MOQC Oral Oncolytics Self Assessment Tool

QOPI CERTIFICATION STANDARDS (DEC 2012)	Compliant Y/N	Plan of Action	Lead
POLICIES REQUIRED			
1) The practice/institution has policies, procedures, and/or guidelines for verification of training and continuing education for clinical staff:			
A. Orders for parenteral and oral chemotherapy are written and signed by licensed independent practitioners who are determined to be qualified by the practice/institution according to the practice's/institution's policies, procedures, and /or guidelines. *(initial prescription only written by physician determine who can change dose/renewal i.e.NP/PA)*			
B. The practice/institution has a comprehensive educational program for new staff administering chemotherapy, including a competency assessment, or the practice/institution uses an established educational program regarding chemotherapy administration that ends in competency assessment. Education and competency assessment regarding Chemotherapy administration includes all routes of administration used in the practice/institution site (e.g., parenteral, oral, intrathecal, intraperitoneal, intravesicular), and safe handling of hazardous chemotherapy agents.			
2) The practice/institution maintains a policy for how informed consent is obtained and documented for chemotherapy, including which oral chemotherapies *The practice/institution may provide options for consent (e.g., use of chart documentation of patient consent or a signed patient consent form) that allow for variation among practitioners in the practice/institution.*			
3) Informed consent for chemotherapy must be documented prior to initiation of a chemotherapy regimen. *The consent process should follow appropriate professional and legal guidelines. For more information and sample forms, see http://www.asco.org/consent.*			
4) The practice/institution maintains a plan for ongoing and regimen-specific assessment of each patient's oral chemotherapy adherence and toxicity. The policy includes, at a minimum, patient assessment for adherence and toxicity at each clinical encounter at the practice/institution, as well as a plan for clinical staff to address any issues identified.			

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POLICIES REQUIRED			
5) Before the first administration of a new chemotherapy regimen, chart documentation available to the practice/institution includes:			
A. Pathologic confirmation or verification of initial diagnosis. If original pathology report is unobtainable, note of explanation is in chart or a reference to primary source pathology. *This standard does not imply the need to re-biopsy if not clinically necessary.*			
B. Initial cancer stage or current cancer status. Cancer stage is defined at diagnosis. Cancer status includes a current description of the patient's disease since diagnosis/staging, if relevant (e.g., recurrence, metastases).			
C. Complete medical history and physical examination that includes, at minimum, height, weight, pregnancy screening (when applicable), and assessment of organ-specific function as appropriate for the planned regimen. Example of assessment of organ-specific function as appropriate for the planned regimen: patient plan for cisplatin requires pretreatment assessment of kidney function.			
D. Presence or absence of allergies and history of other hypersensitivity reactions			
E. Documentation of patient's comprehension regarding chemotherapy regimens (and associated medications), including information regarding disease.			
F. Assessment regarding psychosocial concerns and need for support, with action taken when indicated. Documentation of psychosocial concerns may include: copy of distress, depression, or anxiety screening form in the chart; patient self-report of distress, depression, or anxiety; or chart documentation regarