AUSTRALIAN COMMISSION
ON SAFETY AND QUALITY IN HEALTH CARE

NSQHS STANDARDS

National Safety and Quality Health Service Standards

User Guide for Medication Management in Cancer Care

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Introduction

The Australian Commission on Safety and Quality in Health Care (the Commission) is an Australian Government agency that leads and coordinates national improvements in the safety and quality of health care based on the best available evidence. By working in partnership with patients, carers, clinicians, the Australian, state and territory health systems, the private sector, managers and healthcare organisations, the Commission aims to ensure that the health system is better informed, supported and organised to deliver safe and high-quality care.

The Australian Government Department of Health through the National Cancer Expert Reference Group (NCERG) engaged the Commission to develop a National Safety and Quality Health Service Standards User Guide for Medication Management in Cancer Care (User Guide) to address safety and quality risks in cancer services following a series of adverse incidents across Australia.

Cancer is a disease that affects the lives of many people and their families. In 2019, an estimated 145,000 Australians will be newly diagnosed with cancer. In 2016–17 cancer accounted for approximately 1 in 9 hospitalisations in Australia.[1]

Newer treatment options have led to improvements in survival periods and a decline in the number of people dying of cancer. Recent figures show that for all cancers, seven out of 10 people survive for at least five years following diagnosis, compared to 30 years ago when that figure was only five out of 10 people.[1] It has also led to changes in the way people access cancer care and how care is delivered.

This User Guide is designed for healthcare services involved in providing medications for cancer care. This includes cancer services in public and private hospitals, inpatient and day infusion units, regional and remote centres, hospital-in-the-home providers implementing the National Safety and Quality Health Service (NSQHS) Standards (second edition). Some of the suggested strategies can also be applied by primary care providers such as community pharmacists and general practitioners involved in dispensing oral medications for cancer care and/or in monitoring patients during or after their treatment with anticancer medications.

The User Guide draws upon 28 actions from the NSQHS Standards (2nd ed.) that support improvements in the delivery of cancer care services (Appendix 1). The second edition of the NSQHS Standards requires health service organisations to implement organisation-wide safety and quality processes and a comprehensive clinical governance framework. The NSQHS Standards (2nd ed.) also require organisations to embed person-centred care and address the needs of people who are at greater risk of harm. This includes care provided to people with cancer.

This User Guide provides practical strategies cancer services can incorporate into their improvement processes. Implementing these strategies can support clinicians and healthcare services to:

- ensure clinicians safely prescribe, review, compound, dispense, administer and handle anticancer medications, and monitor their effects
- provide sound clinical governance for the safe and quality use of anticancer medications
- minimise the occurrence of anticancer medication–related incidents and the potential for patient harm from these medications
- inform patients about their anticancer medications, involve them in decision-making and obtain their informed consent.

The fundamental principle underpinning the 28 actions considered in this User Guide is that caring for a person with cancer requires effective clinical governance systems to be implemented and regularly monitored. Each member of the workforce should know and understand their roles and responsibilities in clinical governance and how clinical governance supports the delivery of person-centred care.

Aboriginal and Torres Strait Islander peoples have a higher mortality rate from cancer than non-indigenous Australians. This resource should be used in conjunction with other Aboriginal and Torres Strait Islander specific resources developed by the Commission.

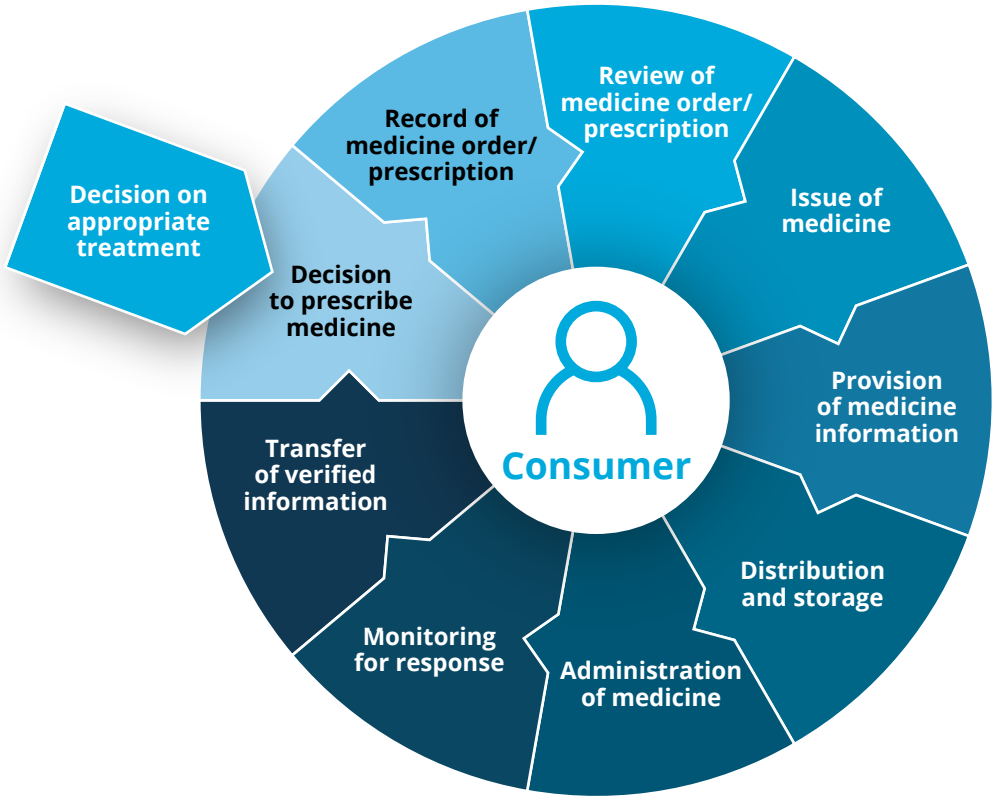

Figure 1: The medication management pathway, adapted from the Australian Pharmaceutical Advisory Council Guiding Principles to achieve continuity in medication management.

The medication management pathway

Medication management includes prescribing, reviewing, compounding, dispensing, storing, administering, monitoring and disposing of medications. Often referred to as the medication management pathway (Figure 1), this process involves multiple activities and various clinical groups to manage the safe and effective use of medications for each episode of care.

Safe processes and practices are required for each activity along the medication management pathway. Each activity also requires clear clinical governance roles and responsibilities. Integral to the medication management pathway is the involvement of patients, carers and family. When a patient receives a diagnosis of cancer, they should be involved in the planning and decision-making about their own care to the extent they choose. There must be meaningful engagement that considers diversity in cultural backgrounds, opinions and sensitivities. This means providing care that is respectful of each patient's cultures, beliefs and values.[2]

This User Guide describes the principles of informed consent, shared decision-making and health literacy as they apply to developing, reviewing and implementing processes within the medication management pathway. Steps taken early along the medication management pathway can prevent adverse events from occurring later along the pathway.

This User Guide applies the principles of medication management to cancer care, and uses the following terms:

- **anticancer medications**—medications used to treat cancer, including all formulations of chemotherapy, immunotherapy, targeted therapy and hormonal therapy
- **supportive medications**—medications used either proactively or reactively to treat or reduce the known side-effects of anticancer medications; these medications form part of the evidence-based cancer care treatment protocol and include hydration, anti-nausea medications, anti-diarrhoeal medications and so on.

For the purposes of this User Guide, the term 'medications for cancer care' refers to both anticancer medications and supportive medications.

The scope of this User Guide

This User Guide is designed for healthcare services involved in providing medications for cancer care following entry into a cancer service, at diagnosis and consideration of chemotherapy as a treatment option. This is at Stages 3 to 6 of the **Optimal Cancer Care Pathways** framework developed by Cancer Council Australia (see Figure 2). This includes cancer services in public and private hospitals, inpatient and day infusion units, regional and remote centres, hospital-in-the-home providers and primary care providers such as community pharmacists and general practitioners involved in dispensing oral medications for cancer care and/or in monitoring patients during or after their treatment with anticancer medications.

While this User Guide was not developed for other cancer-related healthcare services, such as those providing radiation therapy, those services might find some of the strategies in this User Guide relevant when reviewing their own clinical governance systems and processes and when partnering with consumers. They might also find some of the other information useful if their patients are also receiving medications for cancer care as adjuvant therapy to radiation therapy.

The strategies provided in this User Guide can be applied by both adult and paediatric healthcare services; however, there may be additional considerations relating to paediatric patients that are beyond the scope of this resource. Paediatric healthcare services should also consult the **NSQHS Standards User Guide for Acute and Community Health Services that Provide Care for Children.**[4]

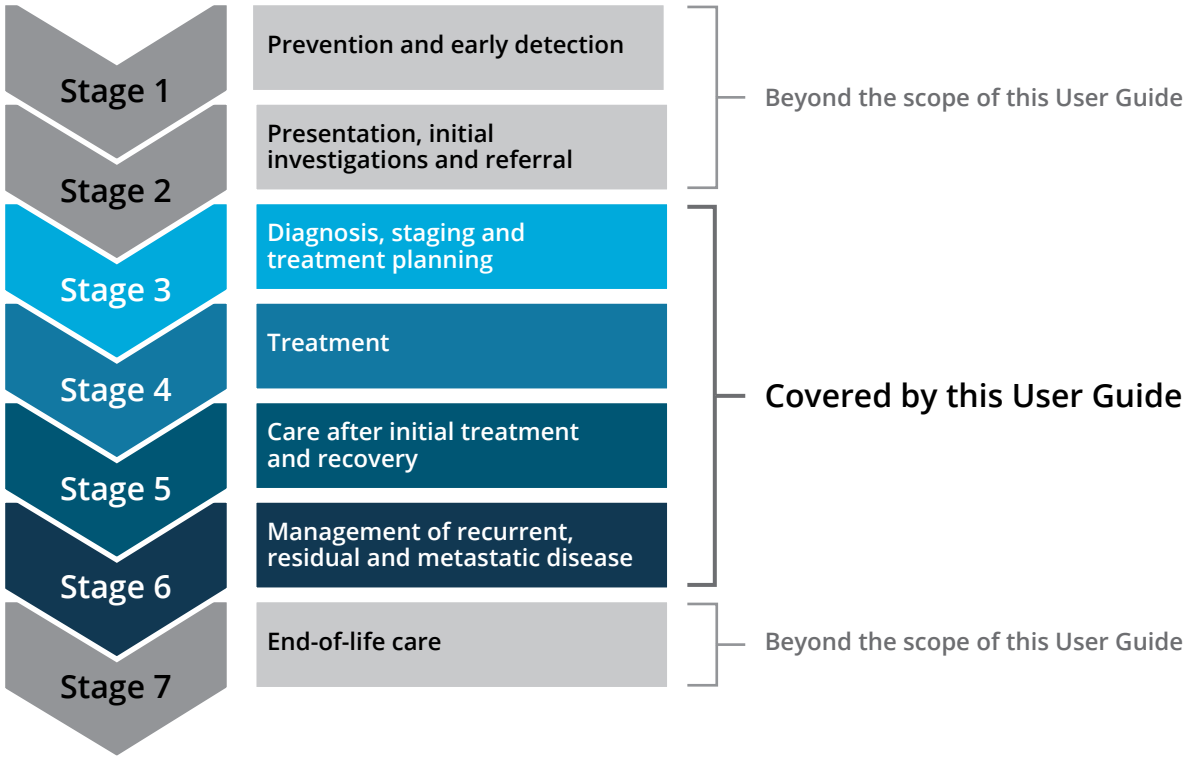

Figure 2: Optimal Cancer Care Pathways framework

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

How to use this User Guide

This User Guide describes best-practice strategies under each of the 28 specific actions to support organisations to deliver effective medication management in cancer services.

It is organised into chapters according to the NSQHS Standards (2nd edition). Each chapter contains:

- a statement of intention
- reflective questions to undertake a self-assessment of the service
- a summary of intended outcomes
- strategies for implementing each action in cancer services
- lists of useful resources to assist in implementing the actions (these resources are a guide; other resources may become more current over time).

The first two chapters describe the strategies a cancer service should implement to ensure there is a robust clinical governance framework in place and to partner effectively with consumers.

The remaining chapters focus on strategies for cancer services relating to ensuring medication safety, providing comprehensive care and enabling effective communication. Appendix 1 provides a summary of the NSQHS Standards actions included in this User Guide. Appendix 2 lists national and international groups that coordinate research in Australia for specific cancer types.

To assist cancer services to implement this User Guide, the following complementary resources have also been developed:

- factsheets on the clinical governance roles and responsibilities of:
  - medical oncologists and haematologists
  - nurses in cancer care
  - pharmacists in cancer care
  - managers (including clinician managers) in cancer care
- a clinical governance framework monitoring tool titled A Self-audit of Medication Management in Cancer Care
- summary factsheets relating to this User Guide for clinicians and consumers.

It is **mandatory** for all health service organisations, including cancer care services, to implement all of the relevant actions outlined in the NSQHS Standards. Implementation strategies may apply across the whole organisation, and may not necessarily be specific to cancer care. For general implementation strategies, this User Guide should be read in conjunction with other relevant resources, including:

- National Model Clinical Governance Framework
- NSQHS Standards Guide for Day Procedure Services
- NSQHS Standards Guide for Hospitals
- NSQHS Standards Guide for Multi-Purpose Services and Small Hospitals
- NSQHS Standards User Guide for Aboriginal and Torres Strait Islander Health
- NSQHS Standards User Guide for Acute and Community Health Service Organisations that Provide Care for Children
- NSQHS Standards User Guide for Health Service Organisations Providing Care for Patients with Cognitive Impairment or at Risk of Delirium
- NSQHS Standards User Guide for Governing Bodies
- NSQHS Standards User Guide for Health Services Providing Care for People with Mental Health Issues.

These resources are available at **www.safetyandquality.gov.au**

Clinical Governance Standard

The intention of the Clinical Governance Standard is to facilitate the implementation of robust clinical governance systems and processes that ensure people receive safe and high-quality care.

The 12 actions described in this chapter facilitate safe and high-quality medication management in each of the four stages of the **Optimal Cancer Care Pathways** framework.

Reflective questions

1. Are the current organisational committees that have oversight of cancer services meeting the objectives of the organisation's clinical governance framework?
2. How are capable patients and consumers involved in the clinical governance of the cancer services?
3. What is being reported to the governing body to keep it informed about its cancer services?
4. How does the service ensure that clinicians in cancer care are trained and credentialed to provide safe and effective medication management according to their scope of clinical practice?
5. Do the capacity and capabilities of the organisation support safe treatment?
6. What systems are currently being used to prescribe treatment protocols, and how safe are they?
7. How does the service ensure that only evidence-based treatments are being prescribed, and what happens if there are any variations?
8. What incident-management systems are in place? How are incidents reported, investigated and managed? How are trends in incidents identified and addressed?
9. What policies and procedures does the service have in place to address the risks associated with medication management in cancer care?

Intended outcomes

- The membership and terms of reference of committees with clinical governance oversight of medication management in cancer care areas are established and reviewed, with involvement from capable consumers.
- The governing body receives regular reports to enable monitoring of performance and of medication management improvement projects where these are undertaken in cancer care areas.
- The existing clinical governance framework is assessed using the clinical governance framework monitoring tool A Self-audit of Medication Management in Cancer Care.
- Policies and procedures are reviewed to ensure they address medication management risks in the cancer care areas and assist in the implementation of the best-practice strategies described in this User Guide.

- Incident-management systems are implemented that allow documentation of near misses and incidents, and incorporate clear escalation and reporting processes.
- Open disclosure processes are implemented.
- Electronic medication-management systems are implemented that are fit for purpose and support comprehensive documentation and collaboration to enable the safe prescribing of treatment protocols for cancer care.
- The workforce is trained and where relevant credentialed to fulfil their roles in medication management according to their scope of clinical practice and in accordance with the complexities of the treatment provided and individual patient risk factors.
- Only evidence-based treatments are prescribed, and the process for documenting variations is clear and includes detailed informed patient consent and escalation processes.

Governance, leadership and culture

Action 1.1

The governing body:

d. endorses the organisation's clinical governance framework

g. reviews reports and monitors the organisation's progress on safety and quality performance.

Note: Only parts d and g of this action are included in this User Guide; see the NSQHS Standards (2nd edition) for a complete description of this action.

Strategies for implementing this action in cancer services

Endorse the organisation's clinical governance framework and its implementation in cancer services

The governing body must be informed of the performance and risks associated with its cancer services, including any cancer care delivered in the organisation's ambulatory care areas such as outpatient clinics, day units and hospital-in-the-home arrangements.

Review and monitor performance

A key clinical governance role is to review reports and monitor the organisation's safety and quality performance. The governing body should regularly review a selection of its most important cancer care quality metrics. Further information on reporting requirements is outlined in **Actions 1.8** and **1.9**.

Organisational leadership

Action 1.3

The health service organisation establishes and maintains a clinical governance framework, and uses the processes within the framework to drive improvements in safety and quality.

Strategy for implementing this action in cancer services

Oversee clinical governance for cancer care

Leaders in cancer services have a role in establishing and using the organisation's clinical governance systems to improve the safety and quality culture of the cancer service for patients. This includes clinical leaders, managers and the governing body. The actions and attitudes of its clinical leaders influence the perceptions, attitudes and behaviours of others in the workforce. Strong clinical leadership can drive safety and quality improvements and make them a priority.[5]

Health service organisations should establish governance structures and delegate responsibilities to individuals and groups as part of implementing clinical governance oversight for their cancer services. An example could be establishing a drug and therapeutics committee.

