Qmentum Program

Ambulatory Systemic Cancer Therapy Services

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ACCREDITATION CANADA
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Accreditation Canada has added a new feature to Qmentum that makes it easier to tailor the program to each client organization. Based on the type of services an organization provides, Accreditation Canada can now generate custom sets of standards from which standards or criteria that do not apply to the organization have been removed.

This means the numbering may not be sequential in the custom standards since some criteria no longer appear.

The Ambulatory Systemic Cancer Therapy Services standards were developed in response to a growing need for standards to address the key safety issues involved in the delivery of systemic cancer therapy in an ambulatory setting.

For the purpose of these standards, ambulatory systemic cancer therapy is defined as cancer therapies that are delivered in an outpatient setting.

Accreditation Canada's sector and service-based standards help organizations assess quality at the point of service delivery. They are based on five key elements of service excellence: clinical leadership, people, process, information, and performance.

These standards contain the following sections:
· Investing in ambulatory systemic cancer therapy services
· Engaging prepared and proactive staff
· Providing safe and appropriate ambulatory systemic cancer therapy services
· Maintaining safe and effective equipment
· Maintaining accessible and efficient clinical information systems
· Monitoring quality and achieving positive outcomes

DEFINITIONS:

Systemic Cancer Therapies
Includes hormonal, biological, chemotherapeutic, or cytotoxic agents delivered through an oral or parenteral method.

Regimen
Regimen refers to the entire plan for therapy. The regimen includes the dosage, schedule, duration of the treatment, and number of cycles when known. The regimen may include the cytotoxic agent as well as other medications used in the delivery or complementary to the cytotoxic agent.

Cycle
A cycle of treatment is defined as the length of time a particular medication or group of medications is administered. A client may undergo many cycles of treatment with differing medications, dosages, or durations.

Team
For the purpose of this document "team" refers to the interdisciplinary team involved in the administration of ambulatory systemic cancer therapies. This may include primary care physicians, specialists (e.g. medical oncologists, pediatric oncologist, surgeons, hematologists and radiation oncologists), registered nurses, pharmacists, pharmacy technicians, social workers, and dietitians.

Prescriber
The term "prescriber" refers to the person who writes the order for a systemic cancer therapy. This is usually the oncologist, but could also be other health care professionals depending on specific circumstances and appropriate scope of practice as set out by regulatory and legislative bodies.

Ambulatory Systemic Cancer Therapy Services

INVESTING IN AMBULATORY SYSTEMIC CANCER THERAPY SERVICES

1.0   The team develops its ambulatory systemic cancer therapy services to meet the needs of its clients and the community it serves.

Population Focus

1.1   The team collects information about its clients and the community it serves.

Guideline

Information includes the types and needs of clients served by the organization, and trends that could have an impact on the community and its health service needs. Health service needs are influenced by health status, capacities, risks, and determinants of health such as lifestyle, education, and housing. Information can come from internal and external sources such as the Canadian Institute of Health Information (CIHI), census data, end of service planning reports, wait list data, and community needs assessments.

If it is not within a team's mandate to collect information, the team knows how to access and use information that is available.

Population Focus

1.2   The team uses the information it collects about clients and the community to define the scope of its services and to set priorities when multiple service needs are identified.

Guideline

When defining the scope of its services, the team considers the resources that are currently available in the community and those that are still needed. Examples of services may include primary care, community pharmacy, home and community support services, long-term care organizations, palliative and end-of-life services, and psychosocial supports.

Effectiveness

1.3   The team's scope of services is aligned with the organization's strategic direction.

Guideline

Expectations regarding the team's scope of services may be outlined in provincial or territorial legislation.

Continuity of Services

1.4 The team collaborates with other services, programs, providers, and organizations to identify, address, and coordinate services across the continuum of care.

Guideline

Meeting the full range of service needs of the community or populations served is beyond the capabilities of any one team or organization. The team identifies partnerships and works collaboratively with partners to enhance the efficiency and effectiveness of its services, provide access across the continuum of care, and make it easier for clients to move through the system.

Partners may include primary care, inpatient services, urgent care, community pharmacy, home and community support services, long-term care organizations, palliative and end-of-life services, and psychosocial supports. Linkages and partnerships are also set up and maintained with other sectors, e.g. social services, housing, education, and transportation. The organization is able to describe and provide evidence of proactive linkages with community partners.

Accessibility

1.5 The team provides potential clients, families, providers, and referring organizations with information about the organization and its ambulatory systemic cancer therapy services.

Guideline

Information includes the scope of the organization's services and costs, if any; the effectiveness and outcomes of its services; and any other services available to address the client's specific needs.

Effectiveness

1.6 The team regularly reviews its services and makes changes based on changing priorities as needed.

Guideline

The team reviews the appropriateness of its current services as well as the need for new services. Reviews are conducted annually or as needed. The team communicates the results of service reviews.

The team defines what "regularly" means and adheres to that schedule.

2.0 The organization provides leadership and support to deliver ambulatory systemic cancer therapy services.

Effectiveness

2.1 Team members work together to develop goals and objectives that are measurable and specific to the delivery of ambulatory systemic cancer therapy services.

Guideline

The team reviews its goals and objectives annually or as needed. Goals and objectives align with organizational, federal, provincial or territorial objectives. The team has a process for evaluating goals and objectives.

Community partners, clients, and families may also be involved in developing team goals and objectives.

Team goals and objectives provide the foundation for delivering services. They describe what the team wants to achieve for ambulatory systemic cancer therapy services. They are linked to the organization's strategic direction, have measurable outcomes and success factors, and are realistic and time-specific.

Effectiveness

2.2 The team identifies the resources needed to effectively deliver ambulatory systemic cancer therapy services.

Guideline

Resources may be human, financial, structural, educational, or technological.

The availability of resources may depend on the continuity of funding, as well as opportunities to pool resources with other organizations.

Effectiveness

2.3 The team leaders advocate to senior management on the team's behalf for the resources needed to achieve the goals and objectives.

Effectiveness

2.4 The team has access to the supplies and equipment needed to deliver ambulatory systemic cancer therapy services.

Guideline

The organization has enough beds, chairs, and infusion supplies to meet the needs of its clients.

Client-centred Services

2.5 The team has sufficient space to accommodate its clients and to provide safe and effective services.

Guideline

The team has adequate space to meet the needs of clients safely and comfortably. This includes adequate space for equipment and medication storage. The team considers client privacy, reasonable space for family or other support persons, and infection prevention and control when assessing sufficient space.

Worklife

2.6 The team has sufficient staff to accommodate clients and meet workload demands.

Guideline

Considerations for sufficient staff include ongoing client needs, changing workloads, and staffing changes. National or provincial standards are consulted where available.

ENGAGING PREPARED AND PROACTIVE STAFF

3.0   The team uses an interdisciplinary approach to deliver ambulatory systemic cancer therapy services.

Continuity of
Services

3.1   The team uses an interdisciplinary approach to deliver ambulatory systemic cancer therapy services.

Guideline

Depending on the needs of the client and family, the team may include professionals from various disciplines to provide the best and most comprehensive care.

Worklife

3.2   Team members have position profiles that define their roles, responsibilities, and scope of practice.

Guideline

Position profiles include a position summary, qualifications and minimum requirements, the nature and scope of the work, and reporting relationships.

Role clarity is essential in promoting client and staff safety, as well as a positive work environment. Understanding roles and responsibilities, and being able to work to one's full scope of practice, helps create meaning and purpose for individuals.

Worklife

3.3   Team members are provided with opportunities to develop skills to improve the interdisciplinary approach and overall team functioning.

