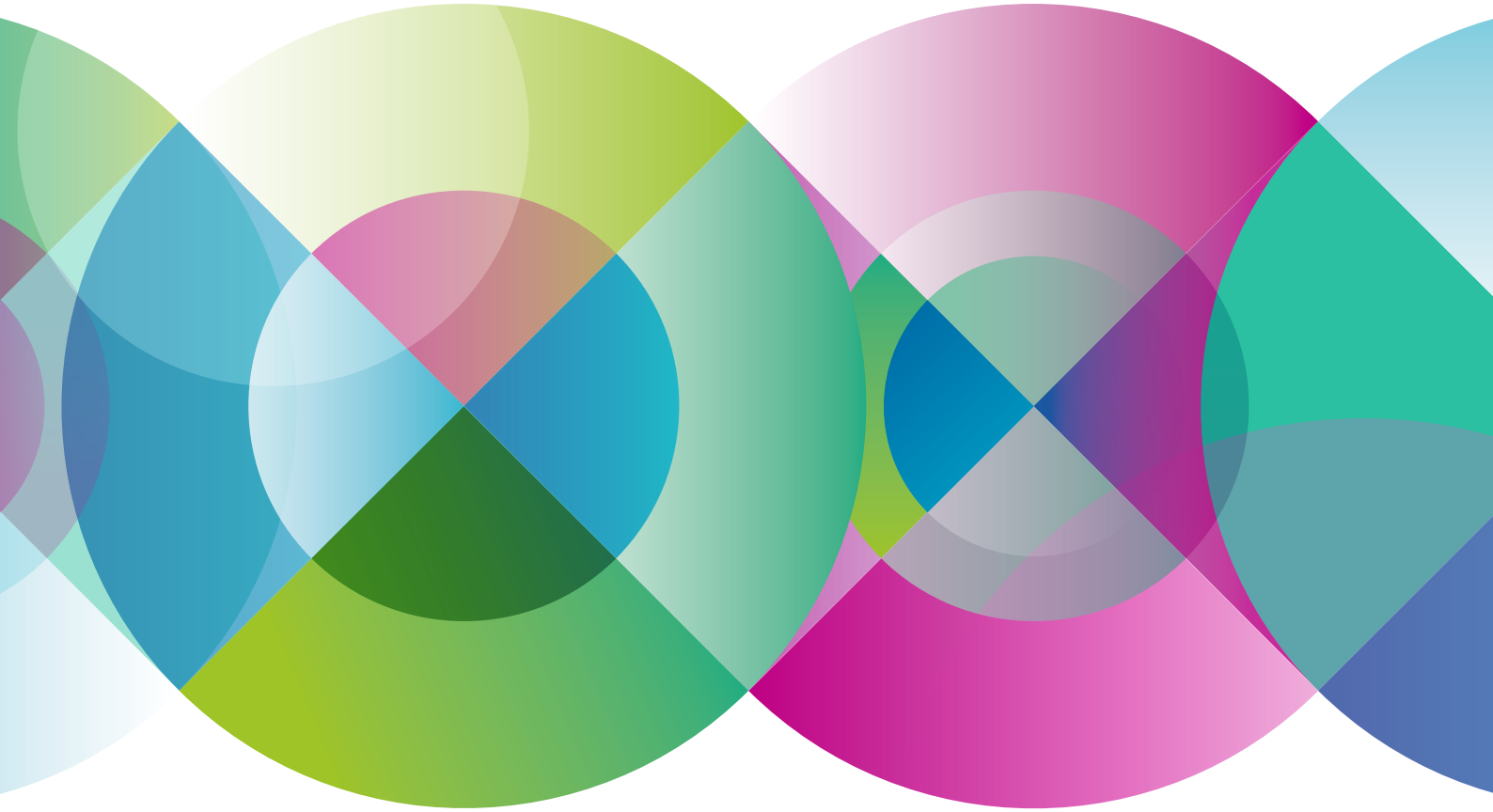
AUSTRALIAN COMMISSION
ON SAFETY AND QUALITY IN HEALTH CARE

NSQHS STANDARDS



For clinicians

National Safety and Quality Health Service Standards

User Guide for Medication Management in Cancer Care

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Introduction

Cancer services operate across multiple settings, including outpatient clinics, day units, inpatient services, hospital in the home and in primary health care settings. In each of these settings, clinicians – including oncologists, haematologists, nurses, pharmacists and allied health – need to understand their roles and responsibilities, be trained and qualified and be supported by the organisation's safety and quality systems in order to provide safe and high-quality care.