Committees should have clearly documented terms of reference, membership, functions, meeting frequency and reporting mechanisms to the governing body. Membership should include clinical leaders, capable consumers and representatives of the cancer services affected by the committee's work. The work and decisions should also be documented and monitored to ensure that all actions arising are followed up and reported.

Organisations should also undertake a self-assessment of their cancer services using tools such as the clinical governance framework monitoring tool A Self-audit of Medication Management in Cancer Care to determine the effectiveness of their existing clinical governance framework, identify any gaps and develop an action plan for improvement.

Action 1.5

The health service organisation considers the safety and quality of health care for patients in its business decision-making.

Strategy for implementing this action in cancer services

Review workforce requirements

The health service organisation should review its cancer services for:

- workforce requirements in accordance with patient needs and service demand, including from increased survivorship (see **Action 1.23**) and the implementation or maintenance of IT systems (including electronic medication-management systems)
- skills mix to provide safe prescribing, reviewing, compounding, dispensing, administering and disposal of anticancer medications (see **Action 4.4**)
- rostering practices to incorporate time for patient care–related activities
- compliance of any contractors or contracted services with safety and quality standards and with the strategies described in this User Guide; these responsibilities should be described in their contracts or tender documents and these providers should contribute to the safety and quality performance metrics collected and reported on
- involvement of clinicians outside of the acute sector, such as general practitioners who work in partnership with patients and cancer services, managing co-morbid conditions such as mental illness, intercurrent acute illness, ongoing chronic disease and side effects of cancer treatments.

Policies and procedures

Action 1.7

The health service organisation uses a risk-management approach to:

a. set out, review and maintain the currency and effectiveness of policies, procedures and protocols

b. monitor and take action to improve adherence to policies, procedures and protocols

c. review compliance with legislative, regulatory and jurisdictional requirements.

Strategies for implementing this action in cancer services

Establish and maintain effective policies and procedures

Cancer services should have current, comprehensive and effective policies and procedures in place that address their safety and quality risks in the provision of medications for cancer care. These should be compliant with state or territory regulations and should facilitate implementation of the NSQHS Standards (2nd edition). Policies and procedures should be reviewed regularly and updated according to changing service delivery needs.

Assign responsibilities for developing, authorising and maintaining policies and procedures

Clarifying responsibilities for developing and authorising policies, making changes and for maintaining existing policies and procedures for cancer services is crucial. Developing, reviewing and monitoring compliance with policies and procedures involves nominating custodians supported by the cancer service's clinical governance oversight committees.

Roles and responsibilities of individuals and committees with the authority to amend, approve and/or rescind policies and procedures should be documented. A clear process for communicating changes in policies and procedures to the workforce should include documenting acknowledgement of any changes.

Policies will include, but are not limited to:

- Roles and responsibilities of the service and individuals
- Safe handling of medications
- Partnering with consumers
- Endorsing and monitoring systemic cancer therapy protocols
- Prescribing, verification, manufacturing, dispensing and administering systemic cancer therapy protocols
- Treatment protocols and treatment planning
- Management of incidents or near misses
- Open disclosure

Measurement and quality improvement

Action 1.8

The health service organisation uses organisation-wide quality improvement systems that:

a. **identify safety and quality measures, and monitor and report performance and outcomes**
b. **identify areas for improvement in safety and quality**
c. **implement and monitor safety and quality improvement strategies**
d. **involve consumers and the workforce in the review of safety and quality performance and systems.**

Strategies for implementing this action in cancer services

Apply the organisation's quality-improvement system

Effective medication management in cancer care requires an efficient quality-improvement system. This is important to assess the quality provision and outcomes of medication-related services.

Data collection and monitoring of key safety and quality indicators can provide valuable information to drive safe and high-quality practices and avoid unwarranted clinical variation. Such data collection can be aligned to cancer control work undertaken by local, state/territory or national government organisations. Supporting these initiatives will contribute to better policy and practice in cancer control and improved outcomes for patients.

Successful quality-improvement systems rely on:

- a high-quality description that is accurately reflective of the organisation's vision, mission and values
- the organisation's clear understanding of its cancer services stakeholders
- clearly defined and aligned organisational objectives and clinical quality objectives relevant to cancer services
- clearly defined processes and responsibilities to meet quality objectives
- training for the cancer services workforce in safety and quality (see **Action 1.20**)
- processes to verify the effectiveness of the quality-improvement system
- mechanisms for monitoring consumer satisfaction, measuring quality and implementing improvements.

Collect safety and quality indicators

Key indicators for safety and quality measures to be routinely collected and reported include:

- incidents, near misses, adverse events and actions taken
- reviews of clinical practices, such as audits of treatment protocols prescribing against their evidence-based references and evaluation of any variations
- length of time clinicians wait to access important patient information, such as pathology results, scans, revised treatment protocols and patient notes

- clinical indicators collected by the organisation or at state/territory or national level, and those recommended by peak national and international cancer professional bodies
- support and encouragement for clinicians to participate in national and state/territory clinical quality registries
- workforce surveys assessing safety and quality culture, including compliance with senior staff responsibilities, such as surveying junior clinicians to assess whether their senior clinicians provide adequate supervision and support
- prescribing patterns in accordance with advance care plans, anticancer medications prescribed within 30 days of dying and their appropriateness, and management of the side-effects of anticancer medications
- measures relating to safety, clinical effectiveness, patient experience, access, and efficiency and appropriateness of cancer care (services may consider using the Commission's national core common questions on patient experience and other validated patient reported experience measures, such as Bureau of Health Information reports monitoring patient experience)
- trends in patient and workforce complaints, and actions taken to resolve them
- compliance with best-practice pathways approved for use in the organisation, such as the **Optimal Cancer Care Pathways** framework[6]
- compliance with the cancer service's policies and procedures (see **Action 1.7**).

Engage clinicians and consumers in audits and analyses

In collaboration with clinicians, organisations should:

- review their clinical practice data and compare similar geographic areas or health service organisations
- identify any areas that vary from best practice, show widely differing practices within the organisation or vary from practices in similar services
- ensure that audits test the design and performance of their clinical governance system (audits are effective if their outcomes can be used for improvement and assurance purposes)
- report audit outcomes throughout the organisation, including the governing body, management, workforce, patients and consumers.

Useful resources

- **Cancer Australia**
  Improving Cancer Data: Stage, Treatment and Recurrence (STaR)
  https://canceraustralia.gov.au/research-data/cancer-data/improving-cancer-data
- **National Cancer Control Indicators (NCCI)**
  https://ncci.canceraustralia.gov.au
- **Australian Commission on Safety and Quality in Health Care**
  Indicators of Safety and Quality
  https://www.safetyandquality.gov.au/our-work/indicators
- **Victorian Therapeutic Advisory Group**
  Chemotherapy Prescribing Audit Tool
  https://www.victag.org.au/about/39-research/current-projects/chemotherapy-audit-project/272-chemotherapy-audit-project
- **Institute for Safe Medication Practices (ISMP)**
  International Medication Safety Self-Assessment for Oncology
  https://www.safetyandquality.gov.au/our-work/Medication-safety/Medication-safety-tools-and-resources/Medication-safety-self-assessment-tools

Incident-management systems and open disclosure

Action 1.11

The health service organisation has incident-management and investigational systems, and:

a. **supports the workforce to recognise and report incidents**
b. **supports patients, carers and families to communicate concerns or incidents**
c. **involves the workforce and consumers in the review of incidents**
d. **provides timely feedback on the analysis of incidents to improve safety and quality**
e. **uses the information from the analysis of incidents to improve safety and quality**
f. **incorporates risks identified in the analysis of incidents into the risk-management system**
g. **regularly reviews and acts to improve the effectiveness of the incident-management and investigation systems.**

Action 1.12

The health service organisation:

a. **uses an open disclosure program that is consistent with the Australian Open Disclosure Framework**
b. **monitors and acts to improve the effectiveness of open disclosure processes.**

Strategies for implementing these actions in cancer services

Regularly review the existing incident-management and investigation system

A well-implemented incident-management and investigation system includes:

- policies describing the incident-management system and its use
- a positive reporting culture where all members of the workforce routinely report incidents of patient harm and near misses
- individuals and committees with clearly designated roles and responsibilities for management and maintenance of the incident-management system
- clear guidelines and timelines for reporting
- processes for reporting, investigating, analysing and monitoring clinical incidents involving cancer care clinicians and their patients
- review meetings relating to incidents and near misses with the cancer care staff, provided in a safe environment

- opportunities to share incident reports and learnings from incident reviews with networked services, especially those using the same processes/systems (such as prescribing software)
- regular reports on trends and details of the most severe incidents to clinical governance committees, managers and the governing body.

Cancer services should:

- train their workforce to use and analyse data from the risk-management system
- inform patients and their carers and families about how they can report risks and concerns
- report incident-management system information to the governing body, workforce and consumers to drive improvements in safety and quality
- address any local safety culture issues, such as potential under-reporting of incidents or near misses
- periodically audit the incident-management system to improve its design, performance and usefulness
- learn from risk-mitigation efforts in similar services (such as good clinical software use and maintenance)
- escalate de-identified incident reports to vendors of electronic medication management systems if these systems can be improved to mitigate future risks of harm.

Manage incidents and near misses

Following an incident, a review should be undertaken as soon as practical to ensure safe and high-quality clinical care. When appropriate, an open disclosure process should be conducted. Each incident should be reviewed by the operational area manager and clinicians involved to provide lessons learned and implementation of local improvements.

Escalate incidents of serious harm

A simple classification system that rates incident severity and an escalation process will ensure incidents of serious patient harm and those associated with major risk are thoroughly and efficiently managed. This may include undertaking an external review. The circumstances, analyses and actions resulting from the most serious incidents are then reported to relevant safety and quality committees and the governing body.

Use open disclosure processes

Organisations should use open disclosure processes to communicate openly with patients and their carers and families following unexpected healthcare outcomes or harm, by:

- adopting and implementing the Australian Open Disclosure Framework
- training members of the workforce who will be involved in open disclosure
- periodically conducting audits on the management of clinical incidents and consistency with the Australian Open Disclosure Framework.

An open disclosure discussion should include:

- elements of an apology or expression of regret (including the word ‘sorry’)
- a factual explanation of what happened
- a discussion of the implications for the patient
- an opportunity for the patient to relate their experience
- an explanation of steps taken to manage the event and prevent a recurrence.

Useful resources

- **Australian Commission on Safety and Quality in Health Care**
  The Australian Open Disclosure Framework
  https://www.safetyandquality.gov.au/our-work/open-disclosure/the-open-disclosure-framework

Healthcare records

Action 1.16e

The health service organisation has healthcare record systems that integrate multiple information systems, where they are used.

Strategies for implementing this action in cancer services

Establish and maintain an effective healthcare record system

Effective medication management relies on complete and accurate patient information at the point of care, including timely access to pathology results and relevant scans. This can be problematic in cancer care if the healthcare record system is not sufficiently robust to manage specific shared care workflows. A fit-for-purpose electronic medication management system for cancer services[7] should be used, and should be integrated with other electronic medication management systems used by the healthcare services involved. Where the My Health Record system is in use, a record of care and discharge summaries should be uploaded in a timely way enabling access by all care providers, including primary health care professionals.

Organisations currently using paper-based systems in their cancer services should conduct a risk assessment, identify gaps in safety and quality, develop an action plan to manage these risks and start transitioning to an electronic medication management system that is suitable for cancer care. The use of paper-based systems in the prescribing of treatment protocols and the management of cancer care is not best practice, and carries an increased risk of harm compared to fit-for-purpose electronic medication management systems.

The healthcare record system must be designed to:

- facilitate accurate, comprehensive documentation of clinical information (see **Action 6.11**) and clinical audit
- enable updating and maintenance of cancer care treatment protocols approved for use within the organisation (see **Action 1.27**)
- provide seamless data entry or be linked to other data-based systems to minimise the need to enter duplicate data for the functions of prescribing, dispensing and administration
- avoid unapproved or undetectable alterations to treatment protocols that could lead to errors
- restrict access to original clinical protocols and templates to authorised members of the care team
- enable important and variable patient data (e.g. weight, laboratory results) that may be used to inform treatment decisions and medication reviews to be available to all staff in a timely, easy-to-read manner
- allow the automatic calculation of body surface area (BSA) using the height and weight of the patient
- allow the automatic calculation of renal clearance
- enable automatic dose calculation checks and safety prompts if the prescribed dose is different from the calculated dose
- allow dose calculation safety checks and prompts in accordance with the requirements for paediatric patients when calculating their treatment doses
- have in-built safety alerts and prompts to reduce the likelihood of medication or treatment booking–related errors
- identify individuals or committees responsible for the development, operation, security and maintenance of electronic documentation systems.

More information on medication management system requirements is available in the Clinical Oncology Society of Australia (COSA) Guidelines for the Safe Prescribing, Dispensing and Administration of Systemic Cancer Therapy; the British Oncology Pharmacy Association Guidelines; and the Commission's Guide for Safe Implementation of Electronic Medication Management Systems' (3rd edition).[7]

Ensure effective clinical governance of healthcare records

Organisations can ensure effective clinical governance and oversight of their healthcare records system by:

- clearly documenting accountabilities and terms of reference for anyone responsible for overseeing the healthcare records system, including representation from cancer services
- providing feedback to the clinical workforce on their documentation quality as part of performance development processes
- outlining in position descriptions and statements of the workforce (both clinical and non-clinical):
  - their responsibilities to protect patient privacy and confidentiality
  - how these responsibilities are linked to the performance management system
  - the consequences of intentional breach of these responsibilities
- addressing the clinical governance of healthcare records in the organisation's policies and procedures.

Provide appropriate orientation and training of the workforce

Organisations should provide access to training in the use of clinical health records in cancer services as part of their orientation and ongoing training.

Periodically audit and improve the healthcare records system

Organisations should periodically audit the design and performance of their healthcare records system to ensure its ongoing effectiveness. Reviewing these systems ensures that:

- processes for information capture are comprehensive, enable consolidation of clinical information in a prompt, compatible and secure way and make this information accessible to treating clinicians
- the multiple information capture systems are compatible and complementary and the necessary information is available for patient care.

Where significant risks in the current design of their existing healthcare record systems are identified, these should be escalated to management and if necessary to the governing body. Implementation of this action will be supported by organisations working towards Action 1.17 relating to requirements for implementing My Health Records, and by the use of the My Health Record to upload patient information.

Useful resources

- **Australian Commission on Safety and Quality in Health Care**
  Electronic Medication Management Systems: A Guide to Safe Implementation (3rd edition)
  https://www.safetyandquality.gov.au/our-work/Medication-safety/Electronic-medication-management/Electronic-Medication-Management-Systems-A-Guide-to-Safe-Implementation/

- **Australian Commission on Safety and Quality in Health Care**
  Electronic Medication Management Systems Business Requirements
  https://www.safetyandquality.gov.au/publications/electronic-medication-management-systems-business-requirements/

- **British Oncology Pharmacy Association Guidelines**
  http://www.bopawebsite.org/publications/guidelines-standards

- **Clinical Oncology Society of Australia (COSA)**
  Guidelines for the Safe Prescribing, Dispensing and Administration of Systemic Cancer Therapy
  https://www.cosa.org.au/publications/guidelines

Safety and quality training

Action 1.20

The health service organisation uses its training systems to:

a. **assess the competency and training needs of its workforce**
b. **implement a mandatory training program to meet its requirements arising from these standards**
c. **provide access to training to meet its safety and quality training needs**
d. **monitor the workforce's participation in training.**

Strategies for implementing this action in cancer services

Clarify roles and responsibilities

Cancer services should have systems in place that ensure clinicians have their ongoing training needs assessed and formal training plans developed and implemented. Senior clinicians should be encouraged and empowered to support junior and new clinicians. Training should be multidisciplinary where possible, and should build effective communication and a positive workplace culture.

Organisations should clearly define and document the roles, responsibilities and delegations of clinical leaders and workforce members for improving safety and quality, and educate them on key clinical governance framework processes. Clinical leaders can support others by:

- supervising relevant members of the clinical workforce
- conducting performance appraisals or peer reviews
- reviewing safety and quality performance data within their unit and comparing data with similar-sized units
- modelling behaviours that promote safety and quality.

Provide safety training for clinicians

Orientation and training should be tailored to the clinician's role and their scope of clinical practice, and may include:

- safe handling and disposal of cytotoxic and other hazardous waste (see **Action 4.14**)
- having difficult conversations with cancer patients and their carers and families (see **Action 2.6**)
- effective communication when collaborating with other clinicians (see **Action 6.4**)
- healthcare records systems documentation and management (see **Actions 1.16e** and **6.11**)
- safe prescribing, reviewing, compounding, dispensing and administration of anticancer medications (see **Actions 4.4** and **4.15**)
- maintenance, including cleaning and validation, of compounding equipment where anticancer medications are reconstituted onsite (see **Actions 1.23** and **4.14**)
- updating and maintaining smart infusion pumps where these are used for administering injectable anticancer medications
- incident reporting and use of the organisation's risk-management system (see **Actions 1.11** and **1.12**).

Training should be provided to all members of the clinical team when new or unfamiliar agents, protocols or equipment are used or updated and when clinical trials are introduced.

