Government of **Western Australia**
**WA Country Health Service**

# TeleChemotherapy Policy

## 1. Purpose

This policy provides minimum practice standards for WA Country Health Service (WACHS) staff involved with the safe handling of cytotoxic medicines and the delivery of low-risk systemic anticancer therapy (SACT) to medical oncology and haematology patients via telehealth. The following processes are aligned with current evidence based practice and drawn from national resources including the Cancer Institute NSW, Cancer Treatments Online - eviQ, The Clinical Oncology Society of Australia (COSA), and the COSA Clinical practice guidelines for TeleOncology.

TeleChemotherapy is a model of care that enables regional medical oncology and haematology patients to receive low risk cancer treatments at a local site with the support of specialist clinicians based at a metropolitan cancer centre via video supervision. The processes outlined in this policy are intended to be a resource for WACHS staff. When care requires specific processes or procedures that may vary in practice across sites, staff should seek guidance from senior clinicians and refer to local policy and procedure.

This document must be read in conjunction with the following:
- Systemic Anticancer Therapy Procedure
- Anticancer Therapy Prescribing Procedure
- The Australian Commission on Safety and Quality in Health Care National Safety and Quality Health Service Standards User Guide for Medication Management in Cancer Care 2020.

## 2. Policy

The Queensland remote chemotherapy supervision guide (QReCS) (2019) has been endorsed by COSA and WACHS. Components of this procedure have been modified from the QReCS model to accommodate a regional WA perspective.

### 2.1 Low Risk Anticancer Therapy

For the purpose of this policy, treatments with a relatively low to medium risk of complications, including those not normally expected to produce hypersensitivity and vesicant reactions, can be administered via TeleChemotherapy. The range of treatments provided at regional TeleChemotherapy facilities should increase gradually as per the below staged approach instructions.

### 2.2 Staged Approach

Low-risk SACT protocols considered suitable for administration via the WACHS TeleChemotherapy service will be determined by the WACHS Cancer Clinical Governance Group (CCGG). The CCGG will meet monthly and determine timelines for moving between stages (outlined below) and the addition of protocols which may subsequently include combination therapy:
- Stage 1- Low Risk:

- o First cycle has been administered at a cancer centre without adverse event.
  - o Short Infusion time (approximately 4 hours or less)
  - o Single medicine (includes cytotoxic, monoclonal antibodies and immunotherapy)
  - o Non vesicant medicines
- Stage 2 – Medium Risk:
  - o Medium Infusion time (4 – 6 hours)
  - o One or two medicines
  - o First cycles possible with prior approval by WACHS TeleChemotherapy CNC
- Stage 3 – High Risk:
  - o Long infusion time (greater than 6 hours)
  - o Multiple medicines
  - o Device connection (infusor)
  - o Special instructions/consideration (e.g. Risk of, vesicant extravasation, and hypersensitivity reactions)

## 2.3 Treatment Exclusion

TeleChemotherapy is a service which facilitates provision of low-risk cancer treatments in regional areas. The following protocols will not meet the criteria for referral:
- protocols delivered via intrathecal, intracavity routes
- high risk of grade 3 and 4 toxicities
- high risk of dose limiting side effects that may require a dose adjustment in the curative setting
- high risk of adverse drug reactions (ADRs)
- vesicant medicines (in stage 1)
- protocols that involve complex premedication, supplementary or inpatient requirements
- medications with short-compounded expiry dates, that cannot be delivered to a recipient site within required timeframes.

## 2.4 Patient Eligibility

The medical oncologist/haematologist is to consider the patient medically suitability to receive treatment via the WACHS TeleChemotherapy service and complete a comprehensive eReferral.

The review, acceptance and triage of new patient referrals will be completed by the WACHS TeleChemotherapy CNC or delegate, in collaboration with the regional TeleChemotherapy team and treating medical oncologist/haematologist. All new referrals are to be entered into the WACHS Cancer Clinical Governance WebEOC platform (WACHS CCG platform).