Purpose

The *Guide for Clinicians: Medication management in cancer services (the Clinician Guide)* provides clinicians with evidence-based strategies to support them to understand and fulfil their roles and responsibilities. It combines information from a range of existing guides and resources, including the *National Safety and Quality Health Service Standards User Guide for Medication Management in Cancer Care.*[1]

How to use this guide

This Clinician Guide describes what clinicians must do to deliver safe and good quality care and effective medication management in cancer services. It is organised into three sections that follow the patient journey through cancer treatment. Each section contains a statement of the objective – what must be achieved and strategies for achieving the objective. Strategies are listed under the following headings:

- Quality care
- Medications safety
- Clinical governance
- Partner with consumers.

This document should be read in conjunction with the *User Guide for Medication Management in Cancer Care, February 2020.*

Clinical governance

Clinical governance is the set of relationships and responsibilities established by a health service organisation between its state and territory departments of health, governing body, executive workforce, patients, consumers and other stakeholders to ensure good clinical outcomes. It ensures that community and health service organisations can be confident that systems are in place to deliver safe and high-quality health care and continuously improve services.

The Commission has developed the *National Model Clinical Governance Framework*[2]. This is based on the *National Safety and Quality Health Service (NSQHS) Standards* (second edition)[3], in particular the *Clinical Governance and Partnering with Consumers Standards*.

Good clinical governance provides confidence to the community and everyone who works in a health service organisation that systems are in place to support the delivery of safe, high-quality health care to protect and support both the patient and clinicians.

Partnering with consumers

There is good evidence that effective partnerships between health service organisations, health care providers, patients, family members, carers and consumers are essential for safety and quality.[4-6]

Effective partnerships exist when consumer are treated with dignity and respect, when information is shared with them, and when participation and collaboration in healthcare processes are encouraged and supported to the extent that consumers choose.[7]

The activities that different health service organisations undertake to partner with consumers will vary according to the characteristics and circumstances of the service or the organisation.

Optimal Cancer Care Pathways

The **Optimal Cancer Care Pathways,** described in Figure 1, have been accepted for use nationally by all states and territories. They are national guidelines that outline the steps in providing best practice care for specific tumour types for a whole cancer treatment pathway.

Health service organisations and clinicians can use the Optimal Cancer Care Pathways as tools to identify gaps in current services and inform quality improvement initiatives across all aspects of the care pathway.

Clinicians can also use Optimal Cancer Care Pathways to promote multidisciplinary discussions and to support collaboration and communication with a patient and their carers and families.