Ensure that the workforce understands the clinical governance system

Cancer services should ensure that all members of their workforce, including contracted service providers, have:

- the appropriate skills and training for their position, or access to training, education and/or supervision to develop the required skills
- a clear statement of their expected roles and responsibilities with respect to safety and quality and the operation of the organisation's clinical governance framework
- access to professional development in safety and quality
- a clear statement describing the reporting lines and relationships of their role and others in the organisation
- regular performance appraisals and audits of clinical practice to ensure that they are operating within their scope of clinical practice
- regular reviews of their engagement in safety and quality activities, including peer review and audit, supervision of the junior workforce, and goal-setting for future education and training activities
- feedback from clinical audits to enable them to identify issues, prioritise improvement activities and evaluate performance
- access to safety and quality policies and procedures that embed patient safety in the operation of the organisation
- support to partner with consumers in shared patient care
- support and training if necessary to partner with consumers in the design, evaluation and governance of the cancer service.

Useful resources

- **Society of Hospital Pharmacists Australia (SHPA)**
  Standard of Practice in Oncology and Haematology for Pharmacy Services
  https://www.shpa.org.au/resources/standard-practice-oncology-and-haematology-pharmacy-services-2019

- **Pharmacy Board of Australia**
  Professional Practice Profile for Pharmacists Undertaking Complex Compounding
  https://www.pharmacyboard.gov.au/Codes-Guidelines.aspx

- **Clinical Oncology Society of Australia (COSA)**
  Guidelines for the Safe Prescribing, Dispensing and Administration of Systemic Cancer Therapy
  https://www.cosa.org.au/publications/guidelines

- **Haematology Society of Australia and New Zealand**
  Special Practice Networks
  https://www.hsanz.org.au/hsanz-nurses-group.asp#

- **eviQ**
  Cancer Treatments Online
  https://www.eviQ.org.au

- **eviQ**
  Education
  https://education.eviQ.org.au

- **Australian Commission on Safety and Quality in Health Care**
  Challenging Conversations
  https://www.safetyandquality.gov.au/challenging-conversations

- **Cancer Council Victoria**
  Effective Cancer Communication
  https://www.cancervic.org.au/for-health-professionals/training-education/vcccp

Credentialing and scope of clinical practice

Action 1.23

The health service organisation has processes to:

a. **define the scope of clinical practice for clinicians, considering the clinical service capacity of the organisation and clinical services plan**
b. **monitor clinicians' practices to ensure that they are operating within their designated scope of clinical practice**
c. **review the scope of clinical practice of clinicians periodically and whenever a new clinical service, procedure or technology is introduced or substantially altered.**

Strategies for implementing this action in cancer services

Understand medication complexities and patient risk factors

Processes for clarifying the scope of clinical practice are pivotal to ensuring patient and workforce safety. Defining the scope of clinical practice for the workforce ensures that only suitably experienced, trained and qualified clinicians practise, and that practice is competent. This is of particular important in cancer services because cytotoxic and other hazardous anticancer medications have additional precautions requiring specialised training. This training will vary according to the profession, role and seniority of the individual.

Medical oncologists and haematologists and other professionals required to udergo a credentialing process should familiarise themselves with the systems, processes and capabilities where patients receive their anticancer medications. This requires consideration of the support services available to patients if they have an immediate adverse medication reaction, the level of skilled training required to manage after-hours delayed-onset side-effects, the ability to monitor and manage symptoms of suspected toxicities associated with prescribed treatment, and
the expertise to provide knowledgeable and appropriate advice to patients consistent with the goals of care.

To assist medical oncologists and haematologists, organisations should implement the use of a clinical service capability framework that can assist in guiding decision-making to ensure the safe reviewing, compounding, dispensing and administration of medications with consideration of patient-specific risk factors. When patients are referred to community pharmacies for the dispensing of oral anticancer medications, the cancer service should ensure that there are effective processes in place to enable appropriate clinical handover to facilitate safe medication management (see **Action 6.8f**).

Review the required clinical services to support safe medication management

Organisations should develop or adopt a clinical service capability framework, following state/territory guidance, to manage the various levels of anticancer medications risk (for example, low-, medium- and high-risk treatment protocols). This requires reviewing the types of cancers treated, combinations of anticancer medications prescribed, service delineation and support services available, including the mix, number, type and scope of practice of the workforce (for example, the requirement to have access to pharmacy, pathology, emergency department and/or critical care services).

These support services should operate at a level that is sufficient to support the cancer service. Where there is a mismatch between the complexity of care provided by the cancer service and the level of support services available, the patient should be referred to another cancer service with the necessary clinical supports to manage the risks of patient harm. Patient-specific risk factors should be taken into consideration even when prescribing oral anticancer medications.

Managing risks requires organisations to agree on the treatment protocols that can be safely issued and/or administered by the service. When assessing the risk of a prescribed treatment protocol, the following factors should be considered:

- patient age, comorbidities and performance status
- patient current and anticipated disease, and considered treatment risks
- patient capacity, including their health literacy, to understand and manage their medicaton regime
- patient capacity or desire to participate in their treatment and/or medication regime
- ongoing review and monitoring requirements of the anticancer treatments
- route of planned treatment, and risks relating to administration
- risk of significant toxicity relating to high-dose and/or combination therapy
- complexity of supportive medications (including fluid requirements) related to treatment protocol
- patient and clinician familiarity, education and recent experience with the prescribed treatment protocols.

Review organisational policies, procedures and guidelines

Organisations should ensure regular assessment of qualifications, competence and clinicians' scopes of practice to safely prescribe, review, dispense, compound and/or administer anticancer medications (see **Action 4.4**).

To describe the scope of clinical practice for all clinicians involved in the cancer service, organisations should refer to the relevant guidelines, including:

- **Clinical Oncology Society of Australia (COSA)**
  Guidelines for the Safe Prescribing, Dispensing and Administration of Systemic Cancer Therapy
  https://www.cosa.org.au/publications/guidelines

- **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
  https://www.safetyandquality.gov.au/publications-and-resources/resource-library/credentialing-health-practitioners-and-defining-their-scope-clinical-practice-guide-managers-and-practitioners.

Set policies for junior clinicians

Junior clinicians routinely provide services under supervision, yet their employment may be transient as they move through training programs, meaning individualised approaches to defining the scope of clinical practice for junior clinicians may be impracticable. Although some organisations may choose to include junior clinicians in their general credentialing and scope of clinical practice processes, most adopt policies that set clear limits on the scope of clinical practice of junior clinicians with oversight by senior clinicians.

Credentialing policies should define:

- the scope of clinical practice for different levels of seniority
- the requirements for effective supervision and support at other more junior levels practising in the cancer service, including (but not limited to) co-signing prescription treatment orders.

Ensure credentialing for aseptic compounding of anticancer medications

Cancer services should ensure that anticancer medications are compounded by Therapeutic Goods Administration (TGA)–licensed facilities or pharmacy departments that meet the requirements of the Pharmacy Board of Australia's guidelines for complex compounding, titled the Professional Practice Profile for Pharmacists Undertaking Complex Compounding.[8]

When credentialing the pharmacy workforce, organisations should:

- assess the training and skills development needed for complex compounding
- access relevant training and skills development to address the needs identified
- provide opportunities for clinicians to gain experience in facilities that are adequately designed, equipped, maintained and approved by the relevant state/territory regulators[9] (see **Action 4.14**).

Ensure credentialing for nurses administering anticancer medications

Nursing staff involved in the administration of anticancer medications (see **Action 4.14**) should have a demonstrated understanding of:

- An understanding of local policies and procedures relating to the administration of anti-cancer medications
- Clinical Oncology Society of Australia (COSA) Guidelines for the Safe Prescribing, Dispensing and Administration of Systemic Cancer Therapy
- Cancer Nurses Society of Australia Position Statement on the Minimum Education Requirements for Nurses Involved in the Administration of Anticancer Medications in the Oncology and Non-oncology Setting
- Australian and New Zealand Childhood Haematology and Oncology Group Nursing Position Statement for Minimum Education and Safety in the Administration of Anticancer Therapy to Children and Adolescents with Cancer
- eviQ Cancer Treatments Online Safe Handling and Waste Management of Hazardous Drugs
- eviQ Cancer Treatments Online Safe Administration of Antineoplastic Drugs
- eviQ Education Antineoplastic Drugs Administration Course (or a similar recognised course)
- management and care of central venous access devices (CVADs)[10]
- organisational specifications of their role and the cancer service where they work.

Useful resources

- **Society of Hospital Pharmacists Australia (SHPA)**
  Standard of Practice in Oncology and Haematology for Pharmacy Services
  https://www.shpa.org.au/resources/standard-practice-oncology-and-haematology-pharmacy-services-2019
- **Pharmacy Board of Australia**
  Professional Practice Profile for Pharmacists Undertaking Complex Compounding
  https://www.pharmacyboard.gov.au/Codes-Guidelines.aspx
- **Haematology Society of Australia and New Zealand**
  Special Practice Networks
  https://www.hsanz.org.au/hsanz-nurses-group.asp#
- **eviQ Cancer Treatments Online**
  Safe Administration of Antineoplastic Drugs (Post-administration)
  https://www.eviq.org.au/clinical-resources/administration-of-antineoplastic-drugs/5-safe-administration-of-antineoplastic-drugs#post-administration
- **eviQ Education**
  https://education.eviq.org.au
- **Clinical Oncology Society of Australia (COSA)**
  Guidelines for the Safe Prescribing, Dispensing and Administration of Systemic Cancer Therapy (2017)
  https://www.cosa.org.au/publications/guidelines
- **American Society of Clinical Oncology**
  Journal of Oncology Practice
  Haematology/Oncology Pharmacist Association Best Practices for the Management of Oral Oncolytic Therapy: Pharmacy Practice Standard
  https://ascopubs.org/doi/pdf/10.1200/JOP.18.00581

Evidence-based care

Action 1.27

The health service organisation has processes that:

a. **provide clinicians with ready access to best practice guidelines, integrated care pathways, clinical pathways and decision support tools relevant to their clinical practice**
b. **support clinicians to use the best available evidence, including relevant clinical care standards developed by the Australian Commission on Safety and Quality in Health Care.**

Strategies for implementing this action in cancer services

Establish multidisciplinary teams for treatment planning and cancer care

Multidisciplinary care is considered best practice in treatment planning and care for patients with cancer. This integrated team approach ensures that medical and allied healthcare professionals consider all relevant treatment options and collaboratively develop a care plan. Multidisciplinary care involves all relevant health professionals discussing options and making joint decisions about treatment and supportive care plans, taking into account the personal preferences of the patient (see **Actions 5.5** and **5.13**).[11]

Access evidence-based guidelines

Access to current evidence-based practice guidelines in cancer care is critical to achieving the best possible patient outcomes. A patient with a specific cancer diagnosis should expect to receive evidence-based care that is consistent, regardless of their treatment location. Variations not related to patient preference or need are unwarranted and represent an imperative for the service to improve.

Organisations should provide clinicians with timely access to best-practice guidelines, integrated care pathways, clinical pathways and decision-support tools supported by a robust clinical governance framework. Cancer Australia provides a list of clinical practice guidelines and guides by cancer type, which should be implemented along with the clinician's judgement and patient preference. As new evidence becomes available, resources should be updated in full or as supplements to existing documents.[12] Clinicians should be familiar with their practice guidelines and with the cancer types they treat.

Document the approval processes for using evidence-based treatment protocols and for maintaining the currency of evidence-based treatment protocols

Medical oncologists and haematologists should prescribe treatment protocols approved for use by the relevant clinical governance oversight committees or specified by a state or territory government expert committee. eviQ Cancer Treatments Online is an example of evidence-based information available to support the delivery of evidence-based treatment protocols. These protocols have been developed by multidisciplinary teams of cancer specialists, and eviQ Cancer Treatments Online is a recognised and trusted Australian resource.[13] Other examples include resources developed by the British Colombia Cancer Agency, Cancer Care Ontario, National Comprehensive Cancer Network, European Society of Medical Oncology and American Society of Clinical Oncology.[13]

Key annual scientific meetings often report on study data that may have practice-changing implications for protocols. Examples include meetings of the Clinical Oncology Society of Australia, Medical Oncology Group of Australia, Cancer Nurses Society of Australia, European Society of Medical Oncology, American Society of Clinical Oncology and American Society of Haematology.

It is useful to convene a protocol review meeting after conferences or after the publication of significant new research findings, and have the clinical governance oversight committees consider any major changes required.[14] Organisation-approved treatment protocols may also include compassionate access programs, medicines access programs and patient familiarisation programs.

Restrict and manage the use of individual patient use (IPU) protocols

In some circumstances, such as in the case of rare cancers and paediatric cancers, it might be appropriate for a medical oncologist or haematologist to prescribe a treatment protocol with emerging evidence that has yet to be approved for use in the organisation. This may be due to the time-critical nature of commencing treatment and the approvals process timelines.

Organisations should document processes to restrict the prescribing of IPU protocols to only critical and urgent situations, and to prescribe how these will be retrospectively evaluated by the clinical governance oversight committees. There should be policies and procedures in place relating to how clinicians in the treating team (including the lead clinician) are provided with training on the protocol, evidence or emerging evidence literature, information on any potential side-effects of the treatment and the monitoring requirements.

Implement Optimal Cancer Care Pathways

Optimal Cancer Care Pathways map key stages in a cancer patient's journey, from prevention and early detection to survivorship or end-of-life care. They detail principles and recommendations for optimal care at critical points. These pathways are not detailed clinical practice guidelines; rather, they support state- or territory-wide cancer control initiatives and continuous improvement in cancer care towards best practice. At the time of publication there are 15 published **Optimal Cancer Care Pathways** for the more common cancer types.[6] Cancer services should implement the relevant pathway(s) into their practice and conduct audits to review compliance against suggested timeframes and recommendations.

Provide access to timely information on available clinical trials

Cancer clinical trials provide clinicians with additional care options for some patients and build the evidence base for future patient care. Trials inform the profession and industry about the effectiveness of a treatment and can identify risks and side-effects. A medication will only become recommended care after it has been proven effective and safe in clinical trials, and shown to be better than other available treatments.[15]

Clinical trials should be considered for all patients when there is a suitable trial available. Patients and their carers and families should receive timely information on all appropriate clinical trials, even if they require referral to another cancer service.

The Australian Cancer Trials website provides information on the latest clinical trials, including those currently recruiting new participants.[15] Appendix 2 to this User Guide lists groups that conduct research in Australia for different cancer types. States and territories have also commenced work on bringing clinical trials to regional communities under the TeleTrials initiative. These processes might be appropriate for other regional communities hoping to engage more with clinical trials.

The Commission has developed the Clinical Governance Framework for Clinical Trials to support the implementation of a robust clinical governance framework when undertaking any clinical trial. Organisations may choose to run clinical trials or facilitate access to clinical trial medications. The three main sources of principles and regulations that guide researchers are:

- **Australian Therapeutic Goods Administration (TGA)**
  International Council for Harmonisation of Technical Requirements for Pharmaceuticals for Human Use (ICH)
  Guideline for Good Clinical Practice (annotated)
  https://www.tga.gov.au/publication/note-guidance-good-clinical-practice
- **Australian National Health and Medical Research Council (NHMRC) National Statement on Ethical Conduct in Human Research**
  https://www.nhmrc.gov.au/research-policy/ethics/national-statement-ethical-conduct-human-research
- **World Medical Association**
  Declaration of Helsinki: Ethical Principles for Medical Research Involving Human Subjects
  https://www.wma.net/policies-post/wma-declaration-of-helsinki-ethical-principles-for-medical-research-involving-human-subjects

Useful Resources

- **Cancer Australia**
  Guidelines, recommendations and guides by cancer type
  https://canceraustralia.gov.au/clinical-best-practice/cancer-types
- **Australian Cancer Trials**
  http://www.australiancancertrials.gov.au
- **NHMRC Clinical Trials Centre**
  https://www.ctc.usyd.edu.au
- **eviQ Cancer Treatments Online**
  https://www.eviq.org.au
- **Cancer Council Australia**
  Optimal Cancer Care Pathways
  https://www.cancer.org.au/health-professionals/optimal-cancer-care-pathways.html
- **Clinical Oncology Society of Australia (COSA)**
  Australasian TeleTrial Model
  https://www.cosa.org.au/media/332325/cosa-teletrial-model-final-19sep16.pdf
- **Council of Australian Therapeutic Advisory Groups**
  Managing Medicines Access Programs: Guiding Principles for the Governance of Medicines Access Programs in Australian Hospitals
  http://www.catag.org.au/resources
- **Australian Leukemia and Lymphoma Group (ALLG)**
  Clinical trials and research on leukemia, lymphoma and haemotological malignancies
  http://www.allg.org.au

Variation in clinical practice and health outcomes

Action 1.28

The health service organisation has systems in place to:

a. **monitor variation in practice against expected health outcomes**
b. **provide feedback to clinicians on variation in practice and health outcomes**
c. **review performance against external measures**
d. **support clinicians to take part in clinical review of their practice**
e. **use information on unwarranted clinical variation to inform improvement in safety and quality systems**
f. **record the risks identified from unwarranted clinical variation in the risk management system.**

Strategies for implementing this action in cancer services

Support evidence-based practice

Improving the appropriateness of cancer care will result in better outcomes for patients and a more effective and efficient health system. Appropriate care means that patients receive the right care in the appropriate amount according to their needs and preferences based on the best available evidence.