Guideline

Skills to improve team functioning may differ from required technical skills; for example, cooperation and collaboration, communication, leadership, and responsibility.

Efficiency

3.4   The team develops standardized processes and procedures to improve teamwork and minimize duplication.

Guideline

Standardized processes and procedures, such as the approach to client assessment or charting, ordering medications, or using a validated screening and assessment tool, help to improve clarity and collaboration among team members, eliminate duplication of similar processes, and reduce the risk of error.

Efficiency

3.5 Sufficient workspace is available to support team functioning and interaction.

Guideline

Workspace to meet, discuss clients, and interact is essential for team functioning. As many organizations experience space limitations, creativity may be required to create the space that the team needs to work effectively.

Safety

3.6 The team communicates regularly to coordinate services, roles, and responsibilities.

Guideline

Miscommunication or a lack of communication among team members often compromises client safety. Making accurate and timely communication a priority promotes continuity of care and helps prevent adverse events.
Communication mechanisms may include meetings, teleconferences, computer technologies, or virtual technologies such as telehealth or web-conferencing, and may involve the client, family, caregiver, or client advocate.

The team defines what "regularly" means and adheres to that schedule.

Effectiveness

3.7 The team evaluates its functioning at least annually, identifies priorities for action based upon the evaluation, and makes improvements.

Guideline

The team's process to evaluate its functioning may include a review of its services, processes and outcomes. This may include administering a team functioning questionnaire to team members to stimulate discussion about areas for improvement.

The team also evaluates its functioning if there has been a significant change to the structure of the team.

4.0 The team promotes the well-being and worklife balance of each of its members.

Worklife

4.1 The team's schedule is designed to meet client needs and provide safe ambulatory systemic cancer therapy services.

Guideline

Team leaders and the administrative team take into consideration accepted standards of practice, guidelines, and scheduling demands when assigning team members and developing schedules. For example, different clients and regimens require varying levels of team involvement and assistance. As well, some days of the week may traditionally have more appointments scheduled. When developing schedules, leaders provide the team with enough time to care for clients and maintain accurate and complete documentation.

Worklife

4.2 The organization assigns team members to meet workload demands in a fair and equitable manner.

Guideline

To assign responsibilities, the organization uses defined criteria based on accepted standards of practice, legal requirements, knowledge, experience and other qualifications, volume or complexity of caseload, changes in workload, and client safety and needs.

This process also applies to students and volunteers, with adjustments made as required.

Worklife

4.3 The organization has a process to identify and address the maximum workload assigned to each team member.

Guideline

The organization uses appropriate criteria for determining workload depending on the work environment. For example, regimen complexity may impact the workload of the administering registered nurse. The process includes information on monitoring, tracking, and when additional measures need to be taken. Examples of additional measures include referrals, team design, or patient scheduling.

Team leaders promote an environment where team members are comfortable discussing demands and stress levels in the workplace. Team leaders work to alleviate these pressures as much as possible. This can include scheduling strategies, workload sharing, and scheduled time designated to documentation.

Worklife

4.4 Team members have input on work and job design, including the definition of roles, responsibilities, and case assignments, where appropriate.

Guideline

Job design refers to how a group of tasks, or an entire job, is organized. Job design addresses all factors that affect the work, including job rotation, work breaks, and working hours. Effective job design helps team members manage time, fatigue, stress, and worklife balance.

Effectiveness

4.5 Team leaders regularly evaluate the effectiveness of staffing and use the information to make improvements.

Guideline

The evaluation covers job design, position profiles, practice roles, and case assignments.

The team defines what "regularly" means and adheres to that schedule.

Worklife

4.6 The team has specific measures in place to avoid excessive consecutive hours of work and fatigue.

Guideline

Measures to avoid fatigue and excessive consecutive hours of work may include having back-up team members to relieve staff that feel fatigued, and encouraging a culture where the team feels comfortable disclosing fatigue.

Worklife

4.7 The team has a fair and objective process to recognize team members for their contributions.

Guideline

Recognition activities may be individual, such as service awards based on years of service, or team-based, such as team activities.

Safety

4.8   The team has a process for identifying and reducing risks to team members while delivering ambulatory systemic cancer therapy services.

Guideline

Common risks may include working alone, lack of training on safety issues, lack of personal protective equipment (PPE), or using unsafe equipment. The team works with its leaders and the organization to reduce these risks.

Team members feel comfortable raising concerns about their safety when delivering ambulatory systemic cancer therapy services.

5.0   Team members and service providers are educated, trained, qualified, and competent.

Effectiveness

5.1   Each team member has the necessary credentials or license from the appropriate professional college or association.

Guideline

Systemic cancer therapy services include prescribing, ordering, preparing, administering, as well as other associated services such as psychosocial supports. The organization follows established professional guidelines where available.

Effectiveness

5.2   The organization verifies that the team members' credentials and qualifications are up-to-date.

Guideline

Designations, credentials, competency assessments, and training are maintained to ensure safe and effective delivery of services. Professional requirements are kept up-to-date in accordance with provincial and organizational policies.

Effectiveness

5.3   The team orients team members about their roles and responsibilities, the team goals and objectives, and the organization as a whole.

Guideline

The orientation program covers the organization's mission, vision, and values; the team's mandate, goals, and objectives; roles, responsibilities, and expectations regarding performance; policies and procedures, including confidentiality; initiatives that support worklife balance; and the organization's approach to integrated quality management, e.g. quality improvement, risk management, and utilization management/efficient use of resources. Roles, responsibilities, team goals and objectives are reviewed regularly. Training and orientation is documented.

Effectiveness

5.4 The team orients team members to the specific functioning of the ambulatory systemic cancer therapy team.

Guideline

The orientation includes items that are specific to the delivery of ambulatory systemic cancer therapies (e.g. additional safety precautions, tracking methods, documentation tools and reporting methods). Team members are informed of the training process for working with systemic cancer therapy treatments. Training and orientation is documented.

Safety

5.5 The team orients team members about the safe use of equipment, devices, and supplies used in delivering ambulatory systemic cancer therapy services.

Guideline

During orientation, team members are provided with discipline specific information about the team's approach to safety and emergency preparedness, and are trained on how to use equipment, devices, and supplies safely and appropriately.

Training on the safe use of equipment, information technology, devices, and supplies includes handling, storage, and operation; preventive maintenance; and what to do in case of breakdown. Training and orientation is documented.

Safety

5.6 The organization trains and regularly reviews with the team and appropriate staff, the safe handling of systemic cancer therapy medications and/or contaminated materials.

Guideline

This process includes staff outside of the systemic cancer therapy team, such as portering, laundry, reception, receiving staff, transporting and housekeeping services. The team and other staff receive information on personal protective gear as well as proper disposal and safe cleaning methods.

The team defines what "regularly" means and adheres to that schedule.

Effectiveness

5.7 The team receives specific education and training to deliver ambulatory systemic cancer therapy services.

Guideline

An interdisciplinary approach to education and training may be used to encourage collaboration across disciplines, e.g. specialty residencies. Training and education is specific and includes ordering, preparing, dispensing, providing care, and administering systemic cancer therapy medications.

Safety

ROP 5.8 REQUIRED ORGANIZATIONAL PRACTICE: Team members receive ongoing, effective training on infusion pumps.

Guideline

The more types of infusion pumps there are within an organization, the more chance there is for serious error. Organizations are encouraged to standardize infusion pumps to the greatest possible extent.

Organizations must offer ongoing, effective training to staff and service providers on infusion pumps, covering staff competency, staff continuity, infusion pump technology, and the location of the pumps (e.g. hospital, community, home).

