of applications completed correctly at first submission	Audit of TCP register	Monthly	Annually
		Applicant satisfaction with COU application process	Audit application feedback forms	Monthly	Annually
Decision-making New TCPs	Have processes and documentation for decision-making been established and are they being utilised?	Appropriate representation at TCPC meetings to discuss applications	Audit of minutes for attendance by applicant/HOD/Program Director	Monthly	Annually
		Number of applications that the TCPC utilised the decision summary for	Audit of application folders	Monthly	Annually
		Number of decision summaries published on the website	Cross check applications with webpage	Monthly	Annually
		Number of applicants that complied with the conditions of approval and were received by the due date	Audit of TCP register	Monthly	Annually
		Number of outcome letters for approval for provisional use sent	Audit of TCP register	Monthly	Annually
		Number of applicants that appealed to the Chief Executive re the TCPC decision	Audit of TCP register	Monthly	Annually
Decision-making Review of approved TCPs	Have processes and documentation for decision-making for reviewed TCPs been established and are they being utilised?	Number of reviews that the TCPC utilised the decision summary for	Audit of application folders	Monthly	Annually
		Number of decision summaries published on the website	Cross check applications with webpage	Monthly	Annually
		Number of TCPs withdrawn after review	Audit of TCP register	Monthly	Annually
		Number of decisions made that were consistent with the evidence	Review of the evidence	Monthly	Annually
Monitoring and reporting for newly introduced TCPs	Have monitoring and reporting processes been established and are they being utilised?	Number of reports <ul style="list-style-type: none"> ▪ received ▪ received by due date ▪ received late 	Audit of TCP register	Biannually	Annually
		Number of applicants who used TCPC outcome spreadsheet	Audit of TCP register	Biannually	Annually
		Number of applicants who used their own outcome data collection tool	Audit of TCP register	Biannually	Annually
		Number of reporting templates completed correctly	Audit of TCP register	Biannually	Annually
		Number of Quality Assurance supplements submitted to HREC	Audit supplements submitted to HREC	Biannually	Annually
	Are applicants happy with the	Applicant satisfaction with reporting	Audit application feedback forms	Biannually	Annually

Components	Key evaluation questions	Success measures/indicators (What to measure)	Method of data collection and source (<i>Where & how to find it</i>)	When to be.....	
				Collected	Reported
	process? Were patient outcomes as expected?	processes Number of procedures performed Referred versus treated Expected versus actual Deaths Other adverse events	Comparison between original applications and progress report data	Biannually	Biannually
Resources	Has a support system and resource documents been developed and are these being utilised?	Number of applicants that utilised patient information template	Audit of application documents	Biannually	Annually
		Applicant satisfaction with quality and accessibility of resources	Audit application feedback forms	Monthly	Annually
		Feedback from resource providers	Via formal meeting or request feedback via email	Biannually	Annually
		Number of requests for use of resources/expertise externally	Audit of requests	Annually	Annually