For medication orders that vary from the approved standard treatment protocols, organisations should update their local policies, procedures and escalation processes to ensure that:

- treatment protocols are prescribed on prebuilt electronic forms that include the supportive medications appropriate to that protocol (see **Action 6.11)**
- medical oncologists and haematologists must both document the nature of the variation and provide supporting evidence-based references including rationales for all proposed variations from the protocol; this includes variations in the use of supportive medications, dose adjustments and changes to treatment frequency during cycles
- the number of 'individual patient use' treatment protocols is restricted, and clear clinical governance review processes are established for all such prescribing
- services using paper-based systems are working towards introducing fit-for-purpose electronic medication management systems, while still ensuring compliance with **Action 1.16e** and **Action 6.11**.

Organisations should ensure that systems are in place to periodically review compliance with, and any variations from, evidence-based practice to provide assurance of appropriate care and to identify quality-improvement opportunities. A report on the extent and type of variation should also be provided to the governing body. Strategies to support clinicians to use the best available evidence and limit unwarranted variations in care may include:

- adopting clinical guidelines
- identifying or establishing committees or individuals responsible for approving and reviewing the use of best-practice guidelines, integrated care pathways, clinical pathways, clinical care standards and decision support tools, and for communicating this information to the workforce

- making resources available to implement clinical guidelines, pathways and clinical care standards
- establishing processes that enable peer-based feedback to be provided to the clinical workforce regarding compliance with evidence and management of variation
- monitoring compliance with the clinical guidelines being used, and informing clinicians if unwarranted variation is detected.

Monitor safety and quality metrics

Organisations should monitor clinical and service outcomes using key performance indicators as recommended by recognised state/territory, national and international guidelines and programs. This includes identifying key external data collections, registries, audits and/or reports that relate to the specific areas of clinical practice relevant to patients, or to procedures or services offered by the organisation. (This strategy also relates to **Action 1.8**.)

Useful resources

- **Victorian Therapeutic Advisory Group**
  Chemotherapy Prescribing Audit Tool
  https://www.victag.org.au/about/39-research/current-projects/chemotherapy-audit-project/272-chemotherapy-audit-project

- **Institute for Safe Medication Practices (ISMP)**
  International Medication Safety Self-Assessment for Oncology
  https://www.safetyandquality.gov.au/our-work/Medication-safety/Medication-safety-tools-and-resources/Medication-safety-self-assessment-tools

Partnering with Consumers Standard

The intention of the Partnering with Consumers Standard is to create an organisation in which there are mutually valuable outcomes for patients and for cancer services, by having:

- consumers who are partners in planning, design, delivery, measurement and evaluation of systems and services
- patients as partners in their own care, to the extent that they choose.

The four actions described in this chapter facilitate safe and high-quality medication management through each of the four stages of the **Optimal Cancer Care Pathways** framework.

Reflective questions

1. How does the cancer service ensure that its informed consent policy complies with legislation and best practice?
2. How does the cancer service monitor compliance with consent processes?
3. What processes are in place to support clinicians to identify a patient's capacity to make decisions about their own care?
4. What systems and processes are available for clinicians to partner with patients and/or carers and families to plan, communicate, set goals and make decisions about current and future care?
5. How comfortable and capable are the clinicians in having difficult conversations?
6. What strategies are used to tailor communication to meet the needs of a diverse patient and community population?
7. How does the cancer service involve capable consumers in governance planning, design, measurement and evaluation of the care provided?

Intended outcomes

- Patients are involved in appropriate informed consent processes, including informed financial consent.
- Patients who do not have the capacity to make decisions about their care are identified, and systems are put in place so that their substitute decision makers, carers and/or families are involved in decision-making, including informed consent.
- Patients receive safe and high-quality care by being involved in decisions and planning about current and future care.
- Clinicians work with patients to enable them to be partners in their own care.

- Patients and their carers and families receive the information they need in a way that is appropriate for them to get the best health outcomes, and this information is easy to understand and act on.
- Capable consumers help shape the way the cancer service operates to achieve mutually beneficial outcomes for patients and for cancer services, and these consumers are reflective of the diversity of the people who use its services.

Healthcare rights and informed consent

Action 2.4

The health service organisation ensures that its informed consent processes comply with legislation and best practice.

Strategies for implementing this action in cancer services

Review current informed consent processes

Partnerships with patients involve many different practices, from communication and structured listening to shared decision-making, self-management support and care planning. There is growing acceptance that these practices can improve the safety and quality of health care, patient outcomes and experience, and the performance of health service organisations.[16]

Medications used for cancer care and treatment can cause short-term and long-term side-effects. Medical oncologists and haematologists have an obligation to disclose these in a complete and easily understood manner to patients and their carers and families. The greater the seriousness or likelihood of a side-effect, the more important it is for patients to understand the risks to enable them to make an informed decision on their treatment.

Generally, patients make their decisions by weighing up intended benefits and potential harms. In cancer care, there can be uncertainties associated with the outcomes of treatments depending on the diagnosis. It is important for clinicians to be forthcoming with patients and their carers and families, including discussing reasonable alternatives.

If it is clinically appropriate and timely, the medical oncologist or haematologist should discuss the options of clinical trials and palliative care, so that the patient and their carers and/or family are given an opportunity to make a meaningful, informed and personal choice.[17]

The cancer service should have an informed consent process that meets legislative requirements and best practice guidelines, including the provision of timely information to patients, carers, families and other decision-makers about:

- diagnosis
- goals of care, such as curative or palliative
- all treatment options, including clinical trials
- all potential risks of treatment, including side-effects and all levels of toxicities
- treatments with a high risk of causing potentially life-threatening toxicities
- all costs involved, including indirect costs such as for medications, travel, time off from work
- their right to cease treatment at any time

- **Optimal Cancer Care Pathways**, if available
- involvement at a multidisciplinary team meeting where their diagnosis and treatment planning will be discussed
- potential referrals, such as fertility specialists for young patients
- any changes to the original treatment plan during care
- consent from paediatric patients, if age appropriate.

Appropriate written information in a form suited to their language, culture and educational level should be offered to assist patients in decision-making.[18] Information should always be available to patients and their carers and families throughout care. **Action 4.11** describes the information that should be discussed with patients and their carers and families at the commencement of their prescribed treatment.

Documented consent should align with organisational policies and should be adapted accordingly if there are concerns about a patient's capacity to provide consent. Health literacy levels and the environment can be barriers during the consent process, and strategies should be implemented to recognise and account for these factors as they affect individual patients.

Monitor design and performance of informed consent processes

The organisation should periodically review the design and performance of their informed consent processes to evaluate whether they comply with best-practice principles. Doing this supports effective clinical governance, including risk management.

Useful resources

- **Medical Oncology Group of Australia (MOGA)**
  Choosing Wisely recommendations
  http://www.choosingwisely.org.au/recommendations/moga

Sharing decisions and planning care

Action 2.6

The health service organisation has processes for clinicians to partner with patients and/or their substitute decision-maker to plan, communicate, set goals, and make decisions about their current and future care.

Strategies for implementing this action in cancer services

Implement shared decision-making

To facilitate the best possible outcome for patients receiving anticancer medications, patients need to be empowered and supported to share in the decision-making and planning of their own cancer care as much as possible.

The shared decision-making process provides a framework for working jointly with patients (and their carers and families if appropriate) to make decisions about their comprehensive care plan. It is based on a shared understanding of the patient's goals of care, and the risks and intended benefits of clinically appropriate options for diagnostic tests, treatments, interventions and care.[19]

There are several models available to guide clinicians through the shared decision-making process.[19, 20]

One, framed from the clinician's perspective, poses the following questions.

- What will happen if the patient waits and watches?
- What are the test and/or treatment options?
- What are the intended benefits and risks of harm of each option?
- How do the intended benefits and risks of harms weigh up for the patient?
- Does the patient have enough information to make a choice?
- What are the financial implications and potential costs?

Another, framed from the patient's perspective, encourages patients to ask the following three questions about their care.

- What are my options?
- What are the intended benefits and possible risks of harms of each of those options?
- How likely is it that each of those benefits and harms will happen to me?

The Commission's **Question Builder** tool is also available to help patients, carers and families consider questions to ask their doctor and prepare for a clinical consultation.[21]

Involve the patient in multidisciplinary team meetings

Patients and their carers and families should be encouraged to participate as members of the multidisciplinary team in treatment planning, and should feel supported to provide as much input as they wish.[18] A patient-friendly version of their treatment or comprehensive care plan should be provided[14] (see **Action 5.13**).

Manage care coordination and patient flow

Cancer care can be shared across different clinicians and settings. The pathway and patient flow processes must be well understood by clinicians and patients to facilitate seamless care coordination and delivery. Processes should be focused on the patient and their treatment needs. Patient factors and the available clinical service capability framework (see **Action 1.23**) should be considered when determining settings for the delivery of anticancer medications and supportive medications.

The patient's treatment or comprehensive care plan should include details of the clinicians in their care team and how to get access to services to assist in coordinating their care. Staff should be easily identifiable to the patient according to their discipline and speciality (for example, nursing, pharmacy, medical and pathology). This helps patients to direct questions to the most appropriate clinician. Each cancer service should create a customised information package for their patients. This should be informed by all of the clinician groups involved in patient care.

Collaborate with patients, carers and families

Collaborating with patients, carers and family members can ensure that essential information about a patient's condition is established so that any deterioration, improvement and strategies for ongoing care can be identified. This also allows for mechanisms to be established to re-assess patient needs periodically to ascertain whether their condition had changed or deteriorated.

Train clinicians in having difficult conversations

A well conducted conversation in a private setting with the patient and their carers and/or family members can aid in establishing goals of care, including in the physical, spiritual and psychosocial domains. It also provides a forum for setting realistic goals and sustaining hope.[22] Advanced training is recommended for all clinicians to support them in having difficult conversations, which can happen at any stage of the cancer care journey. Cultural sensitivities may require specially tailored conversations.

Clinicians should strive to empower and support patients through difficult conversations and decisions. Sometimes patients make choices that others may not agree with. These can include end-of-life wishes, such as arranging a will or discussing funeral arrangements.[23]

Useful resources

For clinicians

- **Australian Commission on Safety and Quality in Health Care**
  Challenging Conversations
  https://www.c4sportal.safetyandquality.gov.au/challenging-conversations
- **Cancer Council Victoria**
  Effective Cancer Communication
  https://www.cancervic.org.au/for-health-professionals/training-education/vcccp
- **Queensland Health**
  Queensland Remote Chemotherapy Supervision (QReCS) Guide
  https://www.health.qld.gov.au/circs/qrecs

For patients

- **Cancer Council**
  What to Expect
  https://www.cancer.org.au/about-cancer/cancer-pathways-what-to-expect.html
- **Cancer Australia**
  Affected by Cancer
  https://canceraustralia.gov.au/affected-cancer
- **Health Direct and the Australian Commission on Safety and Quality in Health Care**
  Question Builder
  https://www.healthdirect.gov.au/question-builder

Health literacy

Action 2.10

The health service organisation supports clinicians to communicate with patients, carers, families and consumers about health and health care so that:

a. **information is provided in a way that meets the needs of patients, carers, families and consumers**
b. **information provided is easy to understand and use**
c. **the clinical needs of patients are addressed while they are in the health service organisation**
d. **information needs for ongoing care are provided on discharge.**

Strategies for implementing this action in cancer services

Screen patients for health literacy

The term 'health literacy' refers to how people understand information about health and health care, and how they apply that information to their lives, use it to make decisions and act on it. Health literacy is important in facilitating communication and for effective patient, carer/family and clinician partnerships.

Health literacy is a critical communication factor across the continuum of cancer care. Patients with poor health literacy have a complex array of difficulties that may impair communication and discussion about risks of harm and intended benefits of treatment options, and understanding of informed consent for routine procedures and clinical trials.[24]

In cancer care, there is much expected of the patient in self-assessment of their health status, including:

- recognising side-effects and adverse events
- recalling relevant health history
- using and understanding information in cancer care follow-up
- navigating access to appropriate care and information through different clinicians and service providers.

Higher health literacy has been linked to greater longevity, quality of life, patient safety and patient outcomes.[25] Awareness of this issue should be promoted among clinicians, and health literacy screenings considered.[25]

Screening factors for poor health literacy in patients include:

- asking fewer questions
- identifying medications by appearance rather than by label information
- being unable to name medications, explain their purpose or identify the correct dose
- being unable to provide a coherent, sequential medical history
- lacking adherence to a prescribed treatment protocol
- lacking follow-through relating to tests and referrals
- frequently missing appointments
- providing incomplete registration forms.

Even patients with high levels of English literacy may have poor levels of health literacy, due to lack of previous exposure to health concepts and the healthcare system.

Support patients with health literacy

Organisations can support patients with poor health literacy by:

- helping them to identify a trusted support person in their family or network with higher health literacy to assist them through the informed consent decision-making process and all cancer care stages (refer **Action 5.13**)
- organising interpreter services to address any language barriers; interpreters should have received training in having difficult conversations.

Understand patient diversity

Organisations should understand the diversity of cancer patients and their carers and families, and develop strategies to enable clinicians to effectively partner with them while supporting different experiences, abilities, knowledge, cultural beliefs, practices and communication skills.[25] Understanding patient diversity includes understanding patients' health profile, demographic, cultural and linguistic diversity.

Address the disparity experienced by Aboriginal and Torres Strait Islander patients with cancer and their families

Aboriginal and Torres Strait Islander people continue to experience difficulties in accessing healthcare services and have poorer health outcomes than other Australians. This is evidenced by recent Australian Institute of Health and Welfare (AIHW) data showing that for all cancers, Aboriginal and Torres Strait Islander people have an average 50 per cent survival rate five years after a cancer diagnosis, compared to the 70 per cent survival rate among non-Indigenous people.[1]

Addressing this disparity will require cancer services to implement all relevant Aboriginal and Torres Strait Islander–specific actions in the NSQHS Standards (see Table 1).

Table 1: The six actions in the NSQHS Standards that focus specifically on meeting the needs of Aboriginal and Torres Strait Islander people

Standard	Action	
Clinical Governance	1.2	The governing body ensures that the organisation's safety and quality priorities address the specific health needs of Aboriginal and Torres Strait Islander people.
	1.4	The health service organisation implements and monitors strategies to meet the organisation's safety and quality priorities for Aboriginal and Torres Strait Islander people.
	1.21	The health service organisation has strategies to improve the cultural awareness and cultural competency of the workforce to meet the needs of its Aboriginal and Torres Strait Islander patients.
	1.33	The health service organisation demonstrates a welcoming environment that recognises the importance of cultural beliefs and practices of Aboriginal and Torres Strait Islander people.
Partnering with Consumers	2.13	The health service organisation works in partnership with Aboriginal and Torres Strait Islander communities to meet their healthcare needs.
Comprehensive Care	5.8	The health service organisation has processes to routinely ask patients if they identify as being of Aboriginal and/or Torres Strait Islander origin, and to record this information in administrative and clinical information systems.

Specific implementation strategies for these actions can be found in the **Optimal Care Pathway for Aboriginal and Torres Strait Islander people with Cancer**[26] and the **NSQHS Standards User Guide for Aboriginal and Torres Strait Islander Health**.[27] These resources will assist cancer services to respond to the needs of Aboriginal and Torres Strait Islander individuals and communities and improve the cultural safety of the services provided.

Partnering with consumers in organisational design and governance

Action 2.11a

The health service organisation involves consumers in partnerships in the governance of, and to design, measure and evaluate health care.

Strategies for implementing this action in cancer services

Involve consumers in service design

Cancer services should evaluate the performance of existing processes to inform collaborative improvement work with professional specialities, consumer representatives and partnering organisations involved in shared patient care. Strategies may include:

- clear and transparent patient flow processes that enable everyone to understand their patient flow responsibilities
- detailed descriptions of roles and responsibilities for nurse managers and rostered in-charge nurses, departmental heads, after-hours managers, care coordinators, administrative staff and other key participants
- processes for flagging patients with clinical priorities or preferences that need urgent or special consideration
- a clear structure for the escalation of and response to patient flow issues
- incorporation of patient, carer and family views and experiences into the design of overall services; these may also be obtained by reviewing patient-reported outcome measures (see **Action 1.8**)
- treatment and care options that may include services being delivered by telehealth or fly-in fly-out providers.

Involve consumers in clinical governance

Organisations should involve patient, carer and/or family representatives in relevant organisational committees overseeing the clinical governance processes for the cancer services, and provide orientation, support and education to enable their effective contribution to the governance, design, measurement and evaluation of the cancer service.

Adopt a best-practice consumer involvement model of care

Collecting and understanding information on patient experiences are important to improving cancer services and identifying clinician training needs. Sharing information on patient experiences reminds the cancer care workforce of the importance of patient-centred care, the complexities associated with individual patient needs, and how the entire service is experienced by their patients. It promotes continuous improvement for service design and enables a patient-centred culture.

A consumer involvement model of care (see Figure 3)[2] requires the support and involvement of:

- committed organisations
- capable consumers
- inclusive groups
- a shared focus.