This training is particularly important given that many service providers often work at more than one health service organization, meaning they need to be competent in every type of infusion pump used.

Test(s) for Compliance

5.8.1 There is documented evidence of ongoing, effective training on infusion pumps.

Worklife

5.9 The team supports student and volunteer placement on the ambulatory systemic cancer therapy team.

Guideline

If students, medical residents, or volunteers are placed with the team, the team provides adequate resources and supervision, and evaluates the student or volunteer placement regularly.

Worklife

5.10 The team has clearly defined roles and guidelines for students, medical residents, and volunteers.

Guideline

Guidelines include training, observing, and supervising students, medical residents, and volunteers. The guidelines define the scope of their involvement and include information on the activities in which they are able to participate, with and without supervision.

Worklife

5.11   Team leaders regularly evaluate and document each team member's performance and competency in an objective, interactive, and constructive way.

Guideline

Team leaders use the organization's established process to evaluate each team member's performance.

When evaluating performance, team leaders review the individual's ability to carry out responsibilities, and consider the individual's strengths, areas for improvement, and contributions regarding client safety, worklife, and other areas described in the position profile. They may also seek client or peer input.

A performance evaluation is usually done before the probationary program is completed and annually thereafter, or as defined by the organization. An evaluation may also be completed following periods of retraining, e.g. when new technology, equipment, or skills are introduced.

The team defines what "regularly" means and adheres to that schedule.

Worklife

5.12   The team's leadership monitors and supports each team member's ongoing education, training, and development needs.

Guideline

The process to monitor and support each team member's ongoing learning needs may include performance evaluations, or regular assessment of team needs. It also identifies specific training required, such as when new technology, equipment, or skills are introduced, or after a team member has been away for an extended period of time. Additional training or education may be given based on the team member's performance evaluation or as identified through staff development plans.

6.0   The team has up-to-date information and training regarding systemic cancer therapies.

Safety

6.1   Team members have access to up-to-date information on systemic cancer therapy regimens and medications provided in the organization.

Guideline

Information is updated on an ongoing basis or anytime there is a significant change. The team has access to up-to-date clinical information on medications used within the organization. This information is stored in an easily accessible location either in hard copy or electronically. All team members know how and where to access this information.

Information includes uses, dosing, preparing, administration guidelines, side effects both common and uncommon, client monitoring, and how to deal with overdose management.

Safety

6.2 The team receives training and education on new medications or regimens before they are put into use within the organization.

Guideline

Training and education includes uses, dosing, preparing, administration guidelines, side effects both common and uncommon, client monitoring, safe handling, and any specific handling requirements.

PROVIDING SAFE AND APPROPRIATE AMBULATORY SYSTEMIC
CANCER THERAPY SERVICES

7.0 The team delivers services that are client-centred.

Client-centred Services

7.1 The team receives and documents the client's informed consent before providing services.

Guideline

Informed consent consists of reviewing service information with the client; informing the client about available options and providing time for reflection and questions before asking for consent; respecting the client's rights, culture, and values including the right to refuse consent at anytime; and recording the client's decision in the client record.

Implied consent occurs when providing services where written consent is not needed, such as when clients ask to have blood pressure taken, or present their arm to have blood drawn.

Client-centred Services

7.2 When working with child and youth clients, the team has a process to determine the capacity of the child or youth to provide informed consent.

Guideline

The team follows federal, provincial, and territorial legislation when working with child and youth clients.

Client-centred Services

7.3 When working with child and youth clients, the team receives and documents informed consent from the child, youth, family or legal guardian before providing services.

Guideline

When dealing with child and youth clients, the team's consent process includes involving them as much as possible in the decisions about their service, intervention, or treatment, and valuing their questions and input.

Implied consent occurs when providing services where written consent is not needed.

Effectiveness

7.4   When clients are incapable of giving informed consent, the team refers to the client's advance directives if available, or obtains consent using a substitute decision maker.

Guideline

Clients who are incapable of providing consent may have advance directives to guide certain or all decisions. The team records advance directives in the client record and shares this information with service providers in and outside of the organization as appropriate.

The team may also consult with a substitute decision maker when clients are unable to make their own decisions. In these cases, the team provides the substitute decision maker with information on the roles and responsibilities involved in being a substitute decision maker, and discusses questions, concerns, and options. A substitute decision maker may be specified in legislation, or may be an advocate, family member, legal guardian, or caregiver.

If consent is given by a substitute decision maker, his or her name, relationship with the client, and the decision made is recorded in the client record.

Client-centred Services

7.5   The team develops an open, transparent, and respectful relationship with each client.

Guideline

Staff support a respectful and transparent relationship with clients by introducing themselves, asking permission, explaining what they are doing, using a respectful tone, expressing concern or reassurance, providing an opportunity for questions, respecting the client's cultural or religious beliefs, and respecting the client's confidentiality and privacy.

Effectiveness

7.6   The organization has a process to identify, address, and record ethics-related issues.

Guideline

Ethics-related issues may be addressed by an ethics committee or consultation team which may include health service professionals, clergy, or ethicists. In addition to clinical consultation, the ethics committee may be involved in policy review and ethics education.

Ethics-related issues involving particular clients are recorded in the client record.

Effectiveness

7.7 The team receives training and support to use an ethical decision making framework.

Guideline

The team receives training and support for handling issues such as identifying conflicts of interest or conflicting perspectives between clients and service providers and among service providers. Mechanisms to share information with clients and families and identify client needs are also identified.

Client-centred Services

7.8 The team responds to client and family concerns and issues in an open, fair, and timely way.

Guideline

Clients and families should feel comfortable raising concerns or issues. For example, the organization may provide access to a neutral, objective resource person from whom clients and families can seek advice or consultation.

The team defines what "timely" means and adheres to that schedule.

8.0 The team coordinates timely access to services for current and potential clients, families, service providers, and referring organizations.

Accessibility

8.1 The team identifies and where possible removes barriers that restrict clients, families, service providers, and referring organizations from accessing services.

Guideline

The team has a method for identifying, reporting and working to remove barriers to clients. Information may be gathered through team observation and/or client comments. Access may be compromised by barriers under the team's control (e.g. physical or language barriers) or barriers not under its control (e.g. transportation, costs associated with travel for treatment, hours of operation, location of the facility). The team promotes equity of access to services.

Accessibility

8.2 The team informs clients and families of the team member who is responsible for coordinating their service, and how to reach that person.

Guideline

The assigned team member may be the responsible physician, responsible registered nurse or another member of the interdisciplinary team. Failing to identify the team member who is primarily responsible for coordinating the client's service can lead to breakdowns in communication and compromise the quality and safety of services, particularly when many team members and service providers are involved.

Accessibility

8.3   Current and potential clients and their families are provided access to essential services 24 hours a day, seven days a week.

Guideline

The team defines essential services based on the types of services provided and the needs of the clients served. Access may be in person, by telephone, by electronic access, or through telehealth, as appropriate.

The team is encouraged to track access to essential services as an indicator of overall access to services and client responsiveness.
If the team does not offer round the clock access, it works with other service providers, organizations, and the community so those who need help can access essential services through other locations or organizations.
The team ensures that clients have the correct contact information to access either the organization or an affiliated service 24 hours a day, seven days a week. This could include information regarding telehealth, local urgent care centres, and acute care centres.

Accessibility

8.4   The team responds to requests for services and information in a timely way.

Guideline

The team is encouraged to monitor its responsiveness by setting and tracking times for responding to requests for services or information.

The team defines what "timely" means and adheres to that schedule.

Accessibility

8.5   The team responds to requests for medication and medication information after hours and in emergencies.

Guideline

The team establishes a process to access information from other organizations when required, such as in emergency situations. This may include contacting Poison Control in the case of suspected overdose or access to overdose management protocols.
Clients are provided with information on how to contact services after hours.

Client-centred Services

8.6 The team assesses and meets client needs by providing information that is relevant, easy to understand, and accessible.

Guideline

Information is available in a variety of formats including written and oral. The team considers level of understanding, literacy, language, disability, and culture when providing information to clients.

The team works to ensure that the client and family understand the information provided.
Clients have an opportunity to ask questions regarding service delivery.

Client-centred Services

8.7 The team has access to translation services if needed to ensure clients understand the information given to them.

Effectiveness

8.8 With the client's permission, the team gathers health history information to determine the need for service.

Guideline

This process may be called admission, intake, pre-admission, or screening. It is used to determine if the team's services fit with the client's needs and preferences, identify the client's immediate needs, and decide on service priorities. The process is adjusted for clients and families with diverse needs, e.g. language, culture, level of education, lifestyles, and physical or mental disability.

For organizations with many sites, the process is standardized and clients are informed where services will be provided.

If applicable, there are guidelines and other requirements regarding uninsured clients.

Effectiveness

8.9 The team follows defined criteria to gather information from other service providers when determining whether to offer services to a client or family.

Guideline

The team considers the input of all service providers, e.g. physicians, specialists, nurses, social workers, oncologists, community pharmacy, or other community providers including home care, etc.

Effectiveness

8.10   If the team is unable to meet the needs of potential clients or referring organizations, it explains the reasons why and records the information for use in service planning.

Client-centred Services

8.11   If the team is unable to meet the needs of a potential client they facilitate access to services offered by other organizations.

Guideline

Client needs may include medical, psychosocial, or home care needs.

9.0   The team provides effective services to clients and families.

Continuity of Services

9.1   The team has a documented treatment plan for each client.

Guideline

The treatment plan includes diagnosis, stage of disease, regimen, goal of treatment, expected outcomes, and other treatments received aside from systemic cancer therapy. Other treatments may include surgery, oral systemic therapy, or radiation therapy.

The treatment plan is communicated with the team delivering systemic cancer therapy services and the interdisciplinary team involved in the client's care plan. The treatment plan is contained in the client's record and is accessible to the team.

The treatment plan is updated as required.

Client-centred Services

9.2   The team works with the client and family to identify, monitor, and re-evaluate service goals and expected results.

Guideline

The team considers the client's physical and psychosocial needs, informed choices, and preferences as identified in the client assessment.

Service goals and expected results should suit the client's unique capacities, be achievable, measurable, and complement those developed by other service providers and organizations with which the client is involved.

Client-centred Services

9.3   In collaboration with the client, the team develops and documents an integrated and comprehensive care plan.

Guideline

The care plan includes all stages of the client's care and other services provided. The care plan is built on the client's service goals and expected results and includes the roles and responsibilities of the team, other service providers, other organizations, and clients and their families. Where available, the team uses evidence-informed guidelines to develop and adjust the client's care plan. The care plan addresses where and how frequently the client receives treatment; timelines for starting services, reaching service goals and expected results, and completing services; how the team will monitor achievement of the service goals and expected results; and plans for transition or follow-up once the client leaves the organization, if applicable.

As part of the care plan the team evaluates the client's history of medication issues or adverse drug reactions, as well as any allergy information,

The care plan documents education, emotional support, counselling, and information on prevention and health promotion to be provided, including a component that promotes self-care, independence, health, and well-being.

The care plan is updated in collaboration with the client as needed.

Client-centred Services

9.4   The team provides clients with accessible information regarding their care plan.

Guideline

The information provided considers the client's literacy, level of understanding, culture, and any disabilities. Information may need to be adjusted to better suit the needs of the client.

Client-centred Services

9.5   All team members have access to the client's care plan.

Client-centred Services

9.6   The team follows the client's care plan when delivering ambulatory systemic cancer therapy services.

Client-centred Services

9.7   The client's care plan includes evidence-informed strategies to prevent, assess, and manage symptoms specific to the delivery of ambulatory systemic cancer therapy services.

Guideline

The team considers both physical and psychosocial symptoms in the prevention, assessment and management of symptoms and considers symptoms that may not necessarily be associated with systemic cancer therapy. The team works with the client to promote an environment where the client is comfortable reporting symptoms.

The team consults with experts and uses research, evidence, and validated tools to prevent, assess, and manage symptoms.

Continuity of Services

9.8   The team shares the client's care plan with the client's service providers in a timely way and in accordance with privacy legislation.

Guideline

As required to meet the service goals, the team shares the service plan with service providers inside and outside of the organization.

The team defines what "timely" means and adheres to that schedule.

Effectiveness

9.9   The team adheres to applicable legislation, organizational policies, accepted standards of practice, and codes of ethical practice when delivering services to clients.

Safety

ROP

9.10 REQUIRED ORGANIZATIONAL PRACTICE: The team implements verification processes and other checking systems for high-risk activities.

Guideline

Processes and checking systems for high-risk care or service activities are important to client safety. To identify high-risk activities the team reviews their services and uses this information to develop and implement checking systems to prevent and reduce risk of harm to clients.

Across the care continuum, systems will vary depending on services. Examples may include but are not limited to:
• Safe surgery checklists and procedural pauses
• Repeat back or read back processes for diagnostics or verbal orders
• Checking systems for water temperature for client bathing
• Standardized tracking sheets for clients with complex medication management needs
• Automated alert systems for communication of critical test results
• Computer-generated reminders for follow-up testing in high-risk patients
• Two person verification process for blood transfusions
• Critical interventions related to drug orders
• Independent double checks for the dispensing/administration of high-risk medications
• Medication bar coding systems for drug dispensing, labeling, and administration
• Decision support software for order entry and/or drug interaction checking
• Safety monitoring systems for service providers in community-based organizations, or for clients in high-risk environments
• Standardized protocols for the monitoring of fetal heart rate during medical induction/augmentation of labour, or in high-risk deliveries
• System for monitoring of vaccine fridge temperatures
• Standardized protocols for the use of restraints
• Standardized screening processes for allergies to contrast media

Test(s) for Compliance

9.10.1   The team identifies high-risk activities.

9.10.2   The team develops and implements verification processes for high-risk activities.

9.10.3   The team evaluates the verification processes and uses information to make improvements.

Effectiveness

9.11 The team documents all services received by the client, including changes and adjustments to the care or treatment plan, in the client record.

Guideline

The client record is accessible to the team involved in care and is contained in a single client record.

Effectiveness

9.12 The team monitors whether clients achieve their service goals and expected results, and uses this information to identify and address barriers that are preventing clients from achieving their goals.

Guideline

The team is encouraged to document progress using both qualitative and quantitative methods.

Client-centred Services

9.13 The team has a process to address clients' requests to bring their own medications and have them administered .

Guideline

The process addresses other prescription medication the client may be taking as well as herbal supplements and natural health products. The process may include verifying the quality of medications that have been brought in by the client, and closely monitoring the client during the administration of medications.

Safety

ROP

9.14 REQUIRED ORGANIZATIONAL PRACTICE: When medication therapy is a significant component of care, the team reconciles the client's medications with the involvement of the client, family or caregiver at the beginning of service. Reconciliation should be repeated periodically as appropriate for the client or population receiving services.

Guideline

9.14   Medication reconciliation is a structured process in which health care professionals partner with clients, families and caregivers for accurate and complete transfer of medication information at transitions of care.

