

National Safety and Quality Health Service
Australian Commission on Safety and Quality in Health Care

Email: NSQHSStandards@safetyandquality.gov.au

To whom it may concern,

Re: The National Safety and Quality Health Service (NSQHS) Standards User Guide for Medication Management in Cancer Care

The Australian College of Nursing (ACN) welcomes the opportunity to provide feedback on the *NSQHS Standards User Guide for Medication Management in Cancer Care* (April 2019). As the pre-eminent and national leader of the nursing profession, ACN represents nurses in a variety of clinical settings including those who provide cancer care and are involved in the handling and administration of anti-cancer medications.

ACN expresses concern surrounding recent chemotherapy-related incidents that have occurred in different parts of Australia. ACN is committed to ensuring quality and safe care is provided to all Australians in the community including vulnerable cancer patients, and is therefore supportive of the User Guide Standards for Medication Management in Cancer Care.

A copy of ACN's response to the Australian Commission on Safety and Quality in Health Care, which has been informed by ACN's membership, is attached for your review.

If you have further enquiries regarding this matter, please contact Dr Carolyn Stapleton FACN, Manager - Policy and Advocacy, at carolyn.stapleton@acn.edu.au.

Yours sincerely,



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24 May 2019

1. Content: Does this User Guide address the key safety and quality issues in your service or in relation to medication management in cancer care services more broadly?

Yes. ACN believes the User Guide is applicable to a range of care settings where cancer care is provided; and addresses medicine-related safety and quality issues in a comprehensive manner. In particular, ACN believes there is clear guidance on escalation processes where there may be issues around patient care and safety; as well as healthcare rights and informed consent processes.

2. Content: Are the key tasks and strategies appropriate?

Yes. ACN considers the key tasks and strategies appropriate for individual health services.

3. Usability: How could we make the content in this resource more applicable and easier to use for implementation?

ACN suggests developing a 'how to use' document or flowchart to help cancer care services and its health care professionals, to use this information in a timely and accurate manner.

4. Gaps and duplication: Are there any gaps in the content and how should they be addressed? Is there any unnecessarily duplicated content that could be removed?

Yes. People with cancer often require changes to their anti-cancer treatment dose for a range of reasons including managing multiple comorbidities, polypharmacy and potential medication related drug-interactions to prevent side effects including toxicity.

ACN would like to highlight the influence of comorbidity and polypharmacy on treatment tolerance and response to anti-cancer treatment. Cancer treatments have been associated with significant neurotoxicity, both to the central and peripheral nervous systems.¹ The extent to which comorbidity affects how well treatments are tolerated is dependent on a variety of factors including the type and severity of comorbidity as well as the cancer treatment selected. While the evidence relating to toxicity and treatment effectiveness among cancer patients with comorbidities is inconsistent due to most cancer clinical trials excluding patients with significant comorbidities, many studies report higher rates of complications among cancer patients with comorbidity. It is however evident that *“those with comorbidity are likely to be on several prescribed, over-the-counter, or alternative medications, which can interact with each other and with chemotherapeutic agents, potentially leading to increased toxicity, reduction in the effectiveness of a therapeutic regime, or reduction in compliance”*.²

¹ Stone, J. B., & DeAngelis, L. M. (2015). Cancer-treatment-induced neurotoxicity--focus on newer treatments. *Nature reviews. Clinical oncology*, 13(2), 92–105. doi:10.1038/nrclinonc.2015.152

² Sarfati, D., Koczwara, B. and Jackson, C. (2016), The impact of comorbidity on cancer and its treatment. *CA: A Cancer Journal for Clinicians*, 66: 337-350. doi:[10.3322/caac.21342](https://doi.org/10.3322/caac.21342)

In addition, while established models of care exist to manage chronic conditions, these often do not include cancer. As a result, the presence of comorbidity in cancer poses additional challenges due to the complexity of health needs to be addressed by a greater diversity of expertise for optimal management.³ ACN therefore suggests providing clear documented strategies for monitoring use of ingestible and non-ingestible complementary therapies; when dose adjustments or drug discontinuation are required to prevent treatment-induced interactions, side effects and toxicity; and when non-pharmacological alternatives are appropriate.