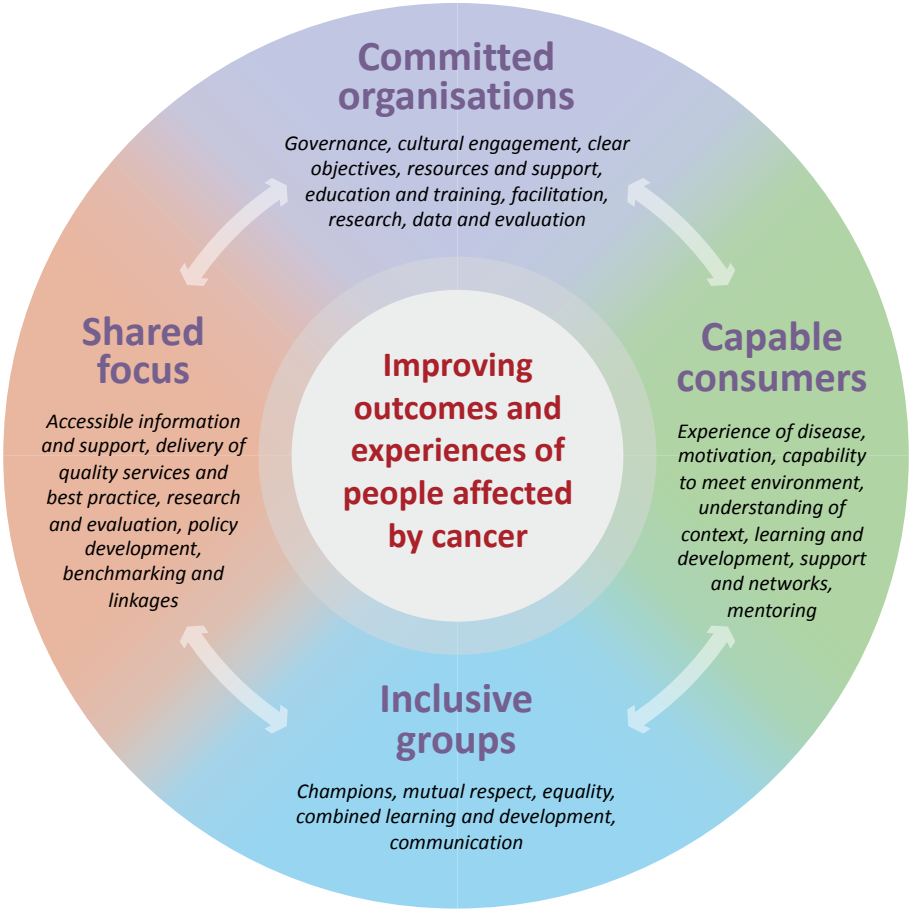

Figure 3: Elements of effective consumer involvement in cancer control

Source: Developed from the National Framework for Consumer Involvement in Cancer Control, with permission from Cancer Australia and Cancer Voices Australia[2]

Medication Safety Standard

The intention of the Medication Safety Standard is to ensure that clinicians are competent and have safe systems and processes in place to prescribe, review, compound, dispense and administer appropriate medications and to monitor their use and appropriately manage any adverse side-effects. In addition, the Medication Safety Standard aims to ensure that consumers are informed about medications and understand their individual medication needs and any risks.

The six actions described in this chapter facilitate safe and high-quality medication management, and the associated strategies apply to each of the four stages of the **Optimal Cancer Care Pathways** framework.

Reflective questions

1. Does the health service organisation have processes in place to define and verify the scope of clinical practice for all clinicians involved in prescribing, reviewing, compounding, dispensing, administering and handling anticancer medications?
2. What is the cancer service's current medication review process?
3. Who undertakes the medication review process, and what happens if they identify any discrepancies?
4. What medication information is provided to patients, when is this information provided, and who is involved in providing it?
5. What information is currently provided on the medication list, who is provided with this information, and how is this information compiled and maintained?
6. How is the integrity of temperature-sensitive medications ensured during transport?
7. What are the current processes for the handling and disposal of anticancer medications?
8. What policies and procedures address the risks associated with cytotoxic and other hazardous anticancer medications? How can patient-specific risk factors affect the overall likelihood of risk associated with the medications prescribed, and how are these risks reduced?
9. What clinical services are needed to manage medication-specific adverse events should they eventuate?

Intended outcomes

- The medication scope of clinical practice is clearly defined for all clinicians involved in medication management for cancer care, and there are processes in place to verify that the scope of clinical practice is followed.
- A comprehensive medication review is undertaken prior to the compounding, dispensing and administration of any prescribed treatment protocol.

- Patients are provided with medication-related information prior to the administration of medications used in cancer care.
- Patients are provided with a medication list that is up to date, and a copy of this updated list is included in any clinical handover documentation.
- Patients are advised on how to access after-hours care and how to monitor or manage any symptoms or side-effects that they might experience.
- Temperature-sensitive medications are stored and transported in compliance with best-practice guidelines to ensure they maintain their efficacy.
- Cytotoxic and other hazardous anticancer medications are handled, stored, compounded, administered and disposed of safely.
- All anticancer medications prescribed, compounded, dispensed and administered in the cancer service are risk-assessed for the toxicities they might pose to the patient and the workforce handling them.
- Risks of patient harm are addressed in policies and procedures to reduce the likelihood of adverse events.
- Anticancer medications are administered in settings that have the appropriate clinical service capability framework to manage the risks of treatment.

Medication scope of clinical practice

Action 4.4

The health service organisation has processes to define and verify the scope of clinical practice for prescribing, dispensing and administering medicines for relevant clinicians.

Strategy for implementing this action in cancer services

Define and verify the scope of clinical practice

The scope of clinical practice for each clinician group (i.e. medical oncologists, haematologists, nurses, pharmacists, junior clinicians) should be clearly defined and verified. The strategies linked to each of the following actions should be included in the scope of clinical practice for each clinician group, according to their professional scope of involvement in the **medication management pathway**.

- *Decision on appropriate treatment* relies on or is supported by actions **1.3**, **1.23**, **1.27**, **2.4**, **2.6**, **2.10**, **5.5** and **5.13**.
- *Decision to prescribe medications* and *record of treatment protocol/prescriptions* relies on or is supported by actions **1.16e**, **1.20**, **1.23**, **1.28**, **4.10**, **4.11**, **5.14** and **6.11**.
- *Review of treatment protocol/prescriptions* and *Issue of medications* relies on or is supported by actions **1.23**, **1.27**, **4.10** and **5.14**.
- *Provision of medication information* relies on or is supported by actions **2.10**, **4.11** and **4.12**.
- *Distribution and storage of medications* relies on or is supported by actions **4.14** and **4.15**.
- *Administration of medications* and *Monitoring for response relies* on or is supported by actions **1.20**, **1.23**, **4.10**, **4.15**, **6.4** and **6.8f**.
- *Transfer of verified information* relies on or is supported by actions **1.16e**, **5.14**, **6.8f** and **6.11**.

There are other actions included in the **NSQHS Standards (2nd edition)** that are also important for clinicians in providing safe and high-quality cancer care; however, these are beyond the scope of medication management. They include, but are not limited to, actions in the *Preventing and Controlling Healthcare-Associated Infection*, *Blood Management* and *Recognising and Responding to Acute Deterioration Standards*.

The clinical governance roles and responsibilities for each clinician group should be defined and verified. The Commission has developed **Fact sheets** for medical oncologists, haematologists, nurses, pharmacists and managers to assist cancer services in communicating these roles and responsibilities to their clinicians.

Medication review

Action 4.10

The health service organisation has processes:

a. **to perform medication reviews for patients, in line with evidence and best practice**
b. **to prioritise medication reviews, based on a patient's clinical needs and minimising the risk of medication-related problems**
c. **that specify the requirements for documentation of medication reviews, including actions taken as a result.**

Strategies for implementing this action in cancer services

Conduct medication reviews (also known as clinical verification)

Cancer services should consider how medication reviews can be built into existing work practices. A well-structured medication review will minimise medication-related problems and optimise intended therapeutic outcomes for patients.

Medication reviews provide a way to partner with patients to optimise medication use. They can help patients to:

- state their preferences and consider their options to make fully informed decisions
- manage their condition
- improve their functional ability (particularly for those with long-term conditions)
- reduce their time spent in the health service organisation or their likelihood of re-admission
- enhance their quality of life.

Patients receiving anticancer medications are at high risk of adverse events caused by the toxicity and complexity of their treatment protocols. On average, patients with cancer have three comorbidities and are taking nine medications for cancer treatment, supportive care and comorbid conditions.[28]

The use of multiple medications increases the risk of altered pharmacokinetics, interactions and adverse side-effects. Furthermore, prolonged treatment periods and the increased risks of toxicity with anticancer medications can result in patients with cancer being prone to complications and decreased adherence.[28]

Many patients seek or self-prescribe complementary or alternative medications (CAMs) or other therapies in conjunction with their anticancer medications. It is important for all of these medications and therapies to be documented as part of undertaking a best possible medication history, as some are not recommended due to their interference with anticancer medications or propensity to worsen treatment side-effects.[29] A US study found that almost one out of three patients with cancer used CAMs, and of that group three out of ten did not think they needed to inform their doctor. Many reported that this was because clinicians did not ask them about their CAMs.[30]

Patients who have had a previous cancer diagnosis or previous treatment with anticancer medications should have a documented history taken of past adverse medication reactions and experiences, total cumulative dosing of certain anticancer agents, and insertion of any existing central venous access devices used for medication administration. This must include the date of insertion and the type of device inserted. Such patient history should be used to inform the appropriateness of the prescribed treatment for cancer care.

A best possible medication history should be taken on presentation, or as early as possible in the episode of care (see **Actions 4.5** and **4.6**). The NSQHS Standards **Guide for Hospitals** describes in more detail the requirements of documenting a best possible medication history and reconciling any discrepancies. If the patient is unable or unwilling to provide their medication history, this should also be documented.

The care and checking involved in the reviewing of oral anticancer medication prescriptions and the monitoring of medication toxicities should be the same as the care and checking involved in the dispensing of other formulations of anticancer medications. All of the following steps need to be undertaken.

- **Clinical medication review**—This is an assessment of the information collected by taking a best possible medication history, and by considering the patient's clinical 'condition' with the patient and their carer/family. Consideration of any previous treatment experiences should be documented, particularly if there were any adverse reactions, including how these can be proactively managed in any subsequent treatments. Outcomes could include stopping the prescription of a particular medication, such as a complementary medication, or monitoring a pre-existing condition that could be exacerbated by the prescribed treatment protocol.14 A clinical medication review should be completed on presentation, or as early as possible in the episode of care, before the commencement of treatment with anticancer medications. It should be updated if the patient is admitted or discharged from another healthcare service or unit (such as an emergency department or inpatient ward). Documentation of a clinical medication review should be captured on a template similar to the **medication management plan**.
- **Prescription review**—This is a technical review of the prescribed treatment protocol, including anticancer medications and any supportive medications, prescribed treatment dates and cycle lengths, dose variations or adjustments in line with evidence-based references, patient-specific parameters, goals of care and the documented treatment plan (or comprehensive care plan).[14] The Clinical Oncology Society of Australia (COSA) Guidelines for the Safe Prescribing, Dispensing and Administration of Systemic Cancer Therapy provide a list of information to include as part of prescription review processes. A prescription review should be completed every time any anticancer medication is required to be issued to the patient. Signs of any side-effects or toxicities should be monitored, documented and reported to the treating team. Any concerns should be raised with the lead clinician before the issue of any further repeat anticancer medication supply. In addition, if the patient has multiple comorbidities and is taking other prescription medications, any updates should be documented on the medication management plan initiated during the clinical medication review. Documentation of the prescription review being completed should be made available in the patient's healthcare records (see **Action 1.16e**).
- **Concordance and compliance review**—This is a structured review to consider issues relating to a patient's medication-taking behaviour.[14] A concordance and compliance review should be completed every time any anticancer medication is required to be dispensed. This is particularly important when patients are taking oral anticancer medications and/or if they are experiencing medication-related side-effects that could be better managed by adhering to prescribed supportive medications. Documentation of the concordance and compliance review should be made available in the patient's healthcare records (see **Action 1.16e**).

Establish policies, procedures and guidelines on medication reviews

The organisation's policies, procedures and guidelines on medication reviews should include key steps in the medication reconciliation and review processes, including:

- when medication reviews should occur (between treatment cycles, on transfer-of-care from other healthcare services or wards, and on treatment completion)
- roles and responsibilities of clinicians in completing a medication review
- training requirements for clinicians responsible for reconciling medications
- involvement of patients and their carers and families
- documentation requirements, including what should be documented and where.

Manage discrepancies identified through medication reviews

Organisations should review and update their organisational policies, procedures and guidelines on the management of medication discrepancies following these reviews. These should include routine audits of the extent of unwarranted variation from evidence-based protocols, with emphasis on the resulting patient outcomes, and how this information will be reported to the governing body.

Provide appropriate skills and training

Although specific aspects of medication reconciliation may be attributable to pharmacists, medication reconciliation is relevant to all clinicians and a multidisciplinary approach is crucial to success.

All clinicians responsible for reconciling medications and undertaking medication reviews should be identified, trained and demonstrably competent in each of the steps of the medication reconciliation and medication review process where they have responsibilities (see **Action 1.23**).

Useful resources

- **eviQ Education**
  Community pharmacist fact sheet: Managing Common Adverse Effects of Anticancer Medicines
  https://www.eviq.org.au/getmedia/3ae65fdf-581d-44c1-9ad1-44b35de662cc/Community-pharmacist-fact-sheet-Information-to-assist-community-pharmacists-adverse-effects-of-anticancer-medicines.pdf.aspx?ext=.pdf

- **eviQ Education**
  Community pharmacist fact sheet: The Role that Community Pharmacists Play in Supporting Their Customers
  https://education.eviq.org.au/getmedia/c9e61170-ad22-487a-a397-8aa634ee6702/eviQFactsheet-Community-

- **Society of Hospital Pharmacists Australia (SHPA)**
  Standard of Practice in Oncology and Haematology for Pharmacy Services
  https://www.shpa.org.au/resources/standard-practice-oncology-and-haematology-pharmacy-services-2019

- **Clinical Oncology Society of Australia (COSA)**
  Guidelines for the Safe Prescribing, Dispensing and Administration of Systemic Cancer Therapy
  https://www.cosa.org.au/publications/guidelines

- **American Society of Clinical Oncology**
  Journal of Oncology Practice
  Haematology/Oncology Pharmacist Association Best Practices for the Management of Oral Oncolytic Therapy: Pharmacy Practice Standard
  https://ascopubs.org/doi/pdf/10.1200/JOP.18.00581

- **Medication Management Plan resources**
  https://www.safetyandquality.gov.au/our-work/medication-safety/medication-reconciliation/medication-management-plan/

- **NSQHS Standards (2nd edition) Guide for Hospitals**
  https://www.safetyandquality.gov.au/wp-content/uploads/2017/11/National-Safety-and-Quality-Health-Service-Standards-Guide-for-Hospitals.pdf

Information for patients

Action 4.11

The health service organisation has processes to support clinicians to provide patients with information about their individual medicines needs and risks.

Strategies for implementing this action in cancer services

Provide patients with medication-related information

Providing patients with written medication-related information and education throughout their care is essential to encouraging safe and effective medication use and promoting adherence to treatment protocols. This may include providing an individualised medication list or profile, education and consumer medication information leaflets. As much as possible, cancer services should customise this information to be relevant to individual patient needs.

Providing quality information and education from trusted sources ensures that patients:

- will be more involved in decision-making and consideration of the options, benefits and risks of the proposed treatment
- can make informed choices about their medications
- can contribute more fully to medication reconciliation and the prevention of errors by identifying medication-related problems
- can alert clinicians to suspected adverse medication reactions.

Organisations should discuss the benefits and associated risks of any medications and use patient-specific written information to help inform the patient about their medications for cancer care. They can also refer patients and their carers and families to education programs that include medication-related information, such as medication-related education sessions for medical oncology or haematology patients and their carers and families. It is vital that services determine what information is to be given at various points during the cancer care pathway, including information that should be provided at the first treatment visit and information to be repeated at subsequent visits.

The Clinical Oncology Society of Australia (COSA) Guidelines for the Safe Prescribing, Dispensing and Administration of Systemic Cancer Therapy can assist services to identify important information that should be given to patients and their carers and families. Such information can be summarised into the following categories:

- diagnosis and goals of treatment
- intention of treatment (curative and palliative) and treatment process
- name and purpose of each anticancer medication and supportive medication prescribed
- administration route (oral or intravenous)

- general and specific side-effects to expect from the treatment (broken down into early-onset, delayed-onset and any longer-term side-effects, and including the likelihood of experience each of these side-effects)
- management of side-effects
- procedures for handling bodily fluids and waste
- how and when to take each medication
- the necessity and means of obtaining further supplies of cancer care medications
- after-hours contact details
- monitoring and follow-up plans, including clinicians' and blood test appointments
- information specific to oral anticancer medications.

Establish appropriate policies, procedures and guidelines

Organisations should ensure that their policies, procedures and guidelines include requirements to:

- provide medications information to patients and their carers as part of the clinical consultation, using written information (if relevant) to help inform them about any new medication
- document in the healthcare record that the patient and their carers have been informed about the medication (this may occur as a component of the consent process)
- specify the roles of the medical oncologist or haematologist, nurse and pharmacist in providing education to patients, including who has primary responsibility for specific education tasks (the legal and professional requirements of each discipline must be considered, and patient education must be carried out by appropriately trained staff)[14]
- involve capable consumers in the periodic review of such policies, procedures and guidelines.