The medication reconciliation process involves generating a comprehensive list of all medications the client has been taking prior to a visit – the Best Possible Medication History (BPMH). The BPMH is compiled using a number of different sources, and includes information about prescription medications, non-prescription medications, vitamins, and supplements, along with detailed documentation of drug name, dose, frequency, and route of administration. Any discrepancies identified between what the client is prescribed, and what they are actually taking, will be resolved at the clinic or referred to their provider of care (e.g. family physician).

Medication reconciliation is widely recognized as an important safety initiative. Evidence shows medication reconciliation reduces potential for medication discrepancies such as omissions, duplications, and dosing errors. In Canada, Safer Healthcare Now! identifies medication reconciliation as a safety priority. The World Health Organization (WHO) has also developed a Standard Operating Protocol for medication reconciliation as one of its interventions designed to enhance patient safety.

Medication reconciliation is a shared responsibility which must involve the client or family. Liaison with the primary care provider and community pharmacist may be required.

Due to the wide range of service offerings and client populations receiving care in ambulatory clinics, teams are encouraged to establish appropriate target populations to receive formal medication reconciliation. Medication reconciliation should focus on clients for whom medication therapy is a significant component of care. A screening or risk assessment approach may be adopted, and should consider: i) the client's needs, ii) the type of clinic, and iii) the service offerings of the clinic.

NOTE: Documented rationale for the selection of target clients or populations, as well as the appropriate interval of reconciliation for these clients or populations, must be provided.

Test(s) for Compliance

9.14.1   The team provides documented rationale for the selection of target clients or populations to receive formal medication reconciliation.

9.14.2   There is a demonstrated, formal process to reconcile client medications at the beginning of service, and periodically as appropriate for the client or population receiving services.

9.14.3   The team generates or updates a comprehensive list of medications the client has been taking prior to the beginning of services (Best Possible Medication History (BPMH)).

9.14.4   The team documents any changes to the medications list (i.e. medications that have been discontinued, altered, or prescribed).

9.14.5   The team provides clients and their providers of care (e.g. family physician) with a copy of the BPMH and clear information about the changes.

9.14.6   An up-to-date medications list is retained in the client record.

9.14.7   The process is a shared responsibility involving the client and one or more health care practitioner(s), such as nursing staff, medical staff, pharmacists, and pharmacy technicians, as appropriate.

10.0   The team handles systemic cancer therapy medications in a safe and accurate manner.

Safety

10.1   The organization has established guidelines for safe handling of systemic cancer therapy medications.

Guideline

The organization ensures that safe handling and occupational health and safety guidelines are up-to-date and available to the team. The organization considers staff and client safety as well as health and reproductive concerns when assigning duties. The organization has a method for responding to staff concerns regarding handling of systemic cancer therapy medications.

Organizational policies also address specific Personal Protective Equipment (PPE), work practices, waste management, spills management, and handling of equipment.

Safety

10.2   The team follows established guidelines for safe handling of systemic cancer therapy medications.

Guideline

The team follows guidelines for safe acquisition, storing, handling, preparing, administering, transporting, spills management, and waste disposal for cytotoxic agents and other potentially hazardous systemic cancer therapies.

The team follows regulations while working with systemic cancer therapy medications and wears appropriate personal protective equipment (PPE).

Effectiveness

10.3   The team identifies who is responsible for acquiring, receiving, storing, preparing, administering, transporting, and disposing of systemic cancer therapy medications and contaminated supplies.

Safety

10.4   The team follows organizational guidelines for spills of systemic cancer therapy medications.

Guideline

The team uses available guidelines for managing spills. A hazardous spill kit is located wherever chemotherapy is dispensed and administered.

Safety

10.5   The team documents all incidents involving systemic cancer therapy medications and uses this information to make improvements.

Guideline

Incidents include medication errors, sentinel events, near misses, and all other adverse events involving medications.

11.0   The team safely manages systemic cancer therapy medications.

Safety

11.1   The team identifies and documents who is responsible for prescribing, verifying, dispensing, checking, and administering systemic cancer therapy medications.

Guideline

Role clarity in managing and using medications helps reduce the likelihood of medication errors and adverse events.

Safety

11.2   The team uses computerized physician order entry (CPOE) or Pre Printed Orders (PPO) when ordering systemic cancer therapy medications.

Guideline

The team maintains up-to-date documentation regarding orders and changes to orders for each client. Non CPOE or PPO orders are the exception (e.g. a new indication for a systemic cancer therapy medication) and additional safety measures are taken in these rare cases.

Safety

11.3   The organization has a policy mandating the minimum information to be included in orders for systemic cancer therapy medications.

Guideline

Examples include two unique client identifiers, treatment plan, additional medications involved in the treatment plan (e.g. anti-nausea or hydration medications), full generic name of the systemic medication, dose calculation, administration date, duration of infusion, route and frequency, rate of infusion, and laboratory results.

Safety

11.4   The team does not accept verbal or telephone orders for an entire cycle of systemic cancer therapy medications.

Guideline

The organization has a process for accepting clarifications over the telephone and documents clarifications.

Safety

11.5   The organization identifies, addresses, and limits environmental distractions for team members who are ordering, verifying, checking, preparing, dispensing, and administering systemic cancer therapies.

Safety

11.6   The team follows an organizational standard format in ordering, labeling, and administering systemic cancer therapy medications.

Guideline

The team uses a format that is detailed, accurate, and intuitive to the process. The team uses tallman lettering for look alike/sound alike medications. For an example, see ISMP guidelines.

Safety

11.7   The team references the dose calculation when ordering and verifying systemic cancer therapy medications.

Guideline

The dose calculation is clearly listed on the order form so it can be checked for accuracy at various points through the process.

Safety

11.8 Team members review each prescription for completeness and accuracy before preparing, dispensing and administering systemic cancer therapy medications.

Guideline

At a minimum, each prescription shows the client's name, the name of the medication, dosage and frequency, and the prescribing professional.

Prescriptions are reviewed regularly by a qualified professional to assess the appropriateness of each medication, the use of multiple medications, and drug interactions.

Safety

11.9 The team does not use abbreviations or dashes when ordering systemic cancer therapy medications.

Guideline

This includes the delivery instructions for systemic cancer therapy medications.

Safety

11.10 The team manages, documents, and communicates any changes to orders for systemic cancer therapy medications.

12.0 **The team has specific policies and procedures for preparing and dispensing systemic cancer therapy medications.**

Safety

12.1 The team verifies all systemic cancer therapy prescriptions prior to preparation.

Guideline

The order and medication must be verified by two qualified team members. If there is any question regarding the prescription, a member of the team contacts the prescribing team member.

Safety

12.2   The team follows established professional guidelines for safe preparation and dispensing of systemic cancer therapy medications.

Guideline

Examples of guidelines include the number of orders for systemic cancer therapy medications prepared at one time and conducting independent double checks during and after medication preparation.

13.0   The team provides clients with education regarding their treatment.

Client-centred Services

13.1   The team educates clients and families about their rights, and investigates and resolves any claims that these rights have been violated.

Guideline

Client and family rights include the right to have privacy and confidentiality protected, be treated with respect and care, maintain cultural practices, pursue spiritual beliefs, live at risk, and be free from abuse, exploitation, and discrimination.

Client rights regarding service delivery include the right to refuse service or refuse to have certain people involved in their service; participate in all aspects of their service and make personal choices; have a support person or advocate involved in their service; appeal a service plan decision or file a complaint; take part in or refuse to take part in research or clinical trials; receive safe, competent service; and raise concerns about the quality of service.

