

DISCUSSION GUIDE FOR CLINICAL LEADERS: ONCOLOGY SUPPLEMENT

This guide presents a list of Adult Medical Oncology-specific considerations (focused on chemotherapy) that affiliating organizations should jointly consider, with a goal of increasing the value of care for their joint patient population.

INSTRUCTIONS

Working together, consider the following discussion prompts as you seek to make explicit the similarities and differences between your organizations and collaborate on how you can protect and improve patient safety.

If you can only work through a short list of topics, start with the high-priority questions in bold text. They can be used to explore areas of difference that can significantly impact patient safety.

CONTEXT

Why is Oncology different from other specialties in this guide?

- » Practice is largely ambulatory
- » Merger of small practices with larger centers often results in hub and spoke care model
- » Frequent need to tightly coordinate care closely with other specialists, especially radiation oncologists and surgeons
- » High-quality communication across disciplines (nursing, advance practice providers, physicians, pharmacists) essential to provide safe care
- » Well accepted standards for safe chemotherapy administration (ASCO/ONS)
- » Use of drugs with very tight therapeutic/toxic ratio requires close follow up
- » Frequent approval of new agents and new classes of chemotherapy drugs, often with new and unique toxicity profiles, requires providers to regularly update their knowledge
- » Growing use of oral chemotherapy drugs transferring responsibility of administration from the cancer center to the patient
- » Prompt recognition and management of treatment side effects are essential to avoid life-threatening consequences
- » Many patients require long-term opioid use
- » Psychosocial needs of patients and families often intense – benefit from support services including palliative care, social work, nutrition, others
- » Very high cost of anti-cancer drugs and supportive medications can lead to significant financial stress for patients



LEADERSHIP AND CULTURE

What are the goals and values of both institutions and how do they align?

Describe how leadership is structured at your oncology practice.

- » What does the hierarchy look like? How does leadership interact with frontline health workers?
 - » What are the professional backgrounds of those in leadership?
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What does the leadership team value?

- » In what ways, if at all, do those values affect how care is provided at your oncology practice?
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What are some practices that are typical of the leadership team?

- » In what ways, if at all, do those practices affect how care is provided at your oncology practice?
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How do people work together at your oncology practice?

- » How are they supported by leadership?
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Financial constraints are a reality that most practices face. How has leadership balanced financial constraints with safety culture at your oncology practice?

- » What has worked well?
 - » What hasn't worked well?
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What is the nature of the affiliation?

- » What do you foresee as being the positives of the affiliation?
 - » What are you most concerned about regarding the affiliation?
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Generally, how is change managed at this oncology practice? i.e.,

- » Changes in leadership?
 - » Changes in patient patterns?
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NOTE: *If you are unable to answer these questions and/or they raise any concerns from either affiliating party, please consider jointly reviewing our Joint Clinical Integration Guide. It contains best practices on how to prioritize and manage clinical safety in the setting of system expansion.*

ROLES AND RESPONSIBILITIES

How does your oncology practice ensure that staff members who prepare chemotherapy have appropriate training? How is it documented?

How does your oncology practice ensure that staff members who administer chemotherapy have appropriate training? How is it documented?

Regarding ordering of chemotherapy:

- » What certifications are required to be able to order chemotherapy? Probe: Must physicians be oncology specialty-trained AND board certified? How does your practice ensure that providers who are ordering chemotherapy have appropriate certifications?
- » What, if any, exceptions are there to this policy?
- » What privileges, if any, do advanced practice providers have for ordering chemotherapy? What about for ordering oral agents?

In regards to chemotherapy preparation and handling:

- » Who does the preparation of chemotherapy? What is their training?
- » What competency assessment is utilized (e.g. USP 800 exposure to hazardous drug education, aseptic technique, other regulatory requirements)?
- » How are chemotherapy spills handled? How are people trained to handle them?

What do your work teams look like? Specifically, at your oncology practice, how do your physicians work with:

- » nurse practitioners? » nutritionists? » social workers?
- » physician assistants? » trainees/fellows?
- » pharmacists? » palliative care?

How do you partner with Pathology to ensure timely and accurate diagnoses?

How do you partner with Radiology to ensure timely and accurate diagnoses?