Useful resources

- **eviQ Education**
  Community pharmacist fact sheet: Managing Common Adverse Effects of Anticancer Medicines
  https://www.eviq.org.au/getmedia/3ae65fdf-581d-44c1-9ad1-44b35de662cc/Community-pharmacist-fact-sheet-Information-to-assist-community-pharmacists-adverse-effects-of-anticancer-medicines.pdf.aspx?ext=.pdf

- **eviQ Education**
  Community pharmacist fact sheet: The Role that Community Pharmacists Play in Supporting Their Customers
  https://education.eviq.org.au/getmedia/c9e61170-ad22-487a-a397-8aa634ee6702/eviQFactsheet-Community-

- **eviQ Cancer Treatments Online**
  Antineoplastic Drug Patient Education Checklist
  https://www.eviq.org.au/clinical-resources/assessment-tools/550-antineoplastic-drug-patient-education-checklis

- **eviQ Cancer Treatments Online**
  Anticancer Drug Treatments
  https://www.eviq.org.au/patients-and-carers/anticancer-drug-treatments

- **Society of Hospital Pharmacists Australia (SHPA)**
  Standard of Practice in Oncology and Haematology for Pharmacy Services
  https://www.shpa.org.au/resources/standard-practice-oncology-and-haematology-pharmacy-services-2019

- **Clinical Oncology Society of Australia (COSA)**
  Guidelines for the Safe Prescribing, Dispensing and Administration of Systemic Cancer Therapy
  https://www.cosa.org.au/publications/guidelines

- **NPS MedicineWise**
  Choosing Wisely
  http://www.choosingwisely.org.au/home
- **Cancer Council Australia Optimal Cancer Care Pathways (patient information)**
  https://www.cancer.org.au/about-cancer/cancer-pathways-what-to-expect.html

Provision of a medication list

Action 4.12

The health service organisation has processes to:

a. **generate a current medicines list and the reasons for any changes**
b. **distribute the current medicines list to receiving clinicians at transitions of care**
c. **provide patients on discharge with a current medicines list and the reasons for any changes.**

Strategies for implementing this action in cancer services

Provide patient- and carer-friendly medication lists

Patients and carers should be provided with a current medication list when they begin treatment with any anticancer medication, and when there are updates to their medication management plan, including when there are changes to their cancer care treatment protocol.

The medication list should be in a format that is understood by patients and carers, and should include all of the medications they are currently taking, when they should be taking them and how they should be taking them. Other information that should be provided to patients and carers is detailed under **Action 4.11**.

Generate and maintain current medication management plans

Patients receiving treatment with anticancer medications are frequently being seen by multiple service providers and clinicians, including:

- the treating medical oncologist or haematologist
- a general practitioner
- emergency department teams
- other specialists treating pre-existing or comorbid conditions or arising complications
- allied health clinicians
- nurses
- pharmacists (including community pharmacists).

It is important to ensure that these clinicians have a list of current medications, including details of current anticancer medications. This list can be generated by using the information captured during the medication review processes (see **Action 4.10**).

Transfer of patients between clinicians and units within and between organisations creates opportunities for medication error if communication of the patient's medication-related information is incomplete or inaccurate. Medication-related problems and risk of patient harm are minimised when a current medication list that includes reasons for any medication changes is maintained, and is provided to clinicians in a suitable format and in a timely manner.

Include medication management plans in clinical handover procedures

Ensuring continuity of medication management includes generating, maintaining and communicating at clinical handover a current list of medications and the reasons for any changes to a patient's medication management. This information is clearly captured on the medication management plan. It is critical to communicate at clinical handover the patient's current medication list along with any medication-related problems or adverse drug events that have occurred during a shift or episode of care. Medication-related problems may include a patient refusing or missing a dose of medication, a delay to a planned treatment cycle or the withholding of a medication.

Clinical handover outside the healthcare service is important for continuity of patient care. Cancer services should ensure that their policies and procedures cover how this is managed. Patients and their carers who elect to have oral anticancer medications dispensed at a community pharmacy should be provided with relevant clinical handover information, including the contact details of the lead medical oncologist or haematologist and the hospital pharmacist for clarification of any queries, to enable ongoing medication management (see **Action 6.8f**).

Include critical medications information at clinical handover and transition of care

All care teams along the cancer care pathway need to work closely together to facilitate patient care for outpatient treatment. Whenever a patient moves between cancer care providers, whether during or after cancer care, the identity of the lead clinician should always be clear to all clinicians involved and to the patient and their carers. Information transferred to a new lead clinician should include a current medication list or the most up-to-date medication management plan.

Handover of critical medications information also includes handover of how to manage any life-threatening toxicities caused by anticancer medications, and who to contact if this occurs. Examples of oncological emergencies include:

- cytokine-release syndrome associated with CAR-T cell therapy
- hypercalcaemia of malignancy (HCM)
- neutropenic fever requiring immediate management.[31]

Useful resources

- **Society of Hospital Pharmacists Australia (SHPA)**
  Standard of Practice in Oncology and Haematology for Pharmacy Services
  https://www.shpa.org.au/resources/standard-practice-oncology-and-haematology-pharmacy-services-2019
- **Clinical Oncology Society of Australia (COSA)**
  Guidelines for the Safe Prescribing, Dispensing and Administration of Systemic Cancer Therapy
  https://www.cosa.org.au/publications/guidelines
- **NPS MedicineWise app**
  https://www.nps.org.au/consumers/medicinewise-app
- **eviQ Cancer Treatments Online**
  Management of Oncological Emergencies
  https://www.eviq.org.au/clinical-resources/oncological-emergencies
- **eviQ Cancer Treatments Online**
  Telephone Triage Toolkit
  https://www.eviq.org.au/clinical-resources/telephone-triage-toolkit

Safe and secure storage and distribution of medicines

Action 4.14

The health service organisation complies with manufacturer directions, legislation, and jurisdictional requirements for the:

a. **safe and secure storage and distribution of medicines**
b. **storage of temperature-sensitive medicines and cold chain management**
c. **disposal of unused, unwanted or expired medicines.**

Strategies for implementing this action in cancer services

Monitor and evaluate process

Cancer services should review the effectiveness of the supply chain in the delivery of medications to ensure it is secure and timely and complies with any manufacturer instructions and with all legislative and regulatory requirements. It is acknowledged that where evidence-based or best-practice guidelines exist, these might be more appropriate to adhere to than manufacturer instructions.

Organisations should perform audits of their compliance with policies, procedures and protocols for the handling, storage and distribution of medications in cancer services, including:

- reviewing reports of incidents associated with handling (including procurement), storage and distribution of medications
- ensuring that all hazardous medications are clearly labelling as being hazardous and are stored separately from non-hazardous medications; this includes temperature-sensitive hazardous medications that need to be refrigerated
- reviewing and implementing work practices to ensure the safe and secure handling (including procurement, storage and distribution) of medications, including high-risk, investigational and clinical trial medications, and risk-reduction strategies to mitigate cross-contamination between cytotoxic and non-cytotoxic anticancer medications.

In rural areas, general practitioners maybe responsible for administering oral and parenteral anti-cancer medication under the guidance of visiting or remote oncologists. Medication supply, storage, administration technique and disposal need to be considered when these shared-care arrangements exist.

Manage temperature-sensitive medications

Some anticancer medications are temperature-sensitive and require processes to ensure quality cold-chain management. This is particularly important due to the number of workflows involving the transfer of temperature-sensitive medications between storage areas, compounding areas and administration areas. Effective storage will prevent the risk of ineffective medications, including vaccines and clinical trial medications, from being administered.

Organisations should conduct temperature-control audits of storage facilities, including-room temperature, refrigerated and frozen storage facilities. These audits should include:

- ensuring that refrigerators or coolrooms of adequate size are available for the exclusive storage of vaccines or medications that require storage between 2°C and 8°C

- installing alarms to monitor refrigerators, coolrooms, medication storage areas and pharmacy departments where temperatures would ideally be maintained below 25°C or in line with manufacturer instructions
- installing audible or 'back-to-base' temperature alarms on refrigerators and coolrooms within pharmacy departments and clinical areas, to provide an early warning in the event of a temperature fluctuation
- ensuring that power supply is maintained at all times to all refrigerators and coolrooms within the health service organisation
- conducting regular scheduled testing and maintenance of temperature alarms and temperature recording devices
- establishing or updating processes for transporting or transferring temperature-sensitive medications between storage areas or facilities, including:
    - allocating all roles and responsibilities involved in each step of the cold-chain pathway
    - establishing processes for release and receipt of medications
    - establishing policies and procedures to support the cold-chain packaging and temperature-monitoring requirements of temperature-sensitive medications during their transport between facilities
    - validating that the temperature range has not been breached during transport of these medications
    - providing workforce orientation and training on cold-chain management
    - prescribing the actions required in the event of a cold-chain breach or temperature fluctuation.

Dispose of unused, unwanted or expired medications appropriately

Organisations should develop and implement policies and procedures to:

- review and implement work practices and distribution systems that minimise wastage of medications, such as by checking stock expiry dates and ensuring stock rotation
- establish inventory management practices to eliminate wastage of medications, including a planned and proactive approach to formulary listing changes and routine reviews of medication use
- review and implement work practices to minimise waste, ensure safe handling and promote efficient use of medications.

Current policies and procedures should also be reviewed to ensure they cover:

- reducing risks to the workforce and the environment, particularly with regard to cytotoxic anticancer medications, vaccines and hazardous non-cytotoxic substances
- all legislative, regulatory, work health and safety and state/territory requirements
- situations in which only part of a tablet, capsule, ampoule or infusion is required
- appropriate waste segregation, such as providing purpose-designed cytotoxic waste and sharps bins (special arrangements should be made for the handling and disposal of cytotoxic anticancer medications and radiopharmaceuticals)
- hazardous drug spill management.

Useful resources

- **eviQ Cancer Treatments Online**
  Safe Handling and Waste Management of Hazardous Drugs
  https://www.eviq.org.au/clinical-resources/administration-of-antineoplastic-drugs/188-safe-handling-and-waste-management-of-hazardou

High-risk medicines

Action 4.15

The health service organisation:

a. identifies high-risk medicines used within the organisation
b. has a system to store, prescribe, dispense and administer high-risk medicines safely.

Strategies for implementing this action in cancer services

Identify and assess the risks associated with all anticancer medications used in the cancer service

The Medication Safety Standard requires health services to identify high-risk medications used within the organisation and take appropriate action to ensure that they are stored, prescribed, dispensed and administered safely.

There are certain anticancer medications, treatment protocols, routes of administration and patient populations that have been shown to be at increased risk of medication misadventure.[14] Risk assessment of both the patient and the planned treatment protocol is critical to the safe provision of cancer services.[10]

Organisations should establish a structured framework for monitoring and reviewing the risks associated with anticancer medications. This framework should be informed by:

- monitoring and analysis of incident reports and logs
- monitoring of occurrence and reporting of anticancer medication–related adverse reactions
- updates from published literature
- assessment of local situations regarding alerts, advisories and reports
- conducting of risk assessments and audits
- using validated indicators as described in **Action 1.8**.

Hazardous medications can exhibit one or more of the following:[31]

- carcinogenicity (can cause cancer)
- genotoxicity (can cause a change or mutation in genetic material)
- teratogenicity (can cause defects in foetal development)
- reproductive toxicity or fertility impairment
- serious organ toxicity.

The **APINCHS** classification of high-risk medications stands for a group of medications known to be associated with high potential for medication-related harm: antimicrobials; potassium and other electrolytes; insulin; narcotics (opioids) and other sedatives; chemotherapeutic agents; heparin and other anticoagulants; and medication safety systems. It identifies the following chemotherapeutic agents as being associated with an increased risk of harm due to reported incidents or near misses in cancer services, in other hospital wards where patients were prescribed these medications prior to admission, or in primary care services: vincristine, methotrexate, etoposide and oral cytotoxic medications.

Furthermore, eviQ has developed a **hazardous drug table** that can be used to provide guidance on personal protective equipment (PPE) requirements. This table is not exhaustive, and any new medications introduced to the healthcare service that are not included in the table should be risk-assessed for safe handling requirements. Services can use resources such as Safety Data Sheets to undertake risk assessments and identify any sources of risk (cytotoxic or teratogenic agents, biologicals, hormones or irritants). If there is insufficient literature on a particular medication, it would be prudent to use PPE when handling it.

All members of the cancer care workforce involved in transporting, compounding, administering, handling or disposing of hazardous medications should consult their local organisational policies and procedures, state/territory legislation and work health and safety guidelines to ensure they comply with these requirements.

Reduce risks

Organisations should perform audits of compliance with:

- policies and procedures for storing, handling, prescribing, dispensing, administering and monitoring anticancer medications
- recommendations from national alerts and evidence-based guidelines on high-risk anticancer medications, such as vinca alkaloids and etoposide[32]
- procedures for labelling injectable anticancer medications, supportive medications, fluids and lines
- policies and procedures for the management of extravasation.

Implement safe medication-related work practices

A large number of anticancer medications have potential for confusion as a result of lookalike and/or soundalike medication name pairs, in particular the following two medication classes:

- monoclonal antibodies (MABs)
- tyrosine kinase inhibitors (TKIs or NIBs).

The need to consider risk-reduction strategies is heightened when considering the prescribing, compounding, dispensing and administration of these medications to ensure that selection errors are avoided. Examples include using barcode or similar product scanning technology, conducting independent double-checks, and using **Tall Man lettering** in all medicine labelling, including within prescribing and dispensing systems.

The cancer care workforce involved in the compounding of anticancer medications should have a demonstrated understanding of all relevant codes, including:

- Pharmaceutical Inspection Convention and Pharmaceutical Inspection Co-operation Scheme (PIC/S)
- Guide to Good Manufacturing Practice for Medicinal Products
- Pharmacy Board of Australia guidelines
- legislative requirements.[8]

They should also be able to describe the quality-management obligations[8] associated with all aspects of complex compounding, including:

- the audit trail on raw materials and final products
- worksheets, logbooks and/or registers for recording details of prepared products
- quarantine and sterility testing requirements
- operator training and validation process (see **Action 1.23**).

Appropriate controls should also be in place for compounding and dispensing high-risk medications, including using:

- good manufacturing practices
- good dispensing practices
- National Association of Testing Authorities–certified cytotoxic containment cabinets or similar

- spill containment procedures
- safe procurement practices, including avoiding look-alike packaging for high-risk medications
- appropriate identification and storage of light-sensitive medications
- purple cytotoxic warning labels on all medications that are cytotoxic
- biological warning labels on all substances or waste materials that are considered biological waste.

Safe administration should be ensured by appropriate use of equipment including infusion pump drug libraries, line labelling for routes of administration and independent double-checks by cancer-trained clinicians. The cancer care workforce involved in the administration of anticancer medications should also conduct medication checks at the time of administration by two appropriately trained and skilled registered nurses (see **Action 1.23**). Where a second nurse is unavailable, this function can be performed by an appropriately trained pharmacist or medical officer, or by another person as specified in state or territory regulations.

The Clinical Oncology Society of Australia (COSA) Guidelines for the Safe Prescribing, Dispensing and Administration of Systemic Cancer Therapy outline the following specific checks that must be performed before the administration of anticancer medications:

- prescription/treatment protocol review (see **Action 4.10**)
- scheduling check, to ensure that the appropriate time period has passed since the last dose of the anticancer medication
- route of administration check, to ensure that this has been documented for each medication to be administered
- rate of administration check, to verify that the rate has been specified and is correct for each medication
- adverse medication reactions check, to ensure that all allergies and any history of hypersensitivity are clearly documented
- patient education and consent check
- patient assessment (patient assessment tool, oral mucositis assessment tool and chemotherapy-induced peripheral neuropathy screening tool); any identified toxicity equal to or greater than grade 2 should be assessed by a medical officer before commencing treatment
- correct identification and procedure matching (see **Action 6.6**).

Useful resources

- **American Society of Clinical Oncology**
  Standards for Safe Handling of Hazardous Drugs
  https://www.asco.org/practice-guidelines/quality-guidelines/standards/standards-safe-handling-hazardous-drugs

- **Recommendations from the 2005 Australian Council for Safety and Quality in Health Care**
  Medication Alert on reducing the risk of error with Vincristine
  https://www.safetyandquality.gov.au/sites/default/files/migrated/National-Medication-Alert-Vincristine-administration-PDF-376KB.pdf

- **Australian Commission on Safety and Quality in Health Care**
  High-Risk Medicines
  https://www.safetyandquality.gov.au/our-work/medication-safety/high-risk-medicines

- **Victorian Department of Health**
  Quality Use of Medicines Notice: Caution with Oral Chemotherapy for Cancer
  https://www.safetyandquality.gov.au/wp-content/uploads/2012/02/Oral-for-health-services-Victorian-Department-of-Health.pdf

- **Clinical Oncology Society of Australia (COSA)**
  Guidelines for the Safe Prescribing, Dispensing and Administration of Systemic Cancer Therapy
  https://www.cosa.org.au/publications/guidelines

- **Clinical Oncology Society of Australia (COSA) Clinical Pharmacists Group (CPG)**
  Position Statement: Safe Handling of Monoclonal Antibodies in Healthcare Settings
  https://www.cosa.org.au/media/173517/cosa-cpg-handling-mabs-position-statement_-november-2013_final.pdf

- **eviQ Cancer Treatments Online**
  Pumps
  https://www.eviq.org.au/clinical-resources/pumps

- **eviQ Cancer Treatments Online**
  Extravasation
  https://www.eviq.org.au/clinical-resources/extravasation

- **Australian Commission on Safety and Quality in Health Care**
  National Standard for User-applied Labelling of Injectable Medicines Fluids and Lines
  https://www.safetyandquality.gov.au/our-work/medication-safety/safer-naming-labelling-and-packaging-of-medicines/national-standard-for-user-applied-labelling-of-injectable-medicines-fluids-and-lines

- **(US) Centers for Disease Control and Prevention**
  National Institute for Occupational Safety and Health
  Hazardous Drug Exposures in Healthcare
  https://www.cdc.gov/niosh/topics/hazdrug

Comprehensive Care Standard

The intention of the Comprehensive Care Standard is to ensure that patients receive comprehensive care—that is, coordinated delivery of the total health care required or requested by a patient within the scope provided by the health service organisation. This care is aligned with the patient's expressed goals of care and healthcare needs, considers the impacts of their health issues on their life and wellbeing, and is clinically appropriate.