If there is uncertainty related to the suitability of a patient or protocol for a TeleChemotherapy service, this is to be escalated to the WACHS TeleChemotherapy CNC who will initiate the clinical governance process integrated with the WACHS CCG platform and involves collaboration with both the central and regional CCGG.

The patient assessment is to include:
- baseline assessment of language and appropriate allocation of a trained interpreter where appropriate with the patients consent
- baseline performance status assessed against the Eastern Cooperative Oncology Group (ECOG) scale6 (is to be 0, 1 or 2)

- prognosis
- age and comorbidities including cognition
- lifestyle behaviours
- willingness to attend appointments and comply with treatment
- understanding of side effects that are potentially serious and require urgent medical attention
- cultural and spiritual needs
- support networks
- transport requirements and proximity to a hospital with acute care facilities
- supporting healthcare professionals involved (specialists, community GP, ACCHS, local regional hospital).

**Patient Exclusion**

Patients **not** suitable for the WACHS TeleChemotherapy service include:
- patients who have not been referred to the service or whose referral has not been triaged and accepted
- patients without a documented treatment plan
- current inpatients
- paediatric patients
- patients with a rapidly progressive disease who require treatment as a matter of urgency
- patients who require treatment for an oncological emergency
- patients receiving end of life care
- patients with uncontrolled pain
- patients at risk of acute haemorrhage.

| ⚠️ **ATTENTION** | Patients are to receive their treatment at a metropolitan cancer centre if: <br>• they do not meet referral criteria at the point of diagnosis <br>• there is a subsequent change in ECOG <br>• there is a change in treatment plan not suitable for delivery via the WACHS TeleChemotherapy service. |
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## 2.5 Patient Pathway to the WACHS TeleChemotherapy Service

The pathway for referring regional patients with a cancer diagnosis to medical oncology/haematology services is outlined in the Cancer Services Referral Procedure.

If eligible, the following processes are to occur prior to the delivery of any SACT via the WACHS TeleChemotherapy service:
- Medical oncologist/haematologist is to complete an eReferral to the WACHS TeleChemotherapy service.
- TeleChemotherapy CNC or delegate is to review, triage, accept or redirect the referral in collaboration with the WACHS TeleChemotherapy medical oncologist/haematologist and regional TeleChemotherapy teams.
- TeleChemotherapy CNC or delegate will enter the patient into the WACHS CCG platform and initiate a clinical governance process if required.

- The patient is to have a pre-treatment review with the WACHS TeleChemotherapy medical oncologist/haematologist face to face or via telehealth, pending the outcome of the consultation and or acceptance of the referral.
- TeleChemotherapy CNC or delegate will notify the regional TeleChemotherapy nurses and pharmacists of upcoming appointment and treatment plan.

Following acceptance of the referral to the TeleChemotherapy CNC, the:
- TeleChemotherapy clerical staff or delegate are to import patient into the Oncology Management System (OMS)
- appointments are to be scheduled according to assessment of the patient, treatment, and any laboratory investigations or tests specific to the treatment protocol.
- TeleChemotherapy clerical staff or delegate are to inform the patient/caregiver(s) of all forthcoming appointments.
- treatment plan is to be communicated to the primary health care provider.

With the consent of the patient, include Aboriginal Liaison Officers (ALO), Aboriginal Health Workers (AHW) and key cancer specific Aboriginal health professionals (e.g. Aboriginal Cancer Nurse Coordinators) to ensure incorporation of cultural advice and support with communication is provided during patient assessment. Additional methods of communication such as flip charts are encouraged to support communication of treatment and care to patients. Provision of an ALO or AHW does not replace the need for trained interpreters.

