

Best practice

IMPROVING PRESCRIBING PRACTICES FOR ORAL CHEMOTHERAPY

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TRIAL SUMMARY: Recommendations of a regional cancer program to address safety and adherence issues for oral chemotherapy

MacKenzie TM, Hubert K. Oral chemotherapy: not just a pretty coloured pill. CANO 2011. Abstract III-02B.

At a Regional Cancer Program in Sudbury, Ontario, a multi-disciplinary committee examined prescribing practices for

COMMENTARY: Oncology care in the Sudbury region covers a large and often remote geographical area. While oral chemotherapy offers patients the opportunity to receive treatment at home rather than travel long distances, this emerging practice is fraught with challenges. Providing patient education, monitoring and documenting adherence, and symptom management all require new strategies for the inter-professional team.

Traditionally, education and assessment needs have been met during the face-to-face interactions in both clinic and treatment room encounters. The safe handling and delivery of chemotherapy was the responsibility of oncology professionals.

The Sudbury nurses recognized that they were largely unprepared for the abrupt shift in practice brought on by the increasing use of oral chemotherapy. A survey of current practice was carried out. **Table 3** highlights the concerns

oral chemotherapy and identified the following key issues: need for improved infrastructure to support prescribing safety; underdeveloped patient education regarding the handling and administration of medication; and poor tracking of medication adherence. Recommendations to address these deficits included an electronically generated prescription, medication-specific treatment diaries, enhanced patient teaching tools, retail pharmacy education and a nursing process checklist.

identified along with practice recommendations.

The team conducted a 20-subject pilot trial using the following enhanced patient teaching tools: oral chemotherapy toxicity sheet to document side effects; treatment diary for patients to record doses, facilitating medication reconciliation; oral chemotherapy side effect guide; and oral chemotherapy safety information.

IN BRIEF

Already known

- Many of the safeguards built into intravenous chemotherapy administration are missing with the use of oral chemotherapy.
- Patients and families take on more responsibility for the safe administration of oral chemotherapy and monitoring of side effects, and thus require in-depth education and effective tools.

What this study showed

- An interprofessional team approach is key to the safe management of patients being treated with oral chemotherapy.
- Technology will be useful if appropriate tools can be generated in an efficient and accurate manner.

Next steps

- The Sudbury team plans to have approval for the policy changes this fall and a rollout of new practice changes in January 2012.
- A system-wide education plan to incorporate strategies into practice is required.
- Practice changes will be supported with checklists, education and assessment tools, and possibly an educational video or weekly patient education classes, including reaching out by telemedicine.
- Outcomes will be measured by pre- and post-testing of 50 patients.

TABLE 3. Oral chemotherapy: Concerns and recommendations

Concerns	Practice recommendations
Handwritten prescriptions were associated with potential lack of clarity.	Physicians should order oral chemotherapy using only the electronic physician ordering system. The order will include height, weight, cycle, length of cycle and an explanation of any dose changes (such as reductions to manage toxicity).
Prescriptions handed directly to patients lacked the second internal safety check done by in-house pharmacists for intravenous chemotherapy.	No repeats are permitted on prescriptions.
Retail pharmacists filling prescriptions for oral chemotherapy may not be familiar with oncology drugs.	In-house pharmacists should conduct a second check of the prescription before faxing to the retail pharmacy. No prescriptions will be given directly to patients.
Retail pharmacists may have difficulty with drug access, potentially delaying the start of treatment (an example was a 3-day delay in drug access with smaller pharmacies).	Whenever possible, pharmacists will provide patient education (e.g. drug interactions and safe handling of cytotoxic medication, drug absorption, what to do if patients vomit the dose or miss a dose).
Educating and assessing patients via telephone or telemedicine was potentially confusing as there were no relevant teaching aids or assessment tools in use.	Oral chemotherapy is to be blister-packed to facilitate adherence and correct dosing.
Documentation was fragmented and did not adequately address adherence issues.	Patients are to return the blister packages when completed as a means of monitoring adherence.

Overall, the subjects found the tools helpful and would continue to use them, with some minor changes. Further collaboration and planning with the internal pharmacy is needed to fully implement the prescription review and patient counselling. Revised processes and tools will be implemented within the next few months but concerns exist about how time-consuming these may be. There are some minor issues with the electronic patient diaries. The goal is to have comprehensive standardized processes that will be used by our entire medical oncology team.

Treating cancer patients with oral chemotherapy requires

the development of new strategies. Educating and monitoring patients will require an interprofessional team approach. Tools to facilitate education, assessment and adherence are essential in monitoring patients who may be primarily interviewed via telemedicine or by telephone.

References

1. Simchowitz B, Shiman L, Spencer J et al. Perceptions and experiences of patients receiving oral chemotherapy. *Clin J Oncol Nurs* 2010;14:447-53.
2. Weingart SN, Brown E, Bach PB et al. NCCN Task Force report: Oral chemotherapy. *J Natl Comp Canc Net* 2008;6 Suppl 3:1-14.