|  |  |
| --- | --- |
| NIAP Reference number |  |
| Intervention title |  |
| Date of progress report |  |
| 3 or 6-month report | 🞏 3 Months 🞏 6 Months |
| CONTACT DETAILS: | |
| Full name |  |
| Title |  |
| Phone number |  |
| Email |  |

|  |
| --- |
| 1. **How many patients have undergone the intervention within this reporting period, for what indications, and with what outcomes? (Please report by indication and include data on adverse events relating to the procedure)** |
|  |
| 1. **Have these outcomes been presented to a peer group during the period covered by this report? If yes, please note the meeting name and date(s).** |
|  |
| 1. **What other evaluation(s) of the procedure did you perform in this reporting period?** |
|  |
| 1. **Were all adverse events reported to and discussed at a relevant morbidity or mortality meeting?** |
|  |
| 1. **Were all adverse events reported in IIMS?** |
|  |
| 1. **Have there been any unforeseen clinical, resource or credentialing issues?** |
|  |
| 1. **Is the intervention still being performed? (If the intervention is no longer being performed, please indicate the date ceased and the reasons).** |
|  |
| 1. **Have the actual costs met the estimated costs in the original NIAP application?** |
| |  |  |  | | --- | --- | --- | | **Costs** | **Estimated** | **Actual** | | **Staffing** |  |  | | **Equipment** |  |  | | **Consumables / prosthesis / high cost disposables** |  |  | | **Education / training** |  |  | | **Space** |  |  | | **Total** |  |  |   **Provide detail if actual costs did not meet estimated costs:** |
| 1. **Is there any additional information you wish to provide?** |
|  |

**APPROVALS**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  | **Signatures:** |
| **Applicant** | **Name:** |  |  |
| **Date:** |  |
| **Department Head:** | **Name:** |  |  |
| **Date:** |  |
| **Comments** |  |
| **General Manager:** | **Name:** |  |  |
| **Date:** |  |
| **Comments** |  |

Please submit completed report to Clinical Governance and Medical Services Directorate via email: [SESLHD-ClinicalGovernanceandMedicalServices@health.nsw.gov.au](mailto:SESLHD-ClinicalGovernanceandMedicalServices@health.nsw.gov.au)

For further information, please contact SESLHD Clinical Governance and Medical Services on Tel: 9540 8822.