## 3. Roles and Responsibilities

**The Medical Oncologist/Haematologist** is responsible for:
- managing all the medical oncology/haematology components of the treatment plan.
- prescribing anticancer treatment, supportive medications and intravenous fluids
- consulting with the patient before each cycle of treatment or at pre-determined intervals as clinically appropriate
- presenting the patient at a tumour specific multidisciplinary team meeting as clinically appropriate
- making decisions regarding the safety of administering the prescribed protocol to a patient at a WACHS DCTU
- obtaining and documenting informed consent on the MR59A WACHS Cancer Services - Patient Consent to Cancer Treatment
- documenting a treatment plan in the patient's healthcare record
- completing the medication order in accordance with the legislative requirements and the COSA guidelines for the safe prescribing, dispensing and administration of systemic cancer therapy
- identifying and documenting allergies and previous adverse drug reactions.
- requesting and reviewing the relevant laboratory and diagnostic tests prior to the commencement of each cycle
- being contactable by telephone to assist with the management of the immediate adverse effects of SACT
- managing the delayed and long-term effects of therapy
- obtaining Individual Patient Approval (IPA) using the WA Individual Patient Approval System where a non-formulary medicine or a protocol is not endorsed for use
- applying to the Chair of the Regional Medicines and Therapeutics Committee for approval for a medication access program (MAP)
- documenting dose modifications on the medication order and in the healthcare record

- communicating with the local on-site medical officer the possibility of adverse events related to the treatment
- where appropriate the medical oncologist/haematologist is to inform patients and caregiver(s) of the teratogenic risk of SACT on fertility and provide options for fertility preservation
- being contactable during WACHS DCTU operating hours for treatment related questions and to assist with the management of the immediate adverse effects of SACT.

**The Onsite Local Medical Officer** is responsible for:
- providing supportive care for the patient during the admission if required
- providing clinical review on admission to the service and management of clinical issues as per assessment
- management of acute adverse events and delayed effects and the escalation of patient care as clinically appropriate
- liaising with the medical oncologist/haematologist when the patient, carer or clinician is concerned in any way.

**The Cancer Pharmacist** is responsible for**:
- ensuring the medication order is compliant with legal, PBS and clinical requirements.
- clinically verifying all prescribed anticancer therapy including oral anticancer treatment and signing the medication order or verifying electronically (using their HE number and password) in the OMS to indicate pharmacy verification has been completed
- documenting the pharmacist verification in a standardised format in line with COSA Guidelines
- reviewing laboratory results within 24 to 48 hours of anticancer therapy administration or as clinically appropriate for the protocol, ensure results are within acceptable parameters, or otherwise escalated to the prescriber.
- reporting to the prescriber toxicities and laboratory results outside of the normal parameters before administration
- documenting an up to date, best possible medication history (BPMH) in the healthcare record in line with COSA Guidelines and WACHS Medication Review Procedure
- discussing discrepancies in the order with the prescriber
- supply of the medication order components in a timely manner, within dose banding limits where applicable.
- ensuring access to supply of supportive medications, medications for emergency management of anaphylaxis and hypersensitivity and extravasation antidotes
- ensuring no known allergies or the allergy and adverse drug reaction history has been recorded
- ensuring the medication order contains the hospital site name, address and provider number
- provision of education to patients, carers and health professionals.

**The Clinical Nurse Consultant – Oncology Coordinator/ TeleChemotherapy** is responsible for:
- review, triage, accepting or redirecting the referral in collaboration with the medical oncologist/haematologist
- when required completing a clinical governance process and escalating to both regional CCGG and WACHS CCGG
- referral to appropriate support (inclusive of AHW/ALO) and Allied Health services as required

- notifying the regional clerical staff to schedule a forthcoming appointment in collaboration with the cancer services nursing team
- notifying the cancer pharmacist of the upcoming appointment and any changes to the treatment plan.

