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Authors	Carroll, Sinead;Murphy, Kevin
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An Audit of Adherence to National Cancer Care Protocols and Prescribing Standards in Systemic Anti-Cancer Treatment.

Carroll, S^{1,2}, Cooke, K²,Griffen, L², Murphy, K¹

¹Pharmaceutical Care Research Group, School of Pharmacy,
University College Cork, Ireland;

² Pharmacy Department, Cork University Hospital

BACKGROUND

The availability and usage of systemic anticancer therapy (SACT) has increased significantly over recent years. Whilst SACT has undeniably benefited patients, it also poses a challenge to patient safety as the number of cytotoxic drugs expands.

The National Cancer Care Programme (NCCP) has set out to design and implement national policies and practices for oncology medicine in order to maintain high levels of patient safety.¹

Aim & Objectives

The primary outcome of this audit was to assess **adherence to NCCP national SACT regimens**, which is a key quality and patient safety objective for the NCCP.¹

A secondary outcome was to assess **adherence to NCCP prescribing standards** as outlined in the NCCP Oncology Medication Safety Review Report 2014, in order to identify potential areas for improvements in prescribing practices in CUH.²

METHODS



This study was a **prospective audit** of SACT prescriptions over a four-week period in June 2023 at CUH.

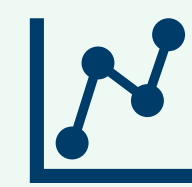
Data Collection was developed using the NCCP Oncology Medication Safety Review Report 2014.²

A report was run, to identify outpatient patients who received SACT on each working day within the four-week period.

For inpatients, the daily scheduling Excel file was consulted.



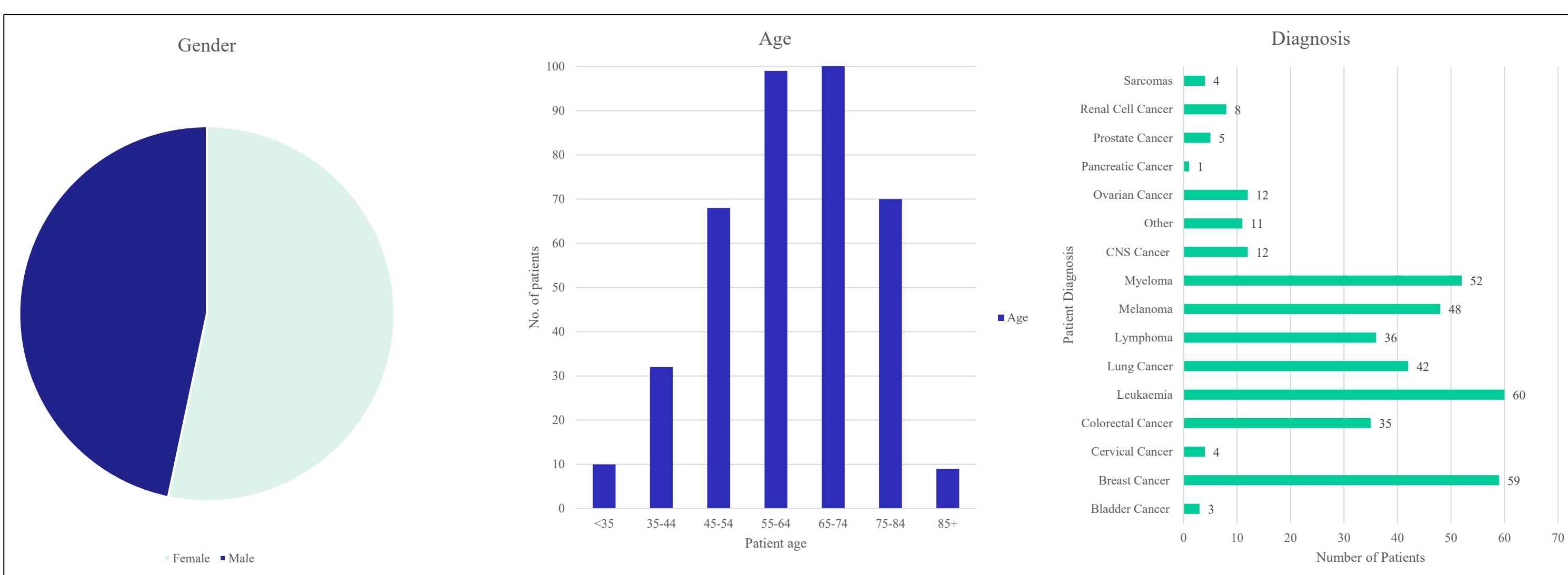
These lists were then cross-referenced with hard copies of patients' prescription files retrieved from the aseptic compounding unit at the end of each working day.