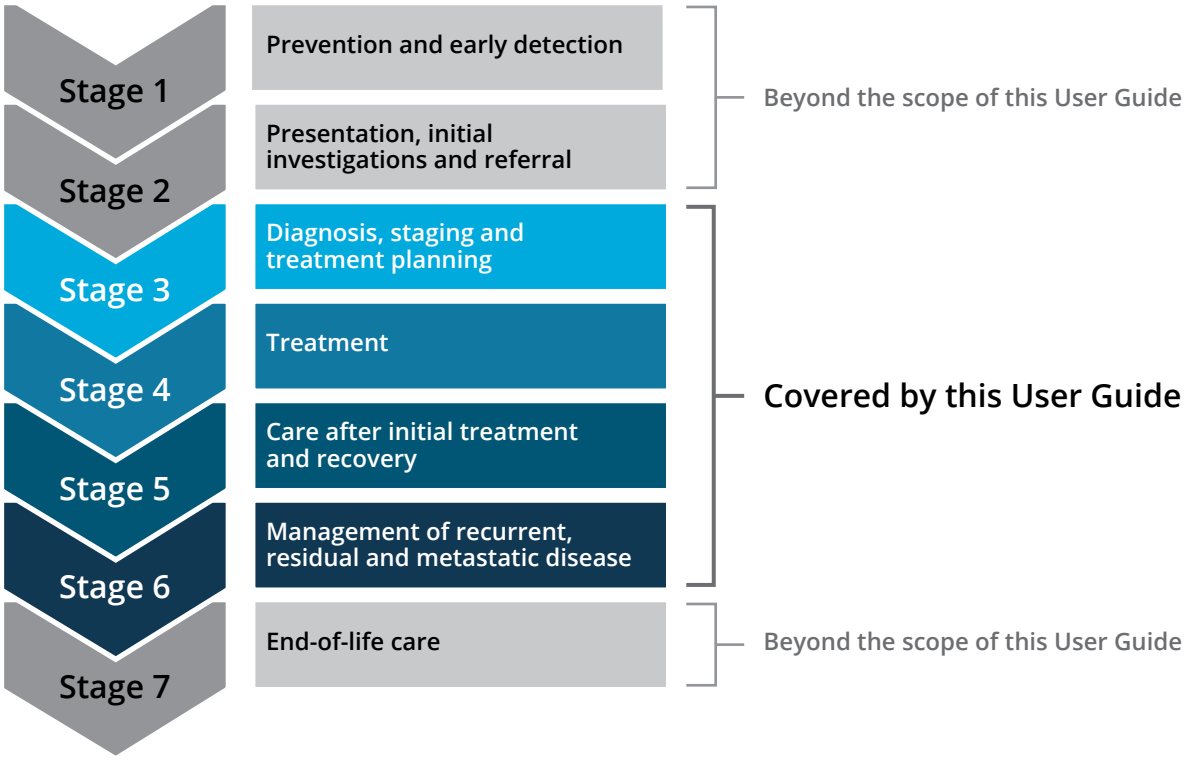

Figure 1: Optimal Cancer Care Pathways framework

Source: National Cancer Expert Reference Group, 2016, A *Framework for Optimal Cancer Care Pathways in Practice.*

Before cancer treatment with medications

This section focuses primarily on Stage 3: Diagnosis, staging and treatment planning of the Optimal Cancer Care Pathway. It describes what a clinician needs to do before providing medications for cancer care.

Quality care

What must I do?

With input from the multi-disciplinary team and in partnership with the patient, document a comprehensive treatment plan tailored to each patient's clinical needs and preferences.

How do I do it?	Does this happen now? Yes	No
Ensure a **full medical history is undertaken**, documented and updated whenever required during treatment. If necessary contact the patient's usual general practitioner to clarify missing or unclear information.		
Screen and assess your patient, in line with your organisation's policies and procedures.		
Know how to access and use the relevant **clinical and prescribing information**, including current clinical trials and Optimal Cancer Care Pathways.		
Discuss and document the patient's expectations, concerns and goals for their cancer treatment.		
Ensure that treatment is prescribed from an **evidence-based protocol**, and has been approved for use in your facility by the relevant clinical governance oversight committees. Approval at a state or territory government level may also be required. Where evidence-based protocols are not available, the local clinical governance committee or state or territory government may need to be consider publish consensus-based protocols developed by recognised cancer treatment resources providers, such as eviQ Cancer Treatments Online.		
Consider **clinical trials** for all of your patients when a suitable trial is available.		
Ensure that the entire treatment team, including the patient's usual general practitioner and usual community pharmacist are identified, and the patient's comprehensive treatment plan, that documents the key clinical risks of treatment, is transmitted to all members of the team at the commencement of treatment and or when there are significant changes in the care plan. In particular, the specific risks and potential side effects of the patient's treatment plan need to be communicated to the primary care team.		

If you answered 'no', what needs to change?

Clinical governance

What must I do?

Understand and ensure you practice within the requirements of your organisation's clinical governance systems and processes.

How do I do it?	Does this happen now? Yes	No
Where relevant, participate in your organisation's **credentialing process** to determine your scope of clinical practice or ensure your position description or statement of role describes your scope of clinical practice.		
Ensure you **practice within your scope of clinical practice**.		
Participate in training and professional development processes to maintain and improve your technical skills and knowledge, including but not limited to: ▪ Safe handling and disposal of cytotoxic and hazardous medications ▪ Having difficult conversations.		
Develop and apply your **skills and knowledge of safety and quality improvement** processes to participate in: ▪ Collection and review of safety and quality indicator data ▪ Clinical audits to identify opportunities to improve care ▪ Peer review of your clinical practice ▪ Morbidity and mortality meetings ▪ Regular review of currency of treatment protocols ▪ Performance appraisals.		
Model behaviours that promote safety and quality, including: ▪ Reporting incidents and near misses ▪ Using the organisation's quality improvement system to create improvements in care or systems ▪ Identifying, reporting and managing hazards ▪ Contributing to the clinical governance oversight committee reports.		
Participate in the development and implementation of **policies, procedures and protocols as outlined in Table 1**.		
Provide feedback to the health service organisation on its safety and quality processes.		
Improve patient care by adapting the high quality practices of others into your processes.		
If you answered 'no', what needs to change?		