**The Chemotherapy Competent Nurse** is responsible for:
- nursing care in accordance with the COSA Guidelines
- nursing admission to the service as per the MR111 WACHS Nursing Admission, Screening and Assessment Tool – Adults
- completing pre-treatment education and nursing assessment prior to the commencement of anticancer therapy at the DCTU
- ensuring the correct administration equipment/giving set and Personal Protective Equipment (PPE) is available
- understanding the nursing care required for the specific protocol including pre and post medications, fluid requirements, extravasation and hypersensitivity potential
- identifying and documenting allergies and adverse drug reactions
- reviewing laboratory results within 24 to 48 hours of anticancer therapy administration or as clinically appropriate for the protocol, ensure results are within acceptable parameters, or otherwise escalated to the prescriber
- reporting to the prescriber toxicities and laboratory results outside of the normal parameters before administration
- validating informed consent prior and ensuring consent has been documented prior to the administration of anticancer therapy
- independently completing the time-out checklist
- administering or confirmation of self-administration of medications as per the medication order
- signing the medication order with date and time, or electronically (using their HE number and password) in the OMS to indicate the medication has been administered
- referral to support (inclusive of AHW/ALO) and allied health services
- documenting the treatment has been administered, including toxicity assessment and other relevant clinical assessment details.
- ensuring the completed medication chart is sent for scanning to the healthcare record.

The **WACHS Executive Sponsor Cancer Services** is responsible for monitoring the performance of the regional cancer centres using the agreed performance indicators.

**The WACHS Medicines and Therapeutics Committee** is responsible for endorsing policy documents and forms relevant to medication management and safety of systemic anticancer therapies.

**The WACHS Cancer Clinical Governance Group** is responsible for:
- providing overarching governance of development and review of cancer treatment protocols, prescribing tools and related processes
- supporting WACHS staff to implement this policy by the provision of advice, information and regular updates on the processes related to the development, endorse and review of cancer treatment protocols and prescribing tools.

**The Regional Cancer Clinical Governance Group** is responsible for:
- promoting the quality framework required for the region to implement safe and effective cancer care. The group will function to ensure safe and evidence-based care is provided to country patients and all practices meet the Australian Commission on

Safety and Quality in Healthcare - National (ACSQHC) and Quality Health Service Standards (NSQHSS)

- providing clinical governance and leadership over regional cancer services
- reviewing relevant policies, procedures and processes to ensure the safe and efficient delivery of evidence-based cancer and palliative care in the region
- promoting professional development as an integral part of cancer service provision in the region
- ensuring cancer services in the region are monitored and evaluated to meet best practice consideration to consumer/carer and stakeholder expectations and satisfaction
- minimising clinical risk and identify improvement opportunities through measurement and clinical review
- making recommendations to rectify gaps in delivery of cancer care in the region.

**All WACHS employees** take reasonable care to ensure his or her own safety and health at work and to avoid adversely affecting the safety or health of any other person by:

- following all instructions and safe working procedures established to protect their safety and that of others
- reporting all identified hazards and accidents/incidents in the workplace to their line manager utilising a Safety Risk Report Form (SRRF)
- carry out duties within their specified responsibilities and duties as defined in their Job Description Form (JDF)
- comply with local policy and procedure.

**All WACHS clinical staff are accountable for their own practice and are to provide care:**

- within their registration status
- in accordance with the codes and guidelines approved by their relevant National Board supported by AHPRA
- within their scope of practice and competence
- within their prescribed responsibilities and duties as defined in their JDF
- within the context of practice that they are operating
- as per local policy and procedure

**All staff** are required to work within policies and procedures to make sure that WACHS is a safe, equitable and positive place to be. All staff are required to comply with the directions in WACHS policies and procedures as per their roles and responsibilities. Guidelines are the recommended course of action for WACHS and staff are expected to use this information to guide practice. If staff are unsure which policies, procedures and guidelines apply to their role or scope of practice, and/or are unsure of the application of directions they should consult their manager in the first instance.

## 4. Monitoring and Evaluation

Monitoring of compliance with this document is to be carried out by WACHS Cancer Services annually using the following means or tools:

- region, site, department (via webPAS data)
- WACHS Antineoplastic therapy audit results.

