



Improving medication safety in oral chemotherapy patients by standardising communication and education provided by pharmacy

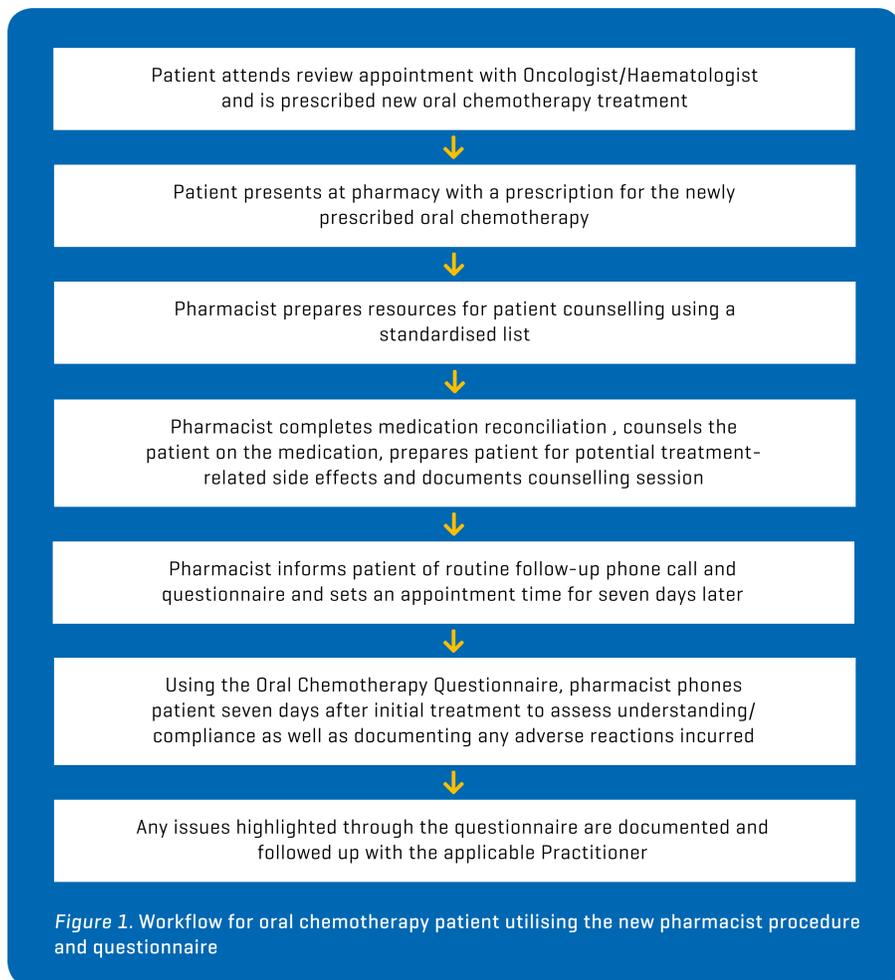
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Background

Oral chemotherapy offers patient convenience and flexibility in timing and location of administration. However, treatment is managed primarily by patient self-administration at home, with risk of potentially harmful outcomes if mishandled. Inconsistencies were observed in patient education and follow-up communication, when comparing oral chemotherapy to intravenous chemotherapy in a private, oncology day hospital. Differences included no standardised information pack for oral chemotherapy patients, no follow-up patient phone calls following treatment initiation and no opportunity to attend a pre-admission education clinic.

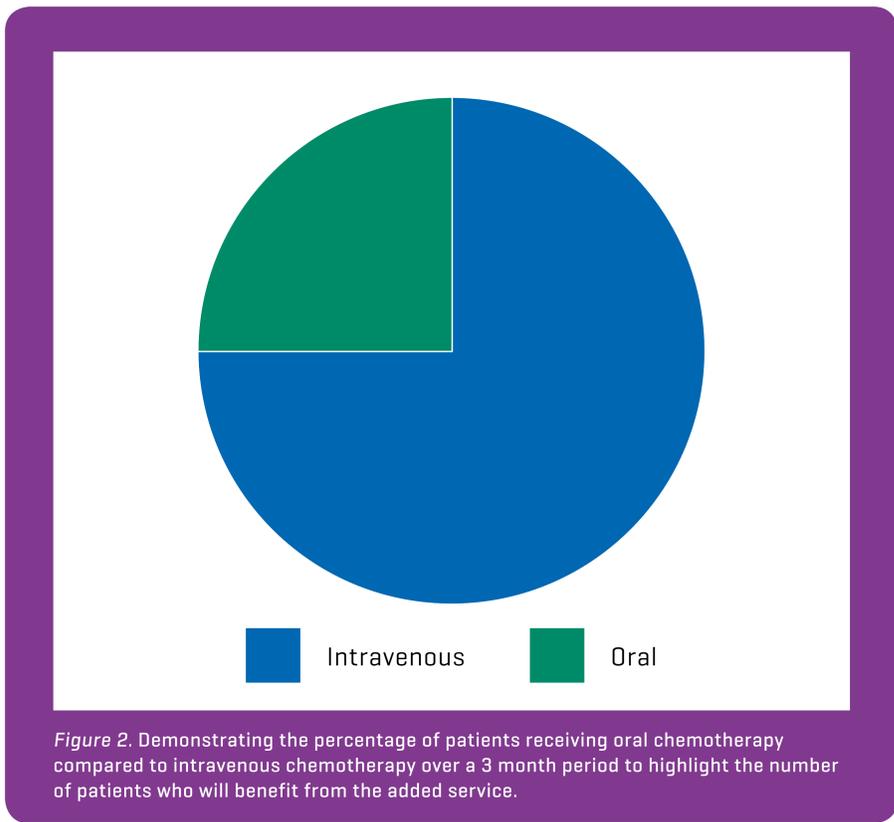
Description

Expand the existing patient counselling and education service provided by pharmacy by standardising the discharge resources provided to patients. Additionally, incorporate a follow-up telephone call to confirm the patients understanding of the education provided and assess compliance and tolerability of medication.



Standardised Resource List

- eviQ patient information on specific protocol if available
- CMI for any supportive medications dispensed
- Discharge medication profile
- eviQ patient information sheet: Oral anticancer medicines
- eviQ patient information sheet: Chemotherapy Safety at Home
- eviQ patient information sheet: Managing the side effects of chemotherapy
- Cancer Council Booklet: Understanding Chemotherapy
- Patient fridge magnet and business card with after-hours contact information
- Disease specific booklets
- Patient calendar if necessary
- Drug company provided patient information kits if available



Action

A toolkit was developed listing standardised resources that must be provided by pharmacy as part of oral chemotherapy patient education. In addition, the toolkit included the requirement for a follow-up telephone interview from the pharmacist with the patient, seven days after initiation of oral chemotherapy treatment. A questionnaire was developed for the telephone interview to ensure a consistent approach to assessing the patient's well-being, medication compliance and patient understanding of the information provided. The phone call also provided an opportunity for the patient to ask further questions and opt to attend an additional education session if necessary. Doctors were asked to alert pharmacy in advance of a patient commencing oral treatment, allowing pharmacy time to prepare the resource material and plan the education.

Evaluation

Current practice in oral chemotherapy patient communication was evaluated against the National Safety and Quality Health Service Standard for Communicating for Safety¹ and it was determined that improvements could be made and resources and tools were developed to aid effective communication as per the guidelines. Further evaluation of the improved service design and toolkit is planned and will incorporate a patient satisfaction survey.

Implications

Consistent, standardised communication and follow-up with the patient, aims to reduce the risk of inaccurate self-administration and potential non-compliance, whilst facilitating timely and detailed reporting of side effects.

Reference

1. Australian Commission on Safety and Quality in Health Care. National Safety and Quality Health Service Standards: Communicating for Safety Standard. 2nd ed. Sydney: ACSQHC; 2017