How does your oncology practice discuss diagnoses and treatment plans with the care team? Do you have tumor boards? If so, how often, who participates, and what is the structure/content?

What are the criteria for deciding when a case requires additional Pathology review?

- » Outside review (e.g. a second opinion from a pathologist at another hospital)?
- » Internal review (e.g. a “double read” within the same department)?
- » What processes are available if a physician is concerned about a report and would like an additional review (external or internal)?

When team members (physicians, pharmacists, and/or NPs) are employed by different entities, what is the nature of their access to clinical support tools?

INFRASTRUCTURE AND RESOURCES

How does your practice enter orders to prescribe IV chemotherapy?

How do you know which order set to use (if applicable) for a particular patient?

How does your oncology electronic health record (EHR) work?

- » Is it free-standing? Is it part of a larger health system?
 - » Is there a linkage between prescribed inpatient chemotherapy orders and the outpatient EHR?
 - » Is there a linkage between prescribed outpatient chemotherapy orders and the inpatient EHR?
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Are there technology alerts built into the EHR to prevent the following:

- » Inappropriate routes of chemotherapy administration?
 - » Excessive or subtherapeutic chemotherapy doses (using protocol-specific dosing ranges)?
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How does the practice approach opportunities for care standardization? For example:

- » Has the practice created standard chemotherapy order sets?
 - » Do they include standardized supportive care medications (anti-emetics, growth factors, etc.)?
 - » On what references were they based?
 - » If there are written order sets, how are these kept updated and tracked?
 - » Do order sets include standard criteria for dose adjustment based on tolerability and/or toxicity?
 - » Does the practice utilize clinical pathways? If so, what percentage of treatments are on-pathway?
 - » How are patients monitored when their chemotherapy plan is outside of the generally established guidelines?
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What inpatient oncology-specific resources are available for your patients? (For example: resources for obtaining chemotherapy as an inpatient)

What is your consent process like prior to starting chemotherapy?

- » Is it oral or written?
 - » Does consent apply to all anti-cancer therapy (i.e. including oral chemotherapy)?
 - » Is there crossover between inpatient and outpatient consents?
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What are the practices for off-hours? (i.e. what resources are / are not available during off hours)?

- » What are the practices for weekend coverage?
 - » What are the practices for night coverage?
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Does your chemotherapy infusion room support non-cancer patients (i.e. benign hematological disease, rheumatoid arthritis)?

- » If so, how is this coordinated with cancer patients?
- » If so, how is this coordinated with non-oncologists?

In regards to oral chemotherapy:

- » How are oral agents ordered?
- » How are oral agents prepared?
- » How are oral agents dispensed?
- » How are they tracked? (i.e. tracked in the EHR)
- » How do you assure adherence with oral medications? How do you monitor oral medication usage?
- » How do you ensure that prescriptions are filled?

What are your policies for the following aspects of chemotherapy?

- » Drug preparation?
- » Drug administration?
- » Product labeling?
- » Drug dispensing? (Specifically, does any chemotherapy require preparation or manipulation in the treatment area by the practitioner who will be administering it?)

What laboratory checks are required prior to starting chemotherapy? (e.g pregnancy test and/or tests specific to current treatment)

When during the workflow are lab tests evaluated?

- » Are they evaluated prior to preparation of the first dose of chemotherapy?
- » Prior to administration of the first dose of chemotherapy?
- » Before subsequent doses are indicated?
- » Who is responsible for reviewing them if the patient is not seeing the doctor that day?

Is there a system in place to document/track/communicate the lifetime cumulative dose of chemotherapy as appropriate?

- » Could you describe the system? How does it work?

Who is ultimately responsible for addressing cumulative dose issues?

Is there a system in place to coordinate the collection of documentation regarding advance directives or decision-making delegation?

- » Could you describe the system? How does it work?

How are physicians and other healthcare providers made aware of critical results? For example:

- » How does a physician confirm receipt of priority results?
- » Does the practice have electronic access to testing performed in outside facilities?

Please describe a pre-procedure assessment at your oncology practice.

How do you ensure that the patient's condition is optimal prior to starting chemotherapy?