Client-centred Services

13.2   The team has discussions with clients and encourages questions when providing detailed information specific to the client's systemic cancer therapy regimen.

Guideline

Information includes process and purpose of cancer therapy, expectations, side effects, changes to energy levels, nutritional needs, physical changes, emotional effects, impact on daily life, changes to sexual health or functioning, and impact on routine activities. The team may also provide evidence-informed resources regarding the use of complementary medications or therapies during treatment.

The organization is able to provide the client with more detailed information and additional resources if required.

Safety

13.3 The team has a process to provide clients with detailed instructions regarding administration and safe handling of oral systemic cancer therapies.

Guideline

To maximize safety, the team provides clients with detailed instructions on proper administration of oral systemic cancer therapy medications and invites questions to ensure that the client has understood. Detailed information includes, for example, safe handling and storage, frequency, and administration procedure. Information also includes instructions on what to do if medications are missed or if medications are not taken due to vomiting.

Safety

13.4 The team educates the client and family regarding preventing, recognizing, and managing side effects related to systemic cancer therapy.

Guideline

The client is provided with both written and verbal information on which side effects could be a sign of toxicity and when they should contact a health care professional. Client and family are provided with contact information for both regular hours and after hours of operation.

Safety

13.5 The team educates clients about care for vascular access devices and infusion sites.

Guideline

The team provides information about different infusion sites and access devices. Information should include signs of infection, thrombosis, when to contact a medical professional and when to seek emergency services.

Safety

13.6 The team provides clients with comprehensive information regarding home infusion and signs of malfunction.

Guideline

The client is provided with information on what to expect, functioning of the pump, care for the pump, any changes that will be displayed, signs of malfunction, when to contact the organization, when to return to the organization, and when to contact emergency services.

The team considers level of understanding, literacy, language, disability, and culture when providing information to clients.

The team works to ensure that the client and family understand the information provided and encourages questions.

Safety

13.7   The team educates home care staff that will be involved in care during home infusion.

Guideline

The team documents this process.

Safety

13.8   The team educates clients about when to contact emergency services.

Client-centred Services

13.9   The team provides clients with information regarding self-care management.

Guideline

Clients are given information about their condition and how to improve their overall health. Clients are provided with information regarding medications, supplies and equipment, safe storage, and assistive services where applicable.

Client-centred Services

13.10   The team makes clients aware of the additional community and organizational resources available to them.

Guideline

Resources can include counseling services, social workers, dietitians, spiritual or religious consultants, and decision support services.

Client-centred Services

13.11   The team provides clients and families with access to psychosocial and/or supportive care services.

Guideline

Emotional support and counselling can help clients and families cope with the client's health needs and health-related issues. Supports may address coping with a diagnosis; decision making support; dealing with side effects of systemic cancer therapies; or ethics-related issues such as advance directives.

14.0   The team conducts an ongoing assessment of each client.

Effectiveness

14.1   The team assesses and documents the client's physical and psychosocial health throughout the course of treatment.

Guideline

Elements of physical health include medical history, allergies, medication profile, health status, nutritional status, and special dietary needs.

Elements of psychosocial health include functional and emotional status, including client's communication and self-care abilities; mental health status, including personality and behavioural characteristics; socio-economic situation; client resources; spiritual orientation; and cultural beliefs.

The team has a standardized method for evaluating the client's response to systemic cancer therapies and documents any responses.

Effectiveness

14.2   The team regularly reviews the needs of clients who are both waiting for and receiving services, and responds quickly to those who are in an emergency or crisis situation.

Guideline

The team works to ensure that clients have information on services and contacts in case of emergency, change in condition, or change in symptoms.

The team defines what "regularly" means and adheres to that schedule.

Effectiveness

14.3   The team has access to the necessary diagnostic services, results, and expert consultation or advice to complete a comprehensive assessment.

Client-centred Services

14.4   The team learns about and respects the client's needs, expectations, and privacy during the assessment process.

Guideline

Assessment takes into account how clients perceive their needs, desired outcomes, and expectations of service, as well as their awareness of health issues and how to prevent health problems.

The assessment includes information regarding the client's family or caregiver involvement including the availability of family and community support after service. The team respects the client's wishes regarding family involvement.

Continuity of Services

14.5   The team shares the assessment with the client, family, and service providers in a timely and easy-to-understand way.

Guideline

Sharing the assessment with the client and family, as well as with service providers and other organizations, improves clarity and prevents duplication.

The team defines what "timely" means and adheres to that schedule.

Effectiveness

14.6   The team uses standardized clinical measures to assess the client's symptoms.

Guideline

The team uses standardized clinical measures to screen and assess the client's symptoms. The team works with the client and encourages self-identification of symptoms.
Symptoms are screened using a valid and reliable screening tool such as the Edmonton Symptom Assessment System (ESAS).

Safety

14.7   The team assesses the client during administration for reactions, including side effects, related to systemic cancer therapy, and documents in the client record.

Guideline

The team uses a checklist to look for side effects. Signs can include fatigue, nausea, vomiting, fever, headache, and shortness of breath. The team conducts a physical assessment of the client as well as schedules laboratory tests as required.

Assessment includes both a self evaluation by the client as well as an evaluation by a team member. Tools such as the Edmonton Symptom Assessment System (ESAS) may be used.

Effectiveness

14.8   The team regularly reviews the assessment and updates the client record if the client's health status changes.

Guideline

Delays or failures to report a change in health status, in particular deterioration in a client's condition, are significant barriers to safe and effective care and services. Changes in the client's health status are documented accurately and quickly, and communicated to all team members.

The team defines what "regularly" means and adheres to that schedule.

15.0 The team safely administers ambulatory systemic cancer therapy medications.

Safety

15.1 The team reviews the client's height, weight, and pertinent clinical parameters as identified by the regimen, upon each cycle or as clinically indicated, and documents and communicates any significant change.

Guideline

A change in weight could alter the dosage to be administered, so team members must verify there has not been a significant change.

The organization has established guidelines for what is considered a significant change in body mass.

Safety

15.2 The team documents administration of systemic cancer therapies.

Guideline

This may include medication name, dosage, route of administration, date and time of administration, and rate of administration.

Safety

15.3 The team conducts independent double checks on infusion pumps prior to administration.

Guideline

The team works to reduce the risk to patient safety by checking and documenting infusion pump functioning.

In the case of home infusion, proper functioning of pumps is checked prior to the client leaving the organization.

Safety

15.4 In cases of home infusion, the team conducts independent double checks on infusion pumps before the client leaves the organization.

Guideline

The team works to reduce the risk to patient safety by checking and documenting infusion pump functioning.

Safety

ROP

15.5   REQUIRED ORGANIZATIONAL PRACTICE: The team uses at least two client identifiers before providing any service or procedure.

Guideline

Failure to correctly identify clients may result in a range of adverse events such as medication errors, transfusion errors, testing errors, wrong person procedures, and the discharge of infants to the wrong families. Client misidentification was identified in more than 100 individual root cause analyses by the US Department of Veterans Affairs National Center for Patient Safety from January 2000 to March 2003. The UK National Patient Safety Agency reported 236 incidents and near misses related to missing wristbands or wristbands with incorrect information between 2003 and 2005. Evidence has shown decreases in client identification errors when revised client identification systems are used.

The team uses means of identification that are appropriate to the type of services provided and population served. The information obtained needs to be specific to the client, and examples include person-specific identification number such as a registration number; client identification cards such as the health card with name, address, date of birth; client barcodes; double witnessing; or a client wristband. Two client identifiers may be taken from a single source, such as the client wristband. The client's room number is not to be used as a client identifier.

