Submission No 115

INQUIRY INTO OFF-PROTOCOL PRESCRIBING OF CHEMOTHERAPY IN NSW

Organisation: CCA Health Care

Date received: 12 April 2017

Dear Paul,

As discussed, herewith information, which I trust will be of some value to you in your deliberations relating to your inquiry into "off-protocol prescribing of chemotherapy". In support of the commentary, please find attached,

- Our Chemotherapy over-arching procedure. I have not included the work instruction (W019A) as it is over 200 pages and is substantially comprised of the CINSW EviQ guidelines. Also, I would then need to include all associated documentation with this procedure, which would then exceed a 1,000 pages and not add to discussion in a meaningful way; and
- The specific work instruction (W039E) relating to dose variation for Radiotherapy. This is the relevant component of the procedure relating to deviations, which I believe is very good basis from which to build a standardised reporting mechanism for Chemotherapy deviations.

In relation to the system and recommendations, my view is that although there are numerous ways to move forward, the simpler and more straight-forward the system is, the more adherence and compliance we are likely to have. Perhaps one could use something along the following lines in respect of a medical oncology deviation from protocol. In this regard, if we accept that the Cancer Institute is the repository of all things that are evidence-based medicine and all recipes contained therein are gospel, then provided the scope of these protocols adequately covers the need for variations, a deviation from that scope automatically becomes a reportable incident. That is; we do not wait for retrospective information before we consider matters, we obtain the information prospectively by having it mandated that a doctor must provide CINSW with a deviation report when there is to be substantive deviation. Against this background, a simple approach may be expressed as a directive or work-instruction, along the following lines:

It is a registered nurse's responsibility to check all medication to be administered to ensure that:

- ❖ The patient is suitable to receive this medication;
- ❖ Before administration the mode of action of the medication is understood by the registered nurse;
- ❖ The order is clearly written and signed by the prescribing doctor;
- ❖ Consent has been given by the patient and is also signed by the prescribing/treating doctor;
- ❖ The patient is reviewed and is well enough in accord with base-line data required for the prescribed therapy / medication. If not, then the doctor is to be contacted and medication is either reduced to enable administration in line with protocol or is deferred or ceased altogether. This is a process that must be undertaken in consultation with the doctor and documented by the nurse;
- ❖ The dose is appropriate (within acceptable range) in accord with the regimen ordered, CINSW guidelines and the patient's BSA – Essential that this is checked prior to each and every administration;
- ❖ Before administration the route of administration of the medication is understood by the registered nurse and administered accordingly; and
- ❖ The medication is checked by 2 Registered nurses and signed off.

If there is ever any doubt about a medication, dose ordered, route of administration or patient's condition, then this should be addressed with the doctor ordering the medication. Discussion should take place between the doctor and nurse and there should be detailed documentation as to why a dose ordered varies from the regimen be it dose-reduced, dose-increased or dose-omitted. This MUST be communicated clearly to the patient and their significant others. This communication and the outcome MUST be comprehensively documented.

Accepting that all regimens in EViQ are evidence-based, it must be remembered that they were written as guidelines and not absolutes. Patients are unique and a "one-size fits all" approach cannot be applied, otherwise, why do we need doctors?

Dosage is customised to the individual patient by the doctor. If the dose varies from the standard protocol, the most important thing as part of this process is for the doctor to document why there is a deviation and to explain that to the nursing staff, before administering the medication. There must be clear and evidence-based rationale for the deviation.

The key is DOCUMENTATION. However, irrespective, when a dose significantly varies from EViQ, it MUST be discussed with the Director of Clinical Services and taken up at the next QA and MAC meetings. The Director of Clinical Services may discuss the matter with other clinicians and if appropriate discuss with CINSW as well as the attending physician.

Sincerely,

Tony

T H Noun
Director & Chairman
CCA Health Care \ Cancer Care Associates \ Northern Cancer Institute