Table 1: Key policies and procedures

Know and understand your organisation's policies, procedures and protocols for the safe, high quality delivery of cancer care, including:

- Roles and responsibilities of the clinicians and the health service organisation
- Safe handling of medications when preparing, dispensing, transporting, administering, managing spills and disposal of cancer medications
- Partnering with consumers, their carers and families
- Developing, endorsing and using systemic cancer therapy protocols
- Prescribing systemic cancer therapies
- Verifying systemic cancer therapies
- Manufacturing systemic cancer therapies
- Dispensing systemic cancer therapies
- Administering systemic cancer therapies
- Waste management and disposal of systemic cancer therapies
- Treatment protocols and planning
- Management of high-risk medications and treatments
- Management of adverse events and near misses
- Open disclosure
- Digital health practice.

Partnering with consumers

What must I do?

Develop partnerships with patients, their carers and families to inform, educate and plan cancer care.

How do I do it?	Does this happen now? Yes	No
Understand, and **risk assess each patient** as an individual in the context of their background, considering the patient's: ▪ Medical, cultural, ethnic and linguistic history ▪ Health literacy ▪ Tumour group ▪ Treatment intention i.e. curative or palliative ▪ Route of administration of cytotoxic drugs and targeted therapies ▪ Use of vesicant and non-vesicant drugs ▪ Risks, allergies and/or comorbidities ▪ Intensity and complexity of their systemic cancer therapy ▪ Risk of chemotherapy induced neutropenia ▪ Risk of hypersensitivity/infusion reactions ▪ Risk of acute and/or severe toxicities ▪ Language preferences for ongoing communication with the patient and family.		

How do I do it?	Does this happen now? Yes	No
Share decision making by exploring these questions with patients: ▪ What will happen if the patient waits and watches? ▪ What are the treatment options and associated tests? ▪ What are the benefits and harms of each option? ▪ How do the benefits and harms weigh up for the patient? ▪ Does the patient have enough information to make a choice? ▪ What are the financial implications and potential costs?		
Provide information to ensure the patient, their carers and families clearly understand: ▪ Their diagnosis and prognosis ▪ The goals of their care, e.g. whether it is curative or palliative ▪ All available treatment options including relevant clinical trials ▪ All potential risks of treatment, including side effects and levels of toxicities ▪ Treatments with a high-risk of causing potentially life-threatening toxicities ▪ Costs including indirect costs, e.g. medications, travel, time off from work ▪ The optimal cancer care pathway to be followed, if available ▪ The process and importance of a multidisciplinary team meeting where their diagnosis and treatment planning will be discussed ▪ Potential referrals, e.g. fertility specialists for young patients ▪ Trusted, evidence-based consumer information sources and resources ▪ Contact information and processes for out-of-hour and emergency contacts.		
Ensure all patients participate in a discussion about their options, risks and benefits to them before giving **written informed consent** to their treatment plan.		
Ask the patient who their usual **general practitioner and primary/community care** team are and ensure the community care team is provided all relevant information about the patient's treatment plan and risks.		
Provide your patients, their carers and families with the factsheet on **'What to expect when receiving medication for cancer care'**.		

If you answered 'no', what needs to change?

During cancer treatment with medications

This section involves part of all of three stages of the Optimal Cancer Care Pathways – Stage 4: Treatment; Stage 5: Care after initial treatment and recovery; and Stage 6: management of recurrent, residual and metastatic disease. It describes what a clinician needs to do when providing medications for cancer care.

Quality care

What must I do?

Prescribe, verify, dispense and administer the right medications to the right patient at the right time in accordance with the protocol. Ensure symptoms and side effects are measured and managed.