Test(s) for Compliance

15.5.1   The team uses at least two client identifiers before providing any service or procedure.

Safety

15.6   The team follows guidelines for central venous access device management.

16.0   The team prepares clients and families for transition to another service team, setting, or service provider.

Client-centred Services

16.1   The team orients clients and families on what to expect during transition points in care.

Guideline

Continuity of care is enhanced when clients have comprehensive information about transitions. Information provided to the client and family includes the client's care plan, goals, and preferences; a summary of the care provided; an updated list of outstanding issues, clinical or otherwise; what to expect during transition; contact information for the team members and details on when they should be contacted, e.g. if clients notice any warning signs or symptoms of adverse reactions.

Continuity of Services

16.2   The team works with other teams, services, and organizations to determine the client's appropriate placement and develop a comprehensive follow-up plan.

Guideline

The team remains responsible for the client until service has officially ended or the client has been transferred to another team, service, or organization.

Working together to establish proper placement for the client helps to ensure the client receives the most appropriate services in the most appropriate setting, and avoids temporary solutions during transfers, e.g. temporary placement in an alternative level of care (ALC) instead of a permanent bed or location.

To ensure clients receive the most seamless and continuous care possible, the process for determining placement and follow up includes steps to follow when transfers or end of service do not occur as planned, or are unplanned.

Safety

ROP

16.3   REQUIRED ORGANIZATIONAL PRACTICE: The team reconciles medications with the client at referral or transfer, and communicates information about the client's medications to the next provider of service at referral or transfer to another setting, service, service provider, or level of care within or outside the organization.

Guideline

Medication reconciliation is a way to collect and communicate accurate information about client medication, including over-the-counter medications, vitamins, and supplements. Poor communication about medication at transition points can cause errors and adverse events.

Medication reconciliation is a shared responsibility which must involve the client or family. Liaison with the primary care provider and community pharmacist may be required.

Test(s) for Compliance

16.3.1   There is a demonstrated, formal process to reconcile client medications at referral or transfer.

16.3.2   The process includes generating a single documented, comprehensive list all medications the client has been taking prior to referral or transfer.

16.3.3   The process includes a timely comparison of the prior-to-referral or transfer medication list with the list of new medications ordered at referral or transfer.

16.3.4   The process requires documentation that differences between the two lists have been identified, discussed, and resolved, and that appropriate modifications to the new medications have been made.

16.3.5   The process makes it clear that medication reconciliation is a shared responsibility involving the client, nursing staff, medical staff and pharmacists, as appropriate.

Continuity of Services

ROP

16.4   REQUIRED ORGANIZATIONAL PRACTICE: The team transfers information effectively among service providers at transition points.

Guideline

Effective communication has been identified as a critical element in improving client safety, particularly with regard to transition points such as shift changes, end of service, and client movement to other health services or community-based providers.

Effective communication includes transfer of information within the organization, between staff and service providers, with the client and family, and to other services outside the organization, such as primary care providers. Examples of mechanisms to ensure accurate transfer of information may include transfer forms and checklists.

Test(s) for Compliance

16.4.1   The team has established mechanisms for timely and accurate transfer of information at transition points.

16.4.2   The team uses the established mechanisms to transfer information.

Effectiveness

16.5   Following transition, the team has a process to regularly evaluate the effectiveness of the transition, and uses this information to improve its transition planning.

Guideline

The team contacts clients, families, or referral organizations to monitor the results of the transition or end of service, and any follow-up plans. The team verifies that client and family needs have been met. The team uses this information to improve transition planning.

The team defines what "regularly" means and adheres to that schedule.

MAINTAINING SAFE AND EFFECTIVE EQUIPMENT

17.0   The organization verifies the safety of medical equipment related to the delivery of ambulatory systemic cancer therapy services.

Safety

17.1   The organization clearly labels all infusion pumps with easy-to-follow instructions.

Guideline

Instructions are typed, not hand written, and include step-by-step instructions on programming. Instructions do not include abbreviations, dashes, or symbols that could be misinterpreted.

Safety

17.2   The organization limits the variety of systemic cancer therapy infusion pumps.

Safety

17.3   The team follows the organization's procedures to manage medical equipment related incidents, including adverse events or cases involving misuse.

Guideline

The procedures include taking action to prevent the incident from occurring again.

Safety

17.4   The team identifies, communicates, manages, and documents equipment and medical device risk alerts or recalls and the action taken.

Guideline

The team may designate a common entry point or assign designated staff to receive recall notices, and has a means of distributing recall notices throughout the organization.

The action taken is specific to the type of recall.

Safety

17.5   The team verifies that all equipment or medical devices returned to the department following repair are documented.

Guideline

The team is able to access the documentation on equipment or medical devices. Documentation includes the date of repair, a description of the maintenance, and is signed.

MAINTAINING ACCESSIBLE AND EFFICIENT CLINICAL INFORMATION SYSTEMS

18.0   The team keeps client records accurate, up-to-date, and secure.

Effectiveness

18.1   The team maintains one accurate and up-to-date record for each client.

Guideline

The team ensures that the client record is accessible, up-to-date, and includes all records of systemic cancer therapy treatments including orders and changes. Information is easy to find and identify, and is organized for ease of use.

The team updates the client record each time the client is administered a systemic cancer therapy medication, receives a new medication, discloses a symptom or concern regarding their systemic cancer therapy treatment, presents with a sign of toxicity, is referred to an outside organization or department, presents with a psychosocial concern, or contacts the department outside of regular service hours. The team follows organizational standards for what information the client record needs to contain.

Client-centred Services

18.2   The team meets applicable legislation for protecting the privacy and confidentiality of client information.

Guideline

Applicable legislation may be national or provincial/territorial.

Client-centred Services

18.3   The team facilitates clients' access to their records.

Guideline

Clients have the right to read and comment on all information about them that is recorded by the organization.

Continuity of Services

18.4   The team shares client information and coordinates its flow among service providers, other teams, and other organizations, as required.

Guideline

While maintaining an awareness of the client's right to privacy, the team shares information as required to facilitate transfers and reduce duplication in obtaining client information.

19.0 **The team has access to information technology to deliver ambulatory systemic cancer therapy services.**

Effectiveness

19.1 The team identifies and evaluates its needs for new technology and information systems.

Guideline

Examples of technology include electronic health records (EHR), computerized physician order entry (CPOE) systems specific to system cancer therapy treatments, client tracking systems, wait list management systems, and client self assessment tools. Innovative information technology is used to support the work of the service area.

Worklife

19.2 Team members receive education and training on information systems and other technology used in the delivery of ambulatory systemic cancer therapy services.

Guideline

Required skills may include knowledge of computer applications, word processing and software.

MONITORING QUALITY AND ACHIEVING POSITIVE OUTCOMES

20.0 **The team uses the best available research, evidence-informed guidelines, and best practice information to improve the quality of its services.**

Effectiveness

20.1 The team has a process to select evidence informed guidelines for ambulatory systemic cancer therapy services.

Guideline

Guidelines may be established internally by a committee, a council, or an individual who develops tools and makes recommendations to the team.

Guidelines from other organizations or associations can be adopted by the team. The process for selecting guidelines is standardized and formalized. It may include using content experts, a consensus panel, or the Appraisal of Guidelines Research and Evaluation (AGREE) instrument, which allows organizations to evaluate the methodological development of clinical practice guidelines from six perspectives: scope and purpose, stakeholder involvement, rigour of development, clarity and presentation, applicability, and editorial independence.