It is also intended that the risks of harm to patients during health care are prevented and managed. Clinicians should identify patients at risk of specific harm during health care by applying the screening and assessment processes required by this standard.

The three actions described in this chapter facilitate safe and high-quality medication management and apply to each of the four stages of the **Optimal Cancer Care Pathways** framework.

Reflective questions

1. How do multidisciplinary collaboration and teamwork operate in the cancer service?
2. How are the roles and responsibilities of each clinician working in a team defined? How is this communicated to team members and to the patient?
3. What systems and processes are in place to support clinicians to communicate, deliver and document comprehensive care?
4. What systems and processes are in place to ensure the timely referral of patients to relevant services?
5. What systems and processes are in place to identify the clinician with overall responsibility for the patient? How is this communicated to team members and to the patient?
6. How are clinicians supported to collaborate with each other and with patients, their carers and families in planning and delivering comprehensive care?

Intended outcomes

- Patients diagnosed with cancer are routinely presented to a relevant multidisciplinary team for comprehensive treatment planning.
- Cancer services support their clinicians to develop a comprehensive care plan in partnership with the patient and their carers.
- The comprehensive care plan is used by other clinicians involved in patient care, including the general practitioner, emergency services and allied health.
- Any changes to a comprehensive care plan are discussed by the lead clinician with the patient and their carers through the informed consent process.
- The comprehensive care plan incorporates treatment planning, summary of treatment provided, care after treatment, ongoing monitoring requirements and survivorship planning.

Collaboration and teamwork

Action 5.5

The health service organisation has processes to:

a. support multidisciplinary collaboration and teamwork
b. define the roles and responsibilities of each clinician working in a team.

Strategies for implementing this action in cancer services

Establish multidisciplinary teams

Every patient deserves comprehensive care. Patients receiving cancer care are particularly vulnerable, and comprehensive care has a substantial role in helping to prevent harm.

Multidisciplinary care is considered best practice in treatment planning and care for patients with cancer. Multidisciplinary care is an integrated team approach in which medical and allied healthcare professionals consider all relevant treatment and care options to collaboratively develop an individually customised comprehensive care plan for each patient.

Multidisciplinary care involves all relevant health professionals discussing options and making joint decisions, taking into account the personal preferences of the patient.[18] No single clinician can deliver all aspects of care that a patient needs. Different clinician groups bring specific expertise and must work together to provide complete health care for each patient.

Evidence indicates that a team approach to cancer care can reduce mortality and improve quality of life for the patient.[18]

Effective teamwork and collaboration rely on establishing and communicating clear and shared goals that are meaningful for each team member involved.[33]

Facilitate access for patient presentation at multidisciplinary team meetings to develop a comprehensive care plan for newly diagnosed or recurrent cancer patients

In addition to specialist medical practitioners, allied health professionals should also be involved in the early stages of treatment planning. These include dieticians, psychologists, pain specialists, exercise physiologists and palliative care physicians. The patient's general practitioner and, where appropriate, their pharmacist should be provided with the patient's treatment or comprehensive care plan, and should receive information on the outcomes of meetings if unable to attend.

The tumour-specific **Optimal Cancer Care Pathway** (if available) and the following Cancer Australia resources are useful in outlining the principles of multidisciplinary care and efficient models of multidisciplinary care:

- **Principles of multidisciplinary care**[18]
- **Multidisciplinary care for advanced disease**[34]
- **Multidisciplinary care in regional centres**[35]

These resources can also be used to review existing workflows to facilitate and develop strategies to improve the operation of multidisciplinary care teams in cancer services.

To support their multidisciplinary care teams, cancer services should develop:

- governance and logistics processes, including escalation processes
- templates to support recording meeting outcomes (reports should be made available to all core team members to facilitate comprehensive treatment planning)
- relevant infrastructure, which could include referral networks established for non-core team specialist services, communication mechanisms to facilitate case discussion by all team members, systems to support collaboration between team members, and processes for the exchange of knowledge and expertise between larger and smaller caseload centres
- agreed data collections that include collection methodologies, and systems with the capacity for analysis and report.

Provide education and training in the delivery of comprehensive care plans

Organisations should provide orientation, education and training for clinicians and other members of cancer care teams to clarify each individual member's roles, responsibilities and accountabilities as part of the multidisciplinary care team. Each member should also receive education and training in the delivery of the comprehensive care plan.

There is an important and growing role for primary care providers in the care of patients receiving cancer care. This is in part because of increased care being delivered in the home, the use of immunotherapy that are associated with different toxicity risks and ongoing care for unrelated conditions as well as cancer treatment. This means the care team may extend beyond the traditional model of a care team to include the patient's usual general practitioner, community pharmacist, physiotherapist, psychologis, Aboriginal health workers and a range of other primary and community care providers. The cancer service may benefit from inviting participation from the broader primary care team involved in cancer care, in relevant edciation and training.

Provide formal teamwork communication training

Skills in communication, collaboration and effective team behaviours can be developed through simulations, workshops and/or lectures. Examples of Australian programs designed to improve multidisciplinary teamwork include:

- NSW Clinical Excellence Commission
  In Safe Hands[36]
- SA Health
  TeamSTEPPS (Team Strategies and Tools to Enhance Performance and Patient Safety[37]

Developing a comprehensive care plan

Action 5.13

Clinicians use processes for shared decision-making to develop and document a comprehensive and individualised [care] plan that:

a. **addresses the significance and complexity of the patient's health issues and risks of harm**
b. **identifies agreed goals and actions for the patient's treatment and care**
c. **identifies the support people a patient wants involved in communications and decision-making about their care**
d. **commences discharge planning at the beginning of the episode of care**
e. **includes a plan for referral to follow-up services, if appropriate and available**
f. **is consistent with best practice and evidence.**

Strategies for implementing this action in cancer services

Coordinate comprehensive care planning

An individual's cancer care can be shared across different settings and involve many clinicians. A coordinated approach can therefore be difficult to deliver. A comprehensive care plan, developed with input from a multidisciplinary care team and shared across all clinicians involved in a patient's care, can improve the consistency of information provided to the patient and better facilitate communication across the cancer care workforce.

A comprehensive care plan should enable informed medication management decisions to be made by all clinicians that are better aligned to the patient's needs. In the absence of a documented treatment plan, clinicians work in isolation with incomplete information, and may make treatment decisions or provide patient education that is inconsistent with the overall goals or intent of cancer care, resulting in patient confusion or harm. Medical oncologists and haematologists who refer patients to their community pharmacy should ensure that the pharmacist is provided with the whole treatment plan, the treatment protocol and all information on monitoring requirements.

Organisations should work with clinical groups to agree on the content and use of documents and electronic systems for comprehensive care planning. Standardised templates can assist clinicians in the goal-setting and comprehensive care planning process, particularly when patients have complex needs. At a minimum, comprehensive care plans should include:

- agreed goals of care with the patient and by the multidisciplinary team, and actions required to achieve them
- actions required to manage identified risks of harm, such as providing access to a validated tool such as the **Distress Thermometer**© to enable and promote routine assessment regarding psychosocial concerns and need for support
- actions required to ensure safe discharge from the cancer service between treatment cycles and with consideration of the treatment setting, such as ambulatory or hospital-in-the-home care settings, as well as after treatment completion
- indications for review of the comprehensive care plan.

A copy of the comprehensive care plan should be provided to the patient's usual general practitioner and community pharmacist and other primary care providers inolved in the patient's care.

The comprehensive care plan should also identify the individual(s) accountable for each action required to achieve the goals of care, manage clinical risks and ensure safe discharge from the health service organisation. The clinical service delineation capability framework should be taken into consideration when planning patient care (see **Action 1.23**).

Review comprehensive care plans

A comprehensive care plan may include general indicators that are applicable to all patients, as well as specific indicators relating to the individual patient.

General indicators may include:

- regularly scheduled reviews based on length of treatment, such as routine mid-treatment-cycle reviews
- reviews after critical events, such as after medical emergency calls
- reviews after handover to a new specialty or service, such as after discharge from intensive care to a ward
- reviews of patient, carer or family requests.

Individual indicators may include:

- failure to reach a planned goal within a predetermined time frame, such as failure to clinically improve after a period of treatment
- complications of a condition or of treatment
- procedures or interventions performed, or when the results of diagnostic tests will be available
- arrangements for care of the patient at the end-of-life
- survivorship and long-term follow-up
- documentation of advance care plans and of compliance with these plans.

A review of the comprehensive care plan should be completed in consultation with the patiet and their family.

Using a comprehensive care plan

Action 5.14

The workforce, patients, carers and families work in partnership to:

a. **use the comprehensive care plan to deliver care**
b. **monitor the effectiveness of the comprehensive care plan in meeting the goals of care**
c. **review and update the comprehensive care plan if it is not effective**
d. **reassess the patient's needs if changes in diagnosis, behaviour, cognition, or mental or physical condition occur.**

Strategies for implementing this action in cancer services

Provide education and training

Organisations should provide orientation, education and training for clinicians and other members of the workforce to ensure that they understand their individual roles, responsibilities and accountabilities in delivering care in accordance with the comprehensive care plan.

Training is also needed for auxiliary members involved in delivering patient care. For example, members of the food service workforce may need training about their role in managing risks associated with malnutrition and dehydration, and ward clerks may need training to ensure that substitute decision-makers are identified and that treatment cycles are booked in accordance with prescribed cycle lengths, with clear documentation provided when cycles are deferred or delayed due to clinical need.

All training provided should cover organisational processes as well as more specific processes at ward, unit and/or service level.

Information that the workforce requires to effectively implement delivery of the comprehensive care plan includes:

- when and how to use the comprehensive care plan
- roles, responsibilities and accountabilities of each team member in delivering comprehensive care
- assessment, documentation and communication of patient progress against the goals of care
- indications to repeat screening, assessment and comprehensive care planning processes
- how to partner with patients, carers and families to optimise the delivery of comprehensive care
- how to support the specific roles of carers in delivering comprehensive care
- how to gain access to any other expertise, including specialist input and equipment, required to deliver comprehensive care in alignment with a patient's needs
- how to provide feedback about processes intended to support the delivery of comprehensive care.

Review processes

Once the comprehensive care plan has been developed, it is important that this documented information is used in the delivery of safe and effective cancer care that aligns with the patient's needs and preferences.

Organisations should involve the workforce and capable consumers in reviewing the effectiveness and usefulness of comprehensive care delivery processes. They should also develop processes to ensure that updates and changes to comprehensive care planning tools and processes are effectively communicated to clinicians. This may involve developing specific, targeted implementation strategies to ensure that all members understand how to use and apply any newly developed processes in their work.

The **Recognising and Responding to Acute Deterioration Standard** contains more information about how to reassess a patient's needs when changes in behaviour, cognitive function, perception, physical function or emotional state are observed or reported.

Communicating for Safety Standard

The intention of the Communicating for Safety Standard is to ensure timely, purpose-driven and effective communication and documentation to support continuous, coordinated and safe care for patients.

The three actions described in this chapter facilitate safe and high-quality medication management in each of the four stages of the **Optimal Cancer Care Pathways** framework.

Reflective questions

1. How are the cancer service's safety and quality systems used to:
   a. support the implementation of policies and procedures for effective clinical communication
   b. identify and manage the risks associated with clinical communication
   c. identify training requirements for the delivery of effective clinical communication?
2. How is the effectiveness of clinical communication and associated processes continuously evaluated and improved?
3. What are the high-risk situations in which patient identification, procedure matching, and communication or sharing of information are critical to safe, continuous patient care?

Intended outcomes

- Cancer services have identified all points along the cancer care pathway at which they are involved and at which safe communication and clinical handover are required.
- Accurate and relevant information about each patient's care is communicated and transferred at every clinical handover to ensure safe, high-quality care.
- Patients and their carers communicate critical information and risks about their care to clinicians.
- Relevant, accurate, complete and timely information about each patient's care is documented in the healthcare record to support safe patient care.
- Regional and remote services are able to use communication technologies, such as **telehealth**, to receive skilled support in the delivery of safe cancer care.

Organisational processes to support effective communication

Action 6.4

The health service organisation has clinical communication processes to support effective communication when:

a. **identification and procedure matching should occur**
b. **all or part of a patient's care is transferred within the organisation, between multidisciplinary teams, between clinicians or between organisations; and on discharge**
c. **critical information about a patient's care, including information on risks, emerges or changes.**

Strategies for implementing this action in cancer services

Comply with relevant state/territory policies

Some states and territories have mandated tools and/or approaches relating to patient identification, procedure matching, clinical handover and communication of critical information. These should be adopted by the cancer service and adapted to the local context to ensure they are being used and are effective.

Identify situations in which safe communication is required

Communication is a key safety and quality issue and is critical to the delivery of safe patient care. Communication failures and poor or inadequate documentation of clinical information can result in errors, misdiagnosis, inappropriate treatment and poor care outcomes.

Communication errors are a major contributing factor in sentinel events in health service organisations.[38] Communication issues have also been identified as one of the most common underlying factors in complaints about the Australian healthcare system.[39, 40]

Communication is an inherent part of patient care, and informal communications will occur throughout care delivery. This Standard is not intended to apply to all communication within an organisation, but aims to ensure that systems and processes are in place at key times when effective clinical communication and documentation are critical to patient safety.

Processes to support effective clinical communication are described in the **Optimal Cancer Care Pathways** framework. Effective clinical communication is critical to ensuring patients receive the appropriate care in accordance with their comprehensive care plan, particularly in high-risk situations. It is also important when patients receive care between treatment cycles in settings outside the health service organisation.

Consider all the situations and times when identification, procedure matching and information about a patient's care need to be communicated or transferred to ensure that the patient receives the right care. This includes communication with the patient, with their carers and family, and between clinicians and multidisciplinary teams. Such situations can include:

- when care, treatment or medication is provided to a patient
- when there is a change of lead clinician, including when the lead clinician role is transferred to the patient's general practitioner, surgeon, medical oncologist, haematologist or palliative care clinician
- when a patient is admitted to hospital, or is discharged and returns to the care of a carer or of a primary clinician or a general practitioner
- when a patient is transferred to a different service, such as from a public hospital to a private hospital
- when a patient is moved between different levels of care at the same location, such as from emergency care to cancer care
- when there is follow-up of a patient referral and communication of test results, including from pathology or radiology
- when receiving patient-specific doses of anticancer medication (in such cases, closed-loop electronic medication management systems with built-in safety checks, such as barcode-validated identification of the patient and of the medication compounded, dispensed and supplied, should be used before administration)
- when providing medication support to regional or remote services using telecommunication technologies, such as **telehealth**.

Clinical communication policies should describe what is required of the workforce in key high-risk situations. These should be tailored to the cancer care context.

Clinical handover

Action 6.8f

Clinicians use structured clinical handover processes that result in the transfer of responsibility and accountability for care.

Strategies for implementing this action in cancer services

Establish effective clinical handover processes

Clinicians must be satisfied that the process used to transfer patient information is accurate, complete and relevant and results in transfer in a secure, timely manner to the intended recipient. Fax machines and mail services continue to be used for communication between clinicians despite their poor reliability, security and timeliness and the advent of newer secure messaging technologies that are available. Closed-loop communication is especially important if communication occurs through tools or technologies that do not allow two-way communication, such as emails or letters.

Ensure transfer of responsibility and accountability when clinical care is handed over, and identify critical information to be included on transfer

The details of the lead clinician should be clear to patients and carers at all times. When transferring patient care, the healthcare service should identify all critical information that should be provided. Such information may include, but is not limited to:

- comprehensive care plans, including treatment plans and protocols (see **Action 5.14**)
- current medication management plans and medication lists (see **Actions 4.10** and **4.12**)
- management of potential oncological emergencies (see **Action 4.12**).

Review policies for communicating critical information

Consider secure e-messaging technologies that meet privacy requirements set by relevant jurisdictions for the transfer of clinical handover, critical and discharge information. Poorly documented clinical or critical information can adversely affect the quality of care provided by the receiving clinician. Where there is no acknowledgement of the transfer of responsibility for patient care, there is an increased risk of lost or missed referrals, resulting in potential delays to time-critical cancer treatment.

Review survivorship planning processes

Survivorship plans are a form of handover of care. When the patient is transferred back to their general practitioner as their lead clinician, a formalised survivorship plan should be provided for appropriate patient management and late-effects monitoring. Processes relating to communication of information to the patient's general practitioner both during and on completion of cancer treatment may need to be reviewed.

Involve community pharmacists in medication management

As noted earlier, the care and checking involved in the reviewing of oral anticancer medication prescriptions and the monitoring of medication toxicities should be the same as the care and checking involved in the dispensing of other formulations of anticancer medications.