Prescriptions were then evaluated to complete the data collection tool.

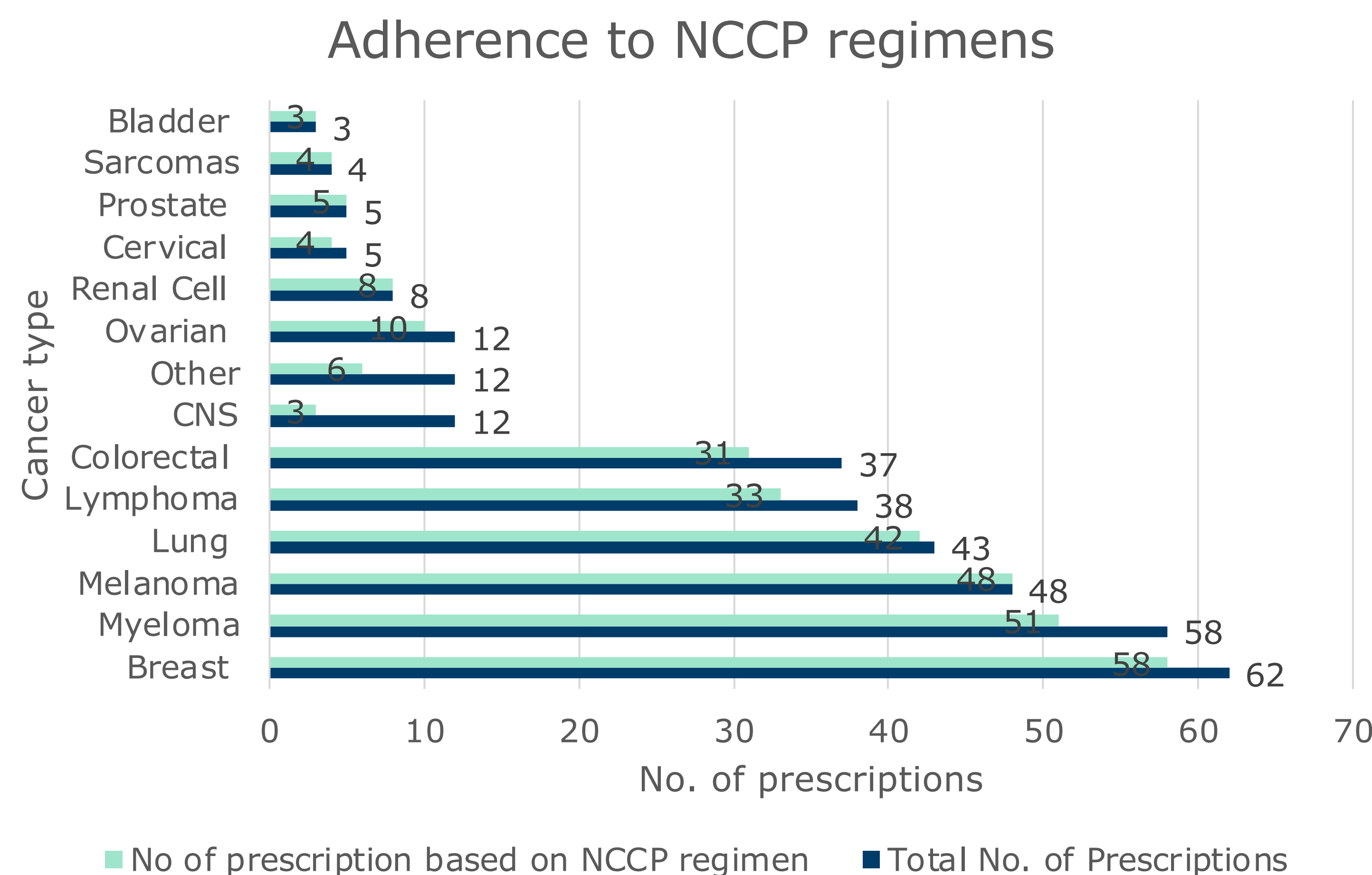
Anonymised data was captured and the results were collated to show any trends in adherence to NCCP regimes and prescribing standards.