Monitoring and evaluation is the responsibility of RCCGG, Clinical Nurse Managers of the Cancer Treatment Units, Operations Managers and Regional Pharmacists at each site.

This document will be reviewed as required to determine effectiveness, relevance and currency. At a minimum, it will be reviewed every 3 years by the WACHS Cancer Clinical Governance Group and endorsed by the WACHS Medication Safety Committee. Any issues or concerns are to be escalated to the WACHS Cancer Clinical Governance Group.

## 5. References

The Australian Commission on Safety and Quality in Health Care National Safety and Quality Health Service Standards User Guide for Medication Management in Cancer Care 2020 [Internet]. Sydney NSW (Australia): 2017 [cited 2020 April 30] Available from: https://www.safetyandquality.gov.au/publications-and-resources/resource-library/nsqhs-standards-user-guide-medication-management-cancer-care

The Cancer Institute of NSW. eviQ Cancer Treatments Online [Internet]. Sydney NSW (Australia): 2017 [cited 2020 April 30] Available from: https://www.eviq.org.au/

The Cancer Institute of NSW eviQ Education [Internet]. Sydney NSW (Australia): 2008 [cited 2020 Jul 28]. Available from: https://education.eviq.org.au/

Clinical Oncological Society of Australia. Guidelines for the Safe Prescribing, Dispensing and Administration of Cancer Chemotherapy [Internet]. Sydney NSW (Australia): 2008 [cited 2020 April 30]. Available from: https://app.magicapp.org/#/guideline/n3QAOj

Clinical Oncology Society of Australia (COSA) Clinical Practice Guidelines for TeleOncology

Eastern Cooperative Oncology Group ECOG Performance Status

Queensland Health. Queensland remote chemotherapy supervision guide (QRECS) (2019) [Internet]. 2019. Available from: QReCS-Guide-2019-Compressed.pdf (health.qld.gov.au)

## 6. Definitions

| Term | Definition |
|---|---|
| **Carer** | A Carer is a person who (without being paid) provides ongoing care or assistance to another person who has a disability, a chronic illness, or a mental illness, or who is frail. This includes family members who may not identify as carers. Carers may receive an allowance from government to support them to provide care to an individual. |
| **Chemotherapy competent** | A nurse is deemed Chemotherapy competed after having completed the relevant modules and clinical assessments of the WACHS endorsed eviQ Anti-cancer drug administration course. |
| **Cytotoxic** | A cytotoxic drug/medication is an agent capable of disrupting growth and function of both healthy and diseased cells. Various mechanisms of action. |

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| **Eastern Cooperative Oncology Group status** | The Eastern Cooperative Oncology Group (ECOG) performance status is a measurement of patients' level of functioning in terms of their ability to care for themselves. |
| **Healthcare Record** | A healthcare record is a record (paper-based or electronic) of a patient's medical history, treatment notes, observations, correspondence, investigations, test results, photographs, prescription records and medication charts for an episode of care. |
| **Medication Order** | A medication order written instruction issued by an authorised individual, in accordance with the regulation, authorising any specified health practitioners (within their scope of practice) to dispense, supply and administer (not prescribe) a specified medication in circumstances specified within the instruction. Medication orders can be electronically generated, pre-printed forms or handwritten orders. Examples include: WACHS endorsed speciality medication chart, an electronic order in an approved OMS, and other verbal-electronic means.