Organisations should consider the processes and communication provided to the patient's community pharmacist when oral anticancer medications are required to be dispensed through a community pharmacy. Community pharmacists involved in the dispensing and issuing of oral anticancer medications should be provided with information on the treatment protocol, the comprehensive care plan and the pharmaceutical benefits scheme (PBS) prescriptions to dispense these medications.

Community pharmacists should have ready access to information on cancer treatment protocols, and may be invited to attend case conferences with the cancer care team, either in person or by teleconference, as appropriate. At a minimum, they should be provided with information on the outcomes of these meetings. Community pharmacists should also be encouraged to undertake training on basic cancer care medications and symptom management prior to dispensing or compounding cancer care medications or providing cancer care medications information to cancer patients.

Useful resources

- **eviQ Education**
  Community pharmacist fact sheet: Managing Common Adverse Effects of Anticancer Medicines
  https://www.eviq.org.au/getmedia/3ae65fdf-581d-44c1-9ad1-44b35de662cc/Community-pharmacist-fact-sheet-Information-to-assist-community-pharmacists-adverse-effects-of-anticancer-medicines.pdf.aspx?ext=.pdf

- **eviQ Education**
  Community pharmacist fact sheet: The Role that Community Pharmacists Play in Supporting Their Customers
  https://education.eviq.org.au/getmedia/c9e61170-ad22-487a-a397-8aa634ee6702/eviQFactsheet-Community-

- **Society of Hospital Pharmacists Australia (SHPA)**
  Standard of Practice in Oncology and Haematology for Pharmacy Services
  https://www.shpa.org.au/resources/standard-practice-oncology-and-haematology-pharmacy-services-2019

- **Clinical Oncology Society of Australia (COSA)**
  Guidelines for the Safe Prescribing, Dispensing and Administration of Systemic Cancer Therapy
  https://www.cosa.org.au/publications/guidelines

- **American Society of Clinical Oncology**
  Journal of Oncology Practice
  Haematology/Oncology Pharmacist Association Best Practices for the Management of Oral Oncolytic Therapy: Pharmacy Practice Standard
  https://ascopubs.org/doi/pdf/10.1200/JOP.18.00581

Documentation of information

Action 6.11

The health service organisation has processes to contemporaneously document information in the healthcare record, including:

a. **critical information, alerts and risks**
b. **reassessment processes and outcomes**
c. **changes to the care plan.**

Strategies for implementing this action in cancer services

Document the prescribed cancer care treatment protocol

The safe prescribing of anticancer medications requires specialised charts underpinned by approved evidence-based treatment protocols and dose calculating tools.[14] Cancer services should use fit-for-purpose electronic medication management systems to support the prescribing of treatment protocols for cancer care.

The treatment protocol should be signed by the specialist medical oncologist or haematologist. All cancer care medication orders should be reviewed by an appropriately trained clinical pharmacist with access to patient information relevant to the treatment.

Verbal orders must not be used, except to stop or hold anticancer medication administration. These orders should be followed up with written documentation in the patient's healthcare record.10 Reasons for cancellations or delays to treatment should be documented and conveyed to both the treating team and the patient.

Establish documentation policies and procedures

Documentation is an essential component of effective communication. Given the complexity of cancer care and of shared patient care across clinical teams, the healthcare record is one of the most important information sources available to clinicians. Undocumented or poorly documented information relies on memory, and is less likely to be accurately communicated and retained. This can lead to loss of information, which can result in misdiagnosis and harm.

The intention of this action is to ensure that relevant, accurate, complete and up-to-date information about a patient's care is documented, and that clinicians have access to the right information to make safe clinical decisions and to deliver safe, high-quality care.

Cancer services are required to have systems in place to ensure that all essential information about a patient's care is documented in the healthcare record. For documentation to support the delivery of safe, high-quality care, it should:

- be clear, legible, concise, progressive and accurate
- include information about assessments, action taken, outcomes, reassessment processes (if applicable), risks, complications and changes
- meet all necessary medicolegal requirements for documentation.

Organisations must comply with all relevant national and state/territory policies relating to documentation requirements with respect to clinical information, and must develop policies and processes that encourage shared understanding of these documentation requirements. These may include guidance on:

- when documentation is required
- what needs to be documented—for example, critical information, risks, reassessment processes and outcomes, and changes to the care plan
- required formats
- expectations regarding information being recorded accurately, legibly and in a timely manner
- where information should be documented, and how to access and use the organisation's information management systems
- workforce roles and responsibilities relating to documentation.

Cancer services should adopt the recommendations outlined in the Clinical Oncology Society of Australia (COSA) **Guidelines for the Safe Prescribing, Dispensing and Administration of Systemic Cancer Therapy** on cancer treatment protocol prescription content, including:

- protocol name and eviQ ID number (if applicable)
- indication (tumour group, stage and treatment intent)
- other treatment modalities that may accompany the protocol, such as radiation therapy or surgery
- special precautions and contraindications to treatment
- pre-treatment investigations for first and subsequent cycles, including scheduling of investigations during treatment
- all protocol medications, including individual dosing parameters, for all chemotherapy, targeted therapy, immunotherapy and supportive treatments prescribed
- route of administration for the medicines prescribed
- treatment scheduling and frequency
- treatment cycle frequency, number and total length
- medication vehicle and volume (where appropriate)
- rate and duration of administration
- any adverse effects and regimen-specific complications that may occur during infusion or administration
- any supportive or concurrent medications and/or therapies
- laboratory tests and investigations required to monitor toxicities and side-effects
- expected side-effects and toxicities, likelihood of onset and their management
- dose modifications for each agent in the protocol
- potential interactions, and any medicines, foods and other agents to be avoided
- reference sources supporting use of the protocol in clinical practice and an assessment of the strength of evidence.

Useful resources

- **Clinical Oncology Society of Australia (COSA)**
  Guidelines for the Safe Prescribing, Dispensing and Administration of Systemic Cancer Therapy
  https://www.cosa.org.au/publications/guidelines

Appendices

Appendix 1: Summary of items and actions requiring specific strategies to support safe and high-quality medication management as they apply to the four stages of the Optimal Cancer Care Pathways framework

Implementation of these actions will enable safe and high-quality prescribing, review, compounding, dispensing and administration of medications for cancer care

NSQHS Standard	Stage in the Optimal Cancer Care Pathway	Item	Action	Page in this User Guide
Clinical Governance	All	Governance, leadership and culture	1.1	7
	All	Organisational leadership	1.3	8
			1.5	9
	All	Policies and procedures	1.7	10
	All	Measurement and quality improvement	1.8	11
	All	Incident-management systems and open disclosure	1.11	13
			1.12	13
	All	Healthcare records	1.16e	15
	All	Safety and quality training	1.20	17
	All	Credentialing and scope of clinical practice	1.23	19
	All	Evidence-based care	1.27	23
	All	Variation in clinical practice and health outcomes	1.28	26
Partnering with Consumers	All	Healthcare rights and informed consent	2.4	29
	All	Sharing decisions and planning care	2.6	31
	All	Health literacy	2.10	33
	5, 6	Partnering with consumers in organisational design and governance	2.11a	36

NSQHS Standard	Stage in the Optimal Cancer Care Pathway	Item	Action	Page in this User Guide
Medication Safety	All	Medication scope of clinical practice	4.4	39
	4, 6	Medication review	4.10	40
	4, 6	Information for patients	4.11	43
	4, 6	Provision of a medication list	4.12	45
	4, 6	Safe and secure storage and distribution of medicines	4.14	47
	4, 6	High-risk medicines	4.15	49
Comprehensive Care	All	Collaboration and teamwork	5.5	54
	3, 6	Developing a comprehensive care plan	5.13	56
	4, 5, 6	Using a comprehensive care plan	5.14	58
Communicating for Safety	All	Organisational processes to support effective communication	6.4	61
	All	Clinical handover	6.8f	63
	All	Documentation of information	6.11	65

Appendix 2: Medication management for Aboriginal and Torres Strait Islander people with cancer

There are large disparities in health outcomes between Aboriginal and Torres Strait Islander people and other Australians, including life expectancy, hospitalisation and cancer care. Whilst Aboriginal and Torres Strait Islander people mortality rates from heart disease, stroke and hypertension has improved since 2006, there were increases in cancer mortality rates.[41] Aboriginal and Torres Strait Islander peoples are 1.1 times as likely to be diagnosed with cancer and 1.4 times more likely to die from cancer than other Australians.[42]

Health service organisations need to ensure that they meet the needs of all Aboriginal and Torres Strait Islander people receiving with cancer and their families. To do this, high-quality, evidence-based health services delivered to Aboriginal and Torres Strait Islander people must be informed by a holistic approach that recognises the diversity and strengths of Aboriginal and Torres Strait Islander people and culture. Health service organisations should refer to the NSQHS Standards User Guide for Aboriginal and Torres Strait Islander Health[43] when developing policy, designing programs and implementing services to meet the needs of Aboriginal and Torres Strait Islander peoples. The User Guide provides practical strategies for the delivery of care in partnership with Aboriginal and Torres Strait Islander people.

Appendix 3: National and international groups that coordinate research in Australia for specific cancer types

- Australasian Gastro-Intestinal Trials Group
- Australasian Leukaemia and Lymphoma Group
- Australasian Sarcoma Study Group
- Australia New Zealand Gynaecological Oncology Group
- Australian and New Zealand Children's Haematology and Oncology Group
- Australian and New Zealand Urogenital and Prostate Cancer Trials Group
- Australian Lung Trials Group
- Australian New Zealand Breast Cancer Trials Group
- Clinical Oncology Group
- Cooperative Trials Group for Neuro-Oncology
- European Organisation for Research and Treatment for Cancer
- Melanoma and Skin Cancer Trials (formerly Australia and New Zealand Melanoma Trials Group)
- Primary Care Collaborative Cancer Clinical Trials Group
- Psycho-oncology Co-operative Research Group
- Trans-Tasman Radiation Oncology Group

Useful resources

Cancer Australia/ Cancer Council
2018 - Optimal care pathway for Aboriginal and Torres Strait Islander people with cancer

https://canceraustralia.gov.au/sites/default/files/publications/optimal-care-pathway-aboriginal-and-torres-strait-islander-people-cancer/pdf/optimal-care-pathway-for-aboriginal-and-torres-strait-islander-people-with-cancer.pdf

https://www.cancer.org.au/content/ocp/Optimal_care_pathways_ATSI_quick_reference_guide_August_2018.PDF

Cancer Australia/ QUT – EdCaN – learning resources for nurses
2020 – Cancer care for Aboriginal and Torres Strait Islander peoples

http://edcan.org.au/edcan-learning-resources/supporting-resources/aboriginal-and-torres-strait-islander-peoples

Glossary

adjuvant therapy additional cancer treatment given after the primary treatment, to lower the risk that the cancer will return; may include anticancer medication(s), surgical intervention and/or radiation therapy

cancer service any service involved in the prescribing, reviewing, compounding, dispensing or administration of medications used in cancer care

care coordination the delivery of services by different providers in a coherent, logical and timely manner, consistent with the patient's medical needs and personal context

clinical verification see *medication review*, as described under **Action 4.4**

clinician a healthcare provider who is trained as a professional health practitioner, whether registered or non-registered; clinicians may provide care within a health service organisation as an employee, a contractor or a credentialed healthcare provider or under another working arrangement; they include nurses, midwives, medical practitioners, pharmacists, allied health practitioners, technicians, scientists and others who provide health care, as well as students who provide health care under supervision

consumer a person who has cancer, or a carer or family member of a person who has cancer

currency (of documentation) version-controlled and reviewed regularly and frequently to keep up with best practice, evidence-based guidelines and research

health service (organisation) an organisation involved in some or all aspects of cancer care; includes public and private hospitals, outpatient clinics, community services, general practitioner medical centres, community pharmacies and hospital-in-the-home services

individual patient use (IPU) protocol a treatment protocol that has yet to be approved for use in the organisation but is prescribed to facilitate time-critical care

junior clinician a clinician who is still in training (such as a graduate or intern), a clinician requiring supervision or a clinician who has limited experience working in cancer care

lead clinician the clinician responsible for managing patient care (generally a medical practitioner)

multidisciplinary care an integrated team approach to health care in which medical and allied health professionals consider all relevant treatment options and collaboratively develop an individualised treatment (care) plan for each patient

multidisciplinary team a team that comprises the core disciplines integral to providing good care, is flexible in approach, reflects the patient's clinical and psychosocial needs and has processes in place to facilitate good communication

Optimal Cancer Care Pathways framework a framework developed by Cancer Council Australia that maps key stages in a patient's cancer journey, and details the key principles and practices required at each stage to guide the delivery of consistent, safe, high-quality and evidence-based care; at the time of publication there are 15 published tumour-specific **Optimal Cancer Care Pathways** for the more common cancer types (see **https://www.cancer.org.au/health-professionals/optimal-cancer-care-pathways.html**)

review a formal assessmet of an issue or process to identify risks, failures, barriers and/or opportunities with the intention of instituting changes if necessary

timely (of the communication of information) within a reasonable time frame, subject to how important or time-critical the information is to a patient's ongoing care or wellbeing, the context in which the service is provided and the clinical acuity of the patient

unwarranted variation unexplained and undocumented variations from the evidence-based approved treatment protocol to pre- or post-hydration, use of supportive medications, dose adjustments or changes to treatment frequency during cycles

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This User Guide combines these resources with the National Safety and Quality Health Service (NSQHS) Standards and the National Model Clinical Governance Framework to provide guidance on effective and safe best-practice care for patients receiving medications used in cancer care.

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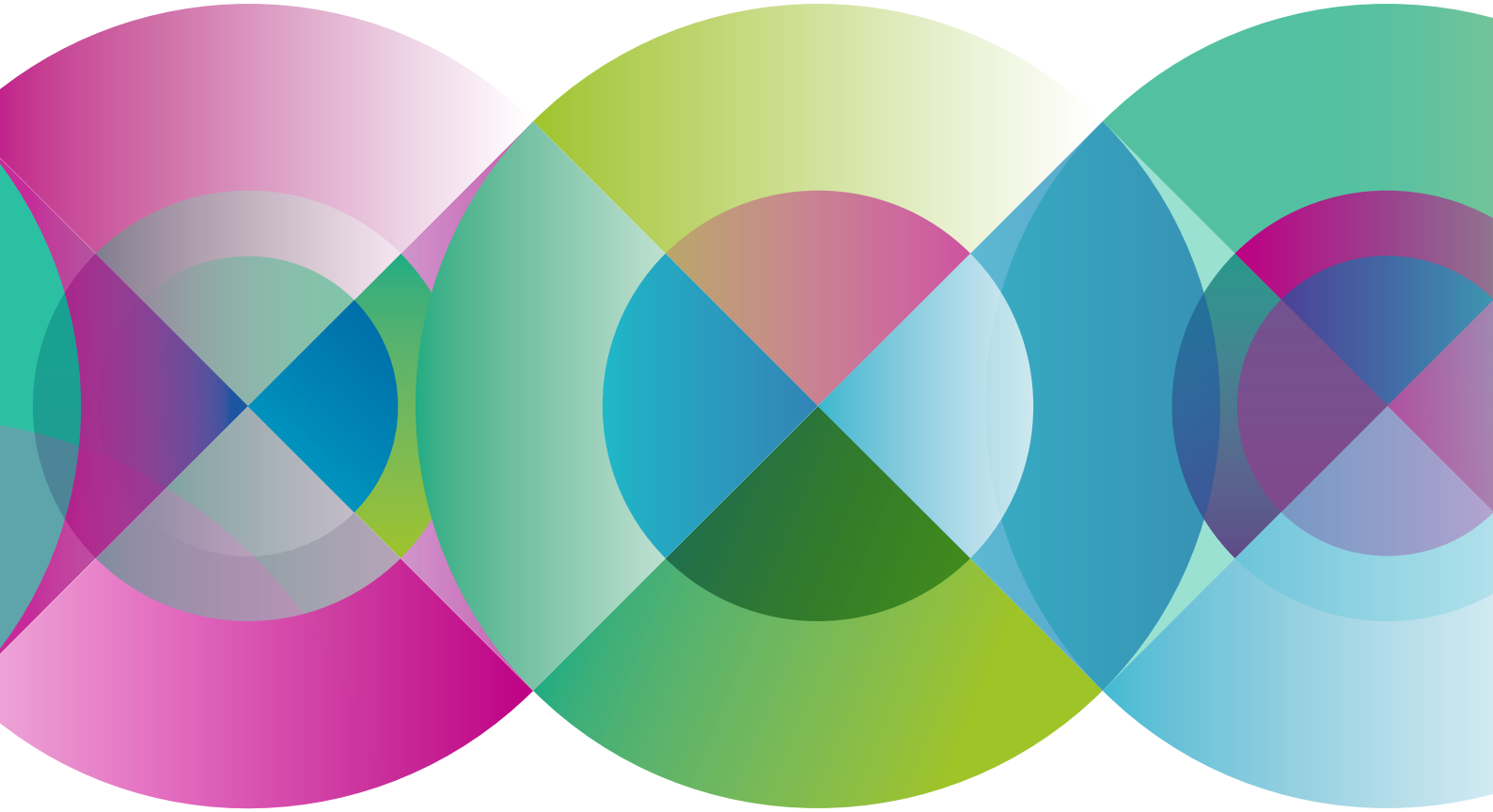

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