Demographics

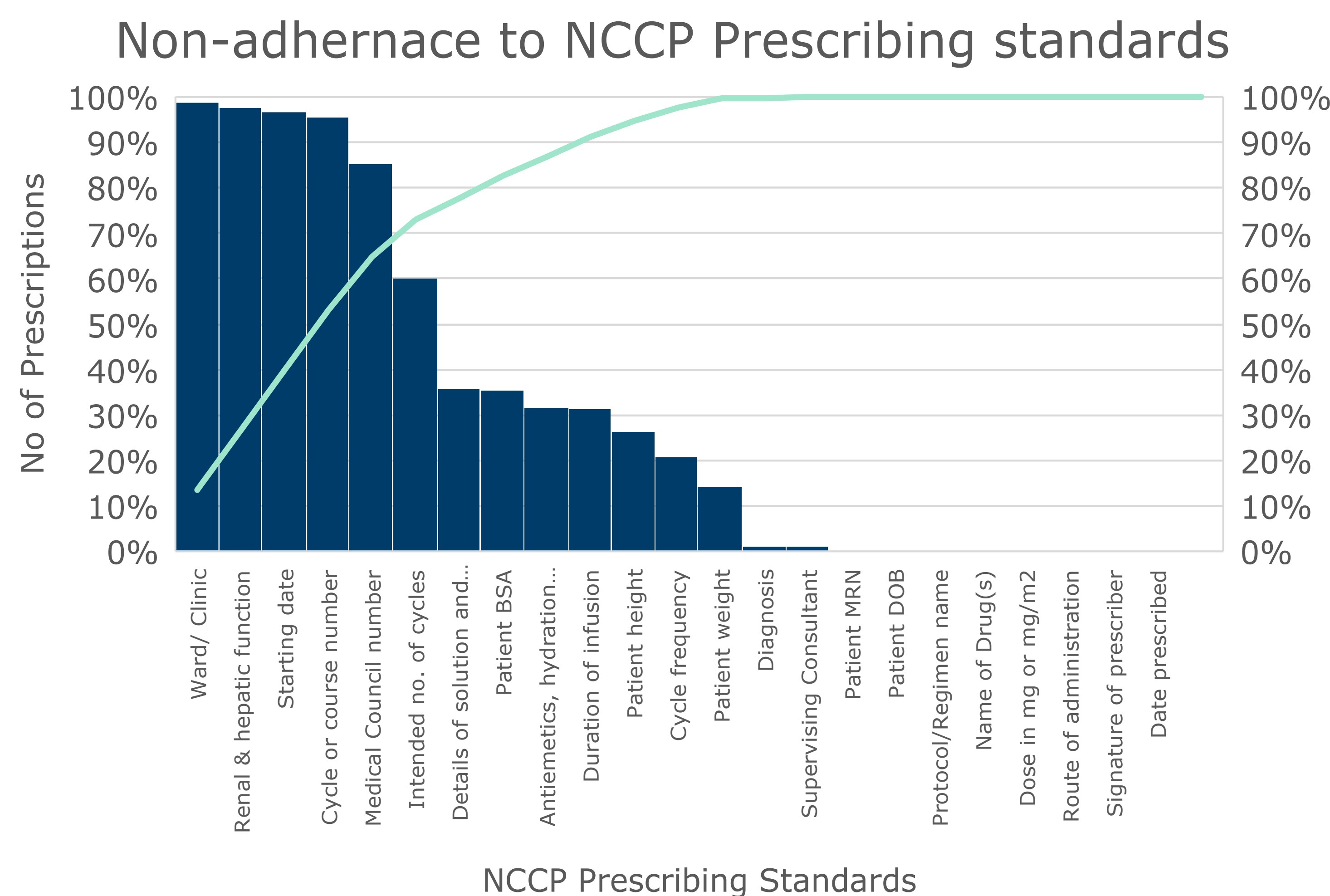


RESULTS

The results of the audit are largely positive, with **86.3% (n=354) of the prescriptions audited receiving SACT therapy in accordance with NCCP national SACT regimens**. However, adherence varied significantly across cancer types, this warrants tailored strategies for improvement of adherence to NCCP regimens. Only 7% of **prescriptions** were written on pre-printed forms.



Overall, the audit found that eleven of the twenty-four NCCP SACT prescribing standards were followed by more than 98% of the 410 prescriptions examined, however, several areas for improvement were also identified.



CONCLUSIONS

- Further **MDT education** on adherence to NCCP national SACT regimens and prescribing standards is required to ensure best practice prescribing of SACT
- Perform an **annual audit** and review of adherence to NCCP national SACT regimens and NCCP prescribing standards to continually monitor and enhance compliance.
- Encourage pharmacists, doctors and cancer nurses to utilise **pre-printed SACT** prescription forms where available, promoting consistency and reducing errors.
- **Expand** the use of regimen-specific pre-printed prescriptions as an interim solution while awaiting the arrival of electronic prescribing and NSIC.
- Consider reviewing and updating the current standard SACT prescription form to align with current best practices and evolving standards.

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Dr. Kevin Murphy, Ms Katie Cooke, Ms Lorraine Griffin

CONTACT:

sinead.carroll5@hse.ie