How do I do it?	Does this happen now? Yes	No
Ensure all patients have given **written informed consent** prior to treatment.		
Include in the patient's treatment or comprehensive care plan details of the **clinical care team**, including their usual general practitioner and community care team members, such as their usual community pharmacist or physiotherapist.		
Ensure your patient is **fit for treatment** by using local assessment processes.		
Ensure effective, accurate and timely **clinical handover** occurs whenever patient care is transferred between practitioners, health service organisations and between acute, palliative care, rehabilitation and primary care sectors.		
Document care contemporaneously in the **healthcare record**.		
When a patient is harmed, conduct an **open disclosure** discussion that includes: ▪ An apology or expression of regret (including the word 'sorry') ▪ A factual explanation of what happened and why ▪ Implications for the patient ▪ An opportunity for the patient to relate their experience ▪ An explanation of the steps being taken to manage the event and prevent a recurrence.		
Provide patients and their carers with timely information on all appropriate **clinical trials and referrals** to another cancer service, if required.		
Ensure anti-cancer medications are administered in an area that is adequately equipped and resourced to deliver the medication safely.		
Provide **patients and their carers with information** that they can understand on how and where to seek help, and under what circumstances, during and after their cancer care.		

If you answered 'no', what needs to change?

Medication safety

What must I do?

Support and promote the safe storage, supply, prescribing, verification, dispensing, administering and monitoring of the effects of medicines used in cancer care. Individually and collectively, clinicians – including oncologists, haematologists, nurses and pharmacists – are responsible for ensuring that the care for patients receiving anti-cancer medications is safe and high quality. This means:

- Prescribers must ensure they prescribe the right medications according to the right protocol
- Pharmacy must ensure the correct dosage in the right form is dispensed
- Nurses must ensure medications are given in the correct way via the correct route, at the correct times
- All clinicians must ensure that symptoms and side effects are monitored and treated appropriately.

How do I do it?	Does this happen now? Yes	No
Prescribe from **evidenced-based protocols** for pathology requirements, antiemetics and systemic therapy that have been approved for use in your organisation by the local governance oversight committee, and if required, by your states or territories evidence-based approved at a jurisdictional level.		
Use approved **anti-cancer medication charts** that meet legislative and professional requirements.		
Apply Clinical Oncology Society of Australia (COSA) guidelines when applicable in the cancer service.		
Wherever possible, use electronic prescribing.		
Ensure **'individual patient use' protocols** (IPU) are only prescribed in critical and urgent situations. Where an IPU is used, the prescriber must follow local protocols for approval of its use. An IPU includes variations to pre- and post-hydration therapies, the use of supportive medications, dose and treatment frequency during cycles. An approval for the use of an IPU will require the prescriber, as a minimum, to document the nature of the variation, provide a rationale and supporting evidence-based reference for all proposed variations from the protocol.		
Whenever an IPU is used, the prescriber must obtain **written informed consent** from the patient.		
Ensure, when clinical pharmacists dispense anti-cancer medication, the **verification processes align with COSA** requirements.		
Generate and maintain a **current medication management plan**.		
Use verbal orders to hold or cease anti-cancer medications in accordance with **local policies and protocols**, and document this in the patient's healthcare record.		
Ensure the patient has established adequate venous access prior to administration of intravenous therapy, particularly vesicant and irritant medications. Consider insertion of central venous catheter.		

How do I do it?	Does this happen now? Yes	No
Conduct the appropriate checks immediately before **administering anti-cancer medications**, such as time out checks.		
Routinely assess and monitor patients on anti-cancer medications.		
Prioritise **medication reviews** for patients to minimise the risk of medication related problems. A comprehensive medication review should: ▪ Be undertaken prior to the compounding, dispensing and administration of any prescribed treatment protocol ▪ Identify any complimentary medicines the patient may be taking ▪ Provide patients with medications-related information prior to receiving anti-cancer medications ▪ Provide a copy of the current medications list to the patient ▪ Include a copy of the current medications list in clinical handover documentation.		
Ensure **temperature and light sensitive medications** are stored and transported in compliance with best practice guidelines, to ensure they maintain their efficacy.		
Ensure compliance with legislation or regulation for the **use and safe handling**, storage, compounding, administration and disposal of cytotoxic and other hazardous anti-cancer medications.		
Report non-sanctioned deviations from approved protocols.		
Ensure the **usual general practitioner and community care providers** such as the community pharmacist are informed of changes in the medication regime.		
Where **care is provided in the home**, ensure key information about medicines is communicated to all care providers.		

If you answered 'no', what needs to change?

Clinical governance

What must I do?

Use the organisations clinical governance processes to ensure the safe delivery and improvements in the quality of care for patients receiving anti-cancer medications.