The **medication** order for anticancer therapy should present the treatment information in a clear, consistent and unambiguous manner and include all supportive therapy associated with the protocol. |
| **Nurse** | A Nurse, in the context of this policy, includes Registered Nurses and Medication Administration competent Enrolled Nurses (EN) (i.e. excludes ENs who have a notation on their registration which advises that they have not completed medication administration education). |
| **Oncology Management System** | An Oncology Management System is an end-to-end Electronic Medication Management (eMM) System supporting treatment for haematology and oncology patients. The system includes a central library of systemic anticancer therapy pathways, pharmacy management, patient scheduler, prescribing, administration and reporting. An Oncology Management System (OMS) improves patient safety by removing paper and related prescribing and administration errors.
**The OMS - Charm® is endorsed for use in WACHS.** |
| **Patient** | A patient is a person who is receiving care in a health service organisation. |
| **Protocol** | A protocol is an evidence-based regimen of medications to treat cancer that is endorsed for clinical use by WACHS. |
| **Systemic Anticancer Therapy** | Systemic Anticancer Therapy (SACT) are medications used to treat cancer, including all chemotherapy, immunotherapy, targeted therapy, and hormone therapy. |

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| **TeleChemotherapy** | TeleChemotherapy is a model of care that enables regional medical oncology and haematology patients to receive cancer treatments at a local site with the support of specialist clinicians based at a metropolitan cancer centre via the use of telehealth. |
| **Telehealth** | Telehealth is the provision of healthcare remotely by means of telecommunications technology. |
| **Toxicity** | Toxicity is the extent to which something is poisonous or harmful. |
| **Vesicant** | A vesicant is a medicine which if leaks out of a vein may cause blistering and tissue injury that may be severe and can lead to tissue necrosis. |

## 7. Document Summary

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| **Coverage** | WACHS-wide |
| **Audience** | Medical, nursing, pharmacy, clerical and any staff who work with systemic anticancer therapies where TeleChemotherapy Service is provided |
| **Records Management** | Health Record Management Policy |
| **Related Legislation** | *Health Practitioner Regulation National Law Application Act 2024* (WA)<br>*Medicines and Poisons Act 2014* (WA)<br>Medicines and Poisons Regulations 2016 (WA)<br>*Therapeutic Goods Act 1989* (Cth)<br>Therapeutic Goods Regulations 1990 (Cth)<br>Therapeutic Goods (The Poisons Standard)<br>*Voluntary Assisted Dying Act 2019* (WA)<br>Work Health and Safety Regulations 2022 (WA) |
| **Related Mandatory Policies / Frameworks** | • MP 0095/18 Clinical Handover Policy<br>• MP 0122/19 Clinical Incident Management Policy 2019<br>• MP 0175/22 Consent to Treatment Policy<br>• MP 0131/20 High Risk Medication Policy<br>• MP 0038/16 Insertion and Management of Peripheral Intravenous Cannulae in Healthcare Facilities Policy<br>• MP 0171/22 Recognising and Responding to Acute Deterioration Policy<br>• Clinical Governance, Safety and Quality Framework<br>• Public Health Framework |
| **Related WACHS Policy Documents** | • Admission, Discharge and Intra-Hospital Transfer Clinical Practice Standard<br>• Anticancer Therapy Prescribing Procedure<br>• Assessment and Management of Interhospital Patient Transfers Policy<br>• Cancer Services Referral Procedure<br>• Central Venous Access Devices (CVAD) and Long Peripheral Venous Catheter (PVC) Management Clinical Practice Standard<br>• Environmental Cleaning Policy<br>• Hazard and Incident Management Procedure<br>• Infection Prevention and Control Policy<br>• Interhospital Clinical Handover Form Procedure<br>• Managing Risks of Hazardous Chemicals and Dangerous Goods Procedure<br>• Medication Prescribing and Administration Policy<br>• Medication Review Procedure<br>• Nursing Management of the Neutropenic ADULT Haematology and Oncology Patient Procedure<br>• Personal Protective Equipment (PPE) Procedure<br>• Peripheral Intravenous Cannula (PIVC) Guideline |