Comprehensive documents that synthesize evidence from several guidelines are also available. For example, the Cochrane Collaboration conducts systematic reviews of the available evidence to help providers and organizations with their own review process. Where synthesized information is not available, the organization has a process to deal with and decide among conflicting guidelines or multiple recommendations.

Effectiveness

20.2 The team reviews its guidelines to make sure they are up-to-date and reflect current research and best practice information.

Guideline

The team's review process includes ways to access the most up-to-date research and information, e.g. through literature reviews, content experts, national organizations or associations, or the Cochrane Collaboration. Research information may include intervention research, program evaluations, and clinical trials.

Effectiveness

20.3 The team's guideline review process includes seeking input from team members and service providers about the applicability of the guidelines and their ease of use.

Effectiveness

20.4 The team's research activities for ambulatory systemic cancer therapy services meet applicable research and ethics protocols and standards.

Guideline

The team may participate in research initiatives to improve the quality of care to ambulatory systemic cancer therapy clients, e.g. clinical trials, assessments of new interventions, or changes to existing ones.

Research and ethics protocols and standards include client consent to participate in research activities.

Effectiveness

20.5 The organization shares best practice information with its partners and other organizations.

Guideline

The organization has an established process for sharing information with its partners and does so on a regular basis as per a schedule or as necessary.

21.0 The team promotes safety in the service environment.

Safety

21.1 Team members receive education on how to identify, reduce, and manage risks to client and staff safety.

Guideline

Risks include physical hazards; problems with equipment; spills, waste, or infectious materials; client behaviour that may lead to injury; and problems with handling, storing, or dispensing medications.

Clients who participate in at-home infusion programs are given additional safety information about what to do if a problem arises with their systemic cancer therapy. Clients are also given information regarding the safety of their families and additional measures to be taken in the 48 hours following a systemic cancer therapy treatment. This may include washing soiled linens and clothing separately and twice, flushing the toilet twice and with a closed lid, and prophylactic measures.

Safety

ROP

21.2 REQUIRED ORGANIZATIONAL PRACTICE: The team implements and evaluates a falls prevention strategy to minimize client injury from falls.

Guideline

Falls may lead to client injury, increased health care costs, and possibly claims of clinical negligence.

Falls prevention programs may include but are not limited to staff training, risk assessments, balance and strength training, vision care, medication reviews, physical environment reviews, behavioural assessments, and bed exit alarms. Possible measures to evaluate a falls prevention strategy may include tracking the percentage of clients receiving a risk assessment, falls rates, causes of injury, and balancing measures such as restraint use. Conducting post-fall debriefings may also assist to identify safety gaps, and to prevent the recurrence of falls..

In Canada, Safer Healthcare Now! has identified falls prevention as a safety priority. Reducing falls and fall injuries can increase quality of life for clients and reduce costs associated with serious injury from falls.

Test(s) for Compliance

21.2.1 The team implements a falls prevention strategy.

21.2.2 The strategy identifies the populations at risk for falls.

21.2.3 The strategy addresses the specific needs of the populations at risk for falls.

21.2.4 The team establishes measures to evaluate the falls prevention strategy on an ongoing basis.

21.2.5 The team uses the evaluation information to make improvements to its falls prevention strategy.

Safety

21.3 The team communicates and takes action with the client and family, as well as partners and other service providers, if a client has been identified as being at risk for falls.

Guideline

Some medications and conditions may increase the client's likelihood of fall. As part of the falls prevention strategy, if a client is identified as being at risk the team communicates with the interdisciplinary team (e.g. home care supports and/or other applicable supports).

Safety

21.4   The team and service providers participate in regular safety briefings to share information about potential safety problems, reduce the risk of error, and improve the quality of service.

Guideline

Regular opportunities to share information about potential problems and actual incidents can reduce risk and the likelihood of an incident reoccurring.

Safety

ROP

21.5   REQUIRED ORGANIZATIONAL PRACTICE: The team informs and educates clients and families in writing and verbally about the client and family's role in promoting safety.

Guideline

Clients and families play an important role in preventing adverse events. Their questions and comments are often a good source of information about potential risks, errors, or safety issues. Clients and families are able to fulfill this role when they are included and actively involved in the process of care.

Many organizations have developed materials that relate to client safety-related issues and provide guidance and direction for questions and topics to address during care. Examples of client safety educational materials include the Manitoba Institute of Patient Safety's "It's Safe to Ask," and the Ontario Hospital Association's "Your Healthcare – Be Involved."

Test(s) for Compliance

21.5.1   The team develops written and verbal information for clients and families about their role in promoting safety.

21.5.2   The team provides written and verbal information to clients and families about their role in promoting safety.

Safety

21.6   The team identifies, reports, records, and monitors in a timely way sentinel events, near misses, and adverse events.

Guideline

Investigating sentinel events, near misses, and adverse events includes taking action to prevent the same situation from reoccurring, monitoring incidents, and using lessons learned to make improvements.

This criterion is linked to the Required Organizational Practice in Accreditation Canada's Effective Organization standards that requires organizations to have a reporting system consistent with applicable legislation for near misses, and sentinel and adverse events.

Team members and service providers delivering ambulatory systemic cancer therapy services are responsible for implementing the organization's process. In addition, information about sentinel events, near misses and adverse events is tracked for ambulatory systemic cancer therapy services specifically and reported in a consistent manner across the organization so that the information may be summarized at the organization level.

The organization contributes to organizational, provincial, or national databases, where available.

The team defines what "timely" means and adheres to that schedule.

Safety

21.7   The team follows the organization's policy and process to disclose adverse events to clients and families.

Safety

21.8   The organization takes steps to prevent sentinel events, adverse events, and near misses from reoccurring and makes improvements to safety as required.

22.0   The team makes ongoing improvements to its ambulatory systemic cancer therapy services.

Effectiveness

22.1   The team follows the organization's defined quality improvement program.

Guideline

The quality improvement program may include quality control elements such as proficiency testing, reviewing records, inspecting equipment, and having regular meetings.

Effectiveness

22.2 The team identifies and monitors process and outcome measures for its ambulatory systemic cancer therapy services.

Guideline

The team uses its quality improvement process to examine how services can be improved and makes changes to achieve better results.

Client-centred
Services

22.3 The team monitors clients' perspectives on the quality of its ambulatory systemic cancer therapy services.

Guideline

The team may seek clients' perspectives through surveys, focus groups, interviews, or meetings. The organization has a means for tracking comments that are offered by clients.

Population
Focus

22.4 The team compares its results with other similar interventions, programs, or organizations.

Guideline

The team may participate in benchmarking opportunities and comparisons with peer organizations to assess its performance and identify opportunities for improvement. The team also identifies and shares leading practices.

Effectiveness

22.5 The team uses the information it collects about the quality of its services to identify successes and opportunities for improvement, and makes improvements in a timely way.

Guideline

Ongoing quality improvement initiatives and improvements are part of a broader organizational philosophy of quality improvement. The team's work to monitor and improve the quality of its services is integrated with the organization's overall work on quality improvement, risk management, client safety, and utilization management, e.g. the efficient use of resources.

Areas for improvement are prioritized based on criteria such as high risk, high volume, and cost.

The team defines what "timely" means and adheres to that schedule.

Population Focus

22.6   The team shares evaluation results with staff, clients, and families.

Guideline

Sharing the results of evaluations and improvements helps the team become familiar with the philosophy and benefits of quality improvement. It also increases client and family awareness of the organization's commitment to quality improvement for its ambulatory systemic cancer therapy services. This may be done through various methods including a client/family advisory committee.