How do I do it?	Does this happen now? Yes	No
Ensure only **trained and qualified practitioners** prescribe, dispense, administer and dispose of anti-cancer medications.		
Use the organisation's **incident monitoring system** to: ▪ Report adverse events and near misses ▪ Escalate incidents of serious harm ▪ Participate in the review of adverse events ▪ Use the information from the incident monitoring system to improve care ▪ Involve primary care team members in the review and feedback about relevant incidents.		
Understand your **safety and quality roles and responsibilities** to: ▪ Supervise other members of the clinical workforce ▪ Conduct and/or participate in performance appraisals or peer reviews ▪ Review safety and quality performance data for your service and benchmark with other similar services to identify areas for improvement ▪ Model behaviours that promote safety and quality ▪ Participate in clinical audits and analysis.		
If you answered 'no', what needs to change?		

Partnering with consumers

What must I do?

Develop and maintain partnerships with patients, their carers and families to deliver safe, high quality cancer care.

How do I do it?	Does this happen now? Yes	No
Assess patient **health literacy**; low health literacy may be indicated when patients: ▪ Ask fewer questions ▪ Identify medication by appearance rather than label information ▪ Are unable to name medications, explain their purpose or provide the dose ▪ Are unable to provide a coherent, sequential medical history ▪ Lack adherence to a prescribed treatment protocol ▪ Lack follow-through with tests and referrals ▪ Frequently miss appointments ▪ Provide incomplete registration forms ▪ Come for a culturally or linguistically diverse background.		
Address a patient's **health literacy needs** through education and explanation so they can better: ▪ Use and understand information on cancer care ▪ Navigate access to appropriate care and information through different service providers ▪ Recognise side effects and adverse events.		
Provide each **patient with printed information** to ensure that they have a clear understanding of and can give their informed consent to: ▪ Changes to the original treatment plan during care ▪ How to monitor and manage symptoms or side effects of anti-cancer medications, and how to access after-hours care.		
Collaborate with patients, carers and family members to collect essential information about a patient's condition so that deterioration, improvement and strategies for ongoing care can be identified.		
Ensure each patient is fit for treatment and inform them if their current fitness level will result in a delay, omission, or transition to palliative care treatment.		
Establish **realistic goals of care** with the patient, identifying not only physical/ medical goals, but also spiritual and psychosocial goals as appropriate.		
Support patients, their carers and families to participate in **open disclosure** processes.		

If you answered 'no', what needs to change?

Post-cancer treatment with medications

This section focuses on Stage 5: Care after initial treatment and recovery of the Optimal Cancer Care Pathways. It describes what a clinician needs to do following treatment with medications for cancer care.

Quality care

What must I do?

When care for a patient is transferred, in-part or wholly, ensure the patient information being transferred is accurate, complete and relevant; and results in transfer of information in a secure, timely manner to the intended recipient.

How do I do it?	Does this happen now? Yes	No
Ensure there is a **comprehensive clinical handover** when care is transferred, that includes: ▪ All relevant clinical information ▪ Likely complications and appropriate management ▪ Escalation plans ▪ Comprehensive medication lists, with relevant information on possible treatment side effects and management ▪ A monitoring plan, including a date for the review of medications.		
Ensure there is **regular assessment** of late toxicity from previous cancer treatment through regular clinical review or information provided to patient and their usual general practitioner.		
If you answered 'no', what needs to change?		

Clinical governance

What must I do?

Use patient outcome information, clinical and administrative data to identify and prioritise areas for improvement in your practice and safety and quality processes.

How do I do it?	Does this happen now? Yes	No
Consider the **appropriateness of cancer care** you delivered to ensure the best possible outcomes for patients and a more effective and efficient cancer service.		
Review their clinical practice data to identify any deviation from protocol or variation from best practice.		
Compare your practice with clinicians within the organisation and other similar health services to identify areas for improvement.		
Introduce practice changes that **align with best practice**.		
If you answered 'no', what needs to change?		

Partnering with consumers

What must I do?

Develop and maintain partnerships with patients, their carers and families to deliver safe, high quality cancer care.

How do I do it?	Does this happen now? Yes	No
Provide **patients and their primary care clinicians** with: ▪ A medications list that includes information on the likely complications, appropriate management and an escalation plan ▪ Information on follow up requirements, support services and ongoing management of the side effects of treatment ▪ Contact information and clear instructions in the event of deterioration.		
If you answered 'no', what needs to change?		