Before the first administration of a new chemotherapy regimen, does your chart documentation include the following:

- » pathologic confirmation of initial diagnosis?
- » initial cancer stage?
- » current cancer status?
- » chemotherapy treatment plan? If so, what does the chemotherapy treatment plan include? (i.e. Patient diagnosis? Drugs? Doses? Duration of treatment? Goals of therapy? Anything additional?)

Does your oncology practice participate in clinical trials? If so, please describe for:

- » phase I?
- » phase II?
- » phase III?

PATIENT SAFETY AND QUALITY IMPROVEMENT

Is your oncology practice Commission on Cancer certified? Have you previously applied? If not, please explain.

Describe how your oncology practice participates in Quality Oncology Practice Initiative (QOPI)? If it does not participate, please explain.

Currently, what is your process for sharing quality and safety reports within your oncology practice?

Are near misses and adverse events tracked and if so, how is this information shared?

Apart from near misses and adverse events, does your oncology practice track any quality improvement data? If so, describe the process for tracking any of the following:

- » Handoff failures
- » Patient and patient caregiver satisfaction scores
- » Hand hygiene rates
- » Patient falls
- » CLABSI rates

Does your oncology practice share results of the quality improvement data? If so, describe the process and recipients.

In the setting of a merger or affiliation, how do you envision sharing quality reports between oncology practices?

How do you envision sharing safety reports between oncology practices?

Are oncology nurses trained on the identification and management of oncology patient risk?

- » What topics does the training cover?
- » What other clinicians attend these trainings?

Before starting chemotherapy:

- » Are there checklists in place to aid in the review of patient's medical records? If so, please describe the checklists.
- » Is there a standardized pre-treatment assessment process? If so, please describe the pre-treatment assessment process.

Describe your practices related to medication safety. For example:

- » How does a provider initiate chemotherapy?
- » How does a provider modify chemotherapy?
- » How do providers calculate drug doses?
- » What guidelines exist related to the expression of drug names?
- » What guidelines exist related to the expression of drug doses?
- » What processes are in place to ensure patients receive the correct medications in the correct dosages? How well do these processes work?
- » How does your oncology practice ensure that chemotherapy orders are correct? What processes are in place?
- » Are there systems in place to track patient opioid use?

What committees (both within and beyond your practice group) does your oncology practice participate in regarding quality improvement?

What committees does your oncology practice participate in regarding patient safety?

How do you ensure that all staff are up to date on patient safety knowledge?

How do you ensure that all staff are up to date on patient safety practices?

How do you ensure that all staff are up to date on quality improvement knowledge?

How do you ensure that all staff are up to date on quality improvement practices?

Do you report your cancer cases to any outside agencies? If so, which ones (e.g. state Department of Health)? What is the process for reporting? Who in your practice is accountable?

EMERGENCY SITUATIONS

What are the standard processes for getting help if a medical emergency happens during a chemotherapy session? (i.e. Do you call 911? Do you have a hospital emergency response team?)

How can you find the exact institutional policies for emergency situation triage and management?

Describe the criteria for urgently evaluating patients receiving chemotherapy

Describe the protocols for urgently evaluating patients receiving chemotherapy

Do protocols exist to direct the emergency treatment of:

- » hypersensitivity reactions?
- » overdoses?
- » life-threatening toxicities related to certain types of chemotherapy?

In what situations are the protocols used?

In what situations are the protocols not used?

What training is provided to staff to address emergency situations?

What disciplines should be involved in handling emergencies?

- » Of those, what would be each of their core roles/responsibilities during an emergency?

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CONTRIBUTORS

Sylvia Bartel, Rachelle Bernacki, Kathleen Bieglaus, Mara Bloom, Craig Bunnell, Howard Cohen, Emma Dann, Jan Danowski, David Dougherty, Barbara Fine, Monica Fradkin, Erik Fromme, Marc Garnick, Anne Gross, Anthony Guidi, Susan Haas, Joe Jacobson, Janaka Lagoo, Sharon Lane, Christopher Lathan, Antoinette Lavino, Elizabeth Liebow, Catherine Lyons, Marie Therese Mulvey, Michael Neuss, Jo Paladino, David Ryan, Justin Sanders, Joel Schwartz, Bitu Tabesh, Lisa Weissman, Eric Winer, Jessica Zerillo