

## VicTAG Chemotherapy Audit Toolkit – Paper-based system process v1

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### Scope:

Refer to the “VicTAG Chemotherapy Audit Toolkit process guide” for instructions on selecting scope.

In addition, for a paper system, the best source for an audit population will vary between health services depending on what infrastructure and systems are in place.

Options to source data:

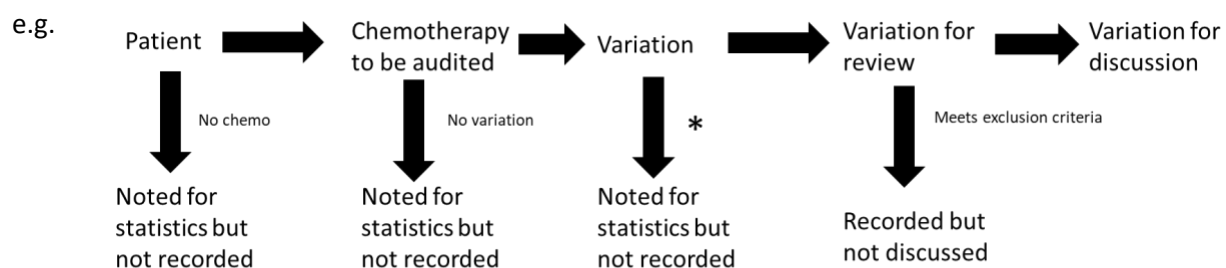
- Chemotherapy Day Unit booking system
- Outpatient Clinic list
- Other

Note that each option will have limitations, in terms of clinic list will be the most complete (only missing inpatient treatment), but will be less efficient (i.e. find more patients who aren’t receiving chemotherapy) whereas the booking system will miss both inpatient and oral treatments.

The decision around which option to use will need to be made by the health service before beginning the audit process, with consideration given to options and resources available.

### Method:

- Source and parameters of audit agreed by quality group prior to audit.
- Retrieve patient list from selected system.
- Examine patient histories
  - If no dose variations or variations <10%, don’t enter any data into the “Paper tool” for patient (however, note that has been audited so coverage can be established)
  - If variation >10% enter information about patient and variation
  - Review variations for report to tumour group discussion (exclusion criteria are found in the “Scope guide for exclusion”)
    - If meets exclusion criteria for list in Appendix 1, enter “yes” for exclusion
    - If doesn’t meet exclusion criteria, enter “no” for exclusion
  - Ensure totals are kept of patients checked from the source, and patients whose chemotherapy cycles have been checked but no variation found. These will form part of the statistical analysis of this data, found in the “Statistics tab” of the tool
- Non-excluded variations would go to Tumour Stream Group for review



\* Depending on agreed scope:

- Inside rounding tolerance
- Not cycle 1

**Notes:**

- Doses are to be matched to internal and/or external (e.g. eVIQ) protocols as approved and used by the health service.
- It is unrealistic to expect health services to be able 100% of chemotherapy prescribing without a significant allocation of resources, therefore audits should be targeted as suggested in the “Governance Framework and Supporting Information” to maximise impact.
- It is strongly recommended that staff resources are allocated separately to this audit activity as it is a significant investment of time.
- The audit period should include acknowledgement of cycle length for common chemotherapy protocols in the tumour stream that is being treated to ensure that appropriate coverage is obtained (e.g. for lymphoma, 3 weeks of data would ensure that patients on CHOP are included).

Please direct queries or feedback about the tool (including operation and optimisation) to Shaun O’Connor at [projectmanager@victag.org.au](mailto:projectmanager@victag.org.au)

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