Resources

Before cancer treatment with medications

Quality care

Cancer Australia Guidelines, recommendations and guides by cancer type

Australian Cancer Trials

NHMRC Clinical Trials Centre

eviQ Cancer Treatments Online

Cancer Council Australia Optimal Cancer Care Pathways

Australian Commission on Safety and Quality in Health Care National Safety and Quality Health Service Standards, Standard 4: Medication Safety

Clinical governance

Society of Hospital Pharmacists Australia (SHPA) Standard of Practice

Pharmacy Board of Australia Professional Practice Profile for Pharmacists Undertaking Complex Compounding

Haematology Society of Australia and New Zealand

Australian Commission on Safety and Quality in Health Care Credentialing Health Practitioners and Defining their Scope of Clinical Practice: A Guide for Managers and Practitioners

Australian Commission on Safety and Quality in Health Care National Model Clinical Governance Framework

Partnering with consumers

Medical Oncology Group of Australia (MOGA) Choosing Wisely recommendations

Australian Commission on Safety and Quality in Health Care Challenging Conversations

Cancer Council Victoria Effective Cancer Communication

Queensland Health Queensland Remote Chemotherapy Supervision (QReCS) Guide

Australian Commission on Safety and Quality in Health Care National Safety and Quality Health Service Standards, Standard 2: Partnering with consumers

Australian Commission on Safety and Quality in Health Care National Safety and Quality Health Service Standards, Standard 4: Medication Safety

For patients:

Cancer Council What to Expect

Cancer Australia Affected by Cancer

Health Direct and the Australian Commission on Safety and Quality in Health Care Question Builder

Cancer Council Patient Information

eviQ Patient Information Sheets

During cancer treatment with medications

Quality care

eviQ

ClinTrials Refer

Electronic Medication Management Systems: A Guide to Safe Implementation (3rd edition)

Australian Commission on Safety and Quality in Health Care Electronic Medication Management Systems Business Requirements

Clinical Oncology Society of Australia (COSA) Guidelines for the Safe Prescribing, Dispensing and Administration of Systemic Cancer Therapy

Australian Commission on Safety and Quality in Health Care The Australian Open Disclosure Framework

Australian Commission on Safety and Quality in Health Care National Safety and Quality Health Service Standards, Standard 4: Medication Safety

Australian Commission on Safety and Quality in Health Care National Safety and Quality Health Service Standards, Standard 5: Comprehensive Care

Medication safety

eviQ Education Community pharmacist fact sheet: Managing Common Adverse Effects of Anticancer Medicines

Clinical Oncology Society of Australia (COSA) Guidelines for the Safe Prescribing, Dispensing and Administration of Systemic Cancer Therapy

Medication Management Plan resources

NPS MedicineWise Choosing Wisely

eviQ Cancer Treatments Online Safe Handling and Waste Management of Hazardous Drugs

Australian Commission on Safety and Quality in Health Care High-Risk Medicines

National Comprehensive Cancer Network

Australian Commission on Safety and Quality in Health Care National Safety and Quality Health Service Standards, Standard 4: Medication Safety

Clinical governance

eviQ Education

Cancer Council Victoria Effective Cancer Communication

Australian Commission on Safety and Quality in Health Care National Model Clinical Governance Framework

Australian Commission on Safety and Quality in Health Care National Safety and Quality Health Service Standards, Standard 1: Clinical Governance

Partnering with consumers

Australian Commission on Safety and Quality in Health Care Challenging Conversations

Cancer Council Victoria Effective Cancer Communication

Australian Commission on Safety and Quality in Health Care National Safety and Quality Health Service Standards, Standard 2: Partnering with consumers

Australian Commission on Safety and Quality in Health Care National Safety and Quality Health Service Standards, Standard 5: Comprehensive Care

Post-cancer treatment with medications

Quality care

Australian Commission on Safety and Quality in Health Care National Safety and Quality Health Service Standards, Standard 4: Medication Safety

Australian Commission on Safety and Quality in Health Care National Safety and Quality Health Service Standards, Standard 6: Communicating for Safety

Clinical governance

Australian Commission on Safety and Quality in Health Care National Model Clinical Governance Framework

Australian Commission on Safety and Quality in Health Care National Safety and Quality Health Service Standards, Standard 1: Clinical Governance

Partnering with consumers

Australian Commission on Safety and Quality in Health Care. National Safety and Quality Health Service Standards, Standard 4: Medication Safety

Australian Commission on Safety and Quality in Health Care. National Safety and Quality Health Service Standards, Standard 6 Communicating for Safety

Additional information on evidence based strategies and resources are available in the *NSQHS Standards User Guide for Medication Management in Cancer Care*. This and other resources are available at **www.safetyandquality.gov.au**.

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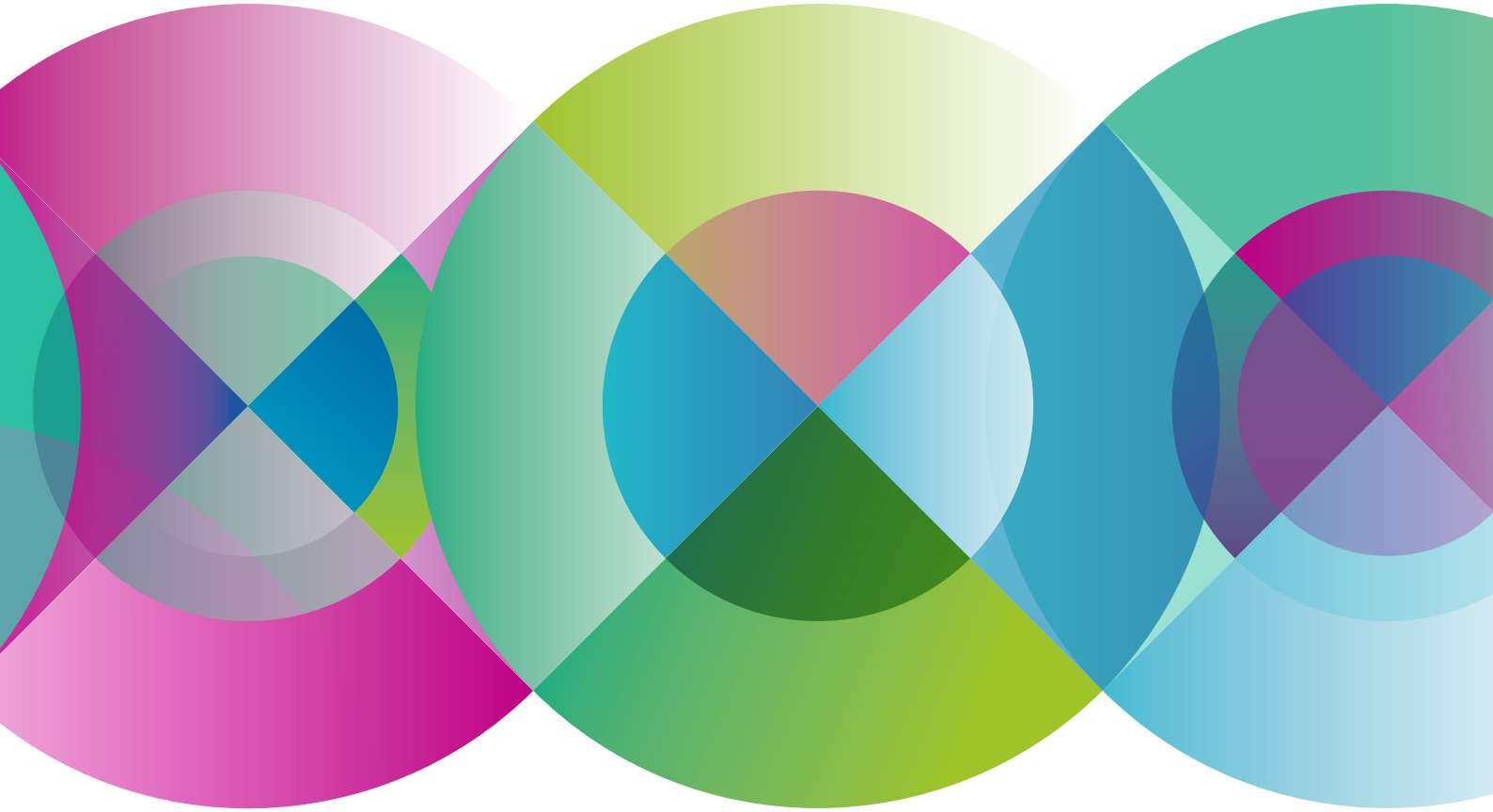

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