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| | • Recognising and Responding to Acute Deterioration (RRAD) Policy<br>• Safe Handling and Administration of Monoclonal Antibodies Guideline<br>• Systemic Anticancer Therapy Procedure<br>• Waste Management Policy<br>• Work Health and Safety Policy |
| **Other Related Documents** | • ACSQHC National Standard for User-applied Labelling of Injectable Medicines, Fluids and Lines<br>• ACSQHC Recommendations for Terminology, Abbreviations and Symbols used in Medicines Documentation<br>• ACSQHC User Guide for Medication Management in Cancer Care 2020 |
| **Related Forms** | • MR59 WACHS Cancer Coordination Admission Form<br>• MR59.1 WACHS Cancer Services – Triage Admission Form<br>• MR59A WACHS Consent to Cancer Treatment<br>• MR59B WACHS Cancer My Education Checklist<br>• MR59C.1 WACHS Cancer Services - Distress Thermometer<br>• MR59C.2 WACHS Cancer Services – Immunotherapy Assessment Tool<br>• MR59C.3 WACHS Cancer Services – Oral Mucositis Assessment Tool<br>• MR59C.4 WACHS Cancer Services – Antineoplastic Drug Extravasation Assessment Tool<br>• MR 59C.5 WACHS Cancer Services – Pre-Admission Nursing Assessment Tool<br>• MR59C.6 WACHS Cancer Services - Day of Treatment Nursing Assessment Tool<br>• MR59D WACHS Cancer Treatment Infusion Observation Chart<br>• MR59E WACHS Cancer Services Continuation Sheet<br>• MR59F WACHS Cancer Services – ISOBAR Handover Form<br>• MR59G WACHS Cancer Services – Telephone Triage Tool<br>• MR59H WACHS Cancer Services - Supportive Needs Assessment Tool for Aboriginal People (SCNAT - AP)<br>• MR59i WACHS Integrated Cancer Services Referral Form<br>• MR111 WACHS Nursing Admission, Screening and Assessment Tool – Adults<br>• MR140 WACHS Medical Emergency Response (MER) / Code Blue Record<br>• MR179 WACHS Peripheral Intravenous Cannula Observation Record |

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| | • MR179A WACHS Central Venous Access Device (CVAD) Insertion & Assessment Record<br>• MR179B WACHS Central Venous Access Device (CVAD) Insertion Site Assessment Continuation Sheet<br>• MR179C WACHS CVAD Access-Dressings Continuation Sheet<br>• WACHS Medical Alert Cancer Treatment<br>• WACHS Safety Risk Report Form (SRRF) |
| **Related Training Packages** | • eviQ Anti-cancer drug administration course<br>• eviQ Pharmacy anti-cancer drug course<br>• High Risk Medications: High Risk Medications: Introduction (HRMINT EL2)<br>• Charm Oncology Management System eLearning - WACHS are utilising SMHS eLearning packages. |
| **Aboriginal Health Impact Statement Declaration (ISD)** | ISD Record ID: 3804 |
| **National Safety and Quality Health Service (NSQHS) Standards** | 2.04, 2.06, 2.07, 4.01, 4.02, 4.04, 4.05, 4.11, 5.15, 6.03, 6.04, 8.10, 8.11. |
| **Aged Care Quality Standards** | Nil |
| **Chief Psychiatrist's Standards for Clinical Care** | Nil |
| **Other Standards** | Nil |

## 8.  Document Control

| Version | Published date | Current from | Summary of changes |
|---|---|---|---|
| 4.00 | 13 November 2024 | 13 November 2024 | • document title and scope changed from procedure to policy<br>• updates in relation to OMS<br>• updates to terminology and definitions<br>• sections moved from this document to the Systemic Anticancer Therapy Procedure |
| 4.01 | 14 November 2024 | 13 November 2024 | • update link to new form (MR59C.6) |

## 9.  Approval

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| **Policy Owner** | WACHS Executive Director of Nursing and Midwifery |
| **Co-approver** | Executive Director Clinical Excellence |
| **Contact** | WACHS Clinical Nurse Consultant - TeleChemotherapy |
| **Business Unit** | WACHS Cancer Services |
| **EDRMS #** | ED-CO-19-36458 |
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