A member of ACN's membership also noted that the User Guide should highlight the need for safe and appropriate use of opioids with anti-cancer medications through use of evidence-based protocols that already exist nationally. For example, the Cancer Institute NSW, which provides protocol supports online calculators to assist prescribing of chemotherapeutic agents as well as conversion tools for opioid prescriptions.⁴

5. Clarification: Does any of the content in this resource require further clarification or rewording? Please provide suggestions for these changes.

ACN believes the overall content is well written and clear. Concerning 'Incident Management', ACN suggests that clinical incidents and near misses regarding medication administration be included as agenda items at clinical governance and other relevant meetings for cancer care. This will allow for the review of trends and the implementation and ongoing monitoring of action plans, including education required, to reduce clinical incidents.

6. Language: How could we improve the language, terminology and glossary used in the resource so that they are more appropriate and applicable to the context of your organisation?

ACN believes the overall language is appropriate for most health services. ACN is however mindful of the need for language that is culturally sensitive to minority and diverse groups including people from Aboriginal and Torres Strait Islander communities, CALD and LGBTI groups. ACN suggests establishing partnerships with Aboriginal service providers and other minority group providers for assistance with health literacy and communication.

7. Additional functionality: What additional functionality would be helpful in an interactive online resource? For example; links between actions, links to other resources, etc?

ACN suggests the availability of free Apple iTunes downloads (and Android equivalent products) in the interactive online resource; providing links to the eviQ and COSA Guidelines; as well as policies noted

³ Sarfati, D. , Koczwara, B. and Jackson, C. (2016), The impact of comorbidity on cancer and its treatment. CA: A Cancer Journal for Clinicians, 66: 337-350. doi:[10.3322/caac.21342](https://doi.org/10.3322/caac.21342)

⁴ Cancer Institute NSW (2017). Opioid Conversion Calculator. Accessed from: <https://www.eviq.org.au/clinical-resources/eviq-calculators/3201-opioid-conversion-calculator>

within the document. More so, it would be helpful to have the option of clicking a hyperlink on the required page in the table of contents.

8. Other feedback: Please provide any other feedback you have on this resource.

Additional feedback from ACN's membership is provided below:

- There should be mechanisms for evaluating service outcomes;
- Anti-cancer treatments should be audited, for both organisations with and without Electronic Medication Charts (EMRs).
- Action plans for improvement should be tabled at the cancer service clinical governance meetings or equivalent;
- Cancer care organisations should have a Drugs and Therapeutics Committee as part of medication management;⁵
- Electronic templates for anti-cancer medication orders should be read only and unable to be altered by the clinician, therefore preventing undetected alterations and unauthorised orders;
- Any additions and changes to electronic templates for anti-cancer medication orders should be processed through the Drugs and Therapeutics Committee for authorisation;
- It is best practice for prescribing programs to provide Body Surface Area (BSA) calculators with standardised BSA calculations; and safety alerts alerting the prescriber to previous medication-related reactions and allergies;
- Mandate minimum staffing skills and skill-mix requirements in cancer care facilities to ensure safe health care practices are followed effectively;
- Ensure there is appropriate cancer care education for all allied health professionals involved in the prescribing, handling, supply and administration of anti-cancer medications; including those in rural and remote health care settings;
- Ensure appropriate care coordination processes for timely patient review, treatment and referral to palliative care services where appropriate;
- Provision of access to psychology/social work team as part of the full-time equivalent (FTE) workload.

⁵ National Safety and Quality Health Service Standards (second edition). "Standard 4 – Medication Safety". Accessed at <https://nationalstandards.safetyandquality.gov.au/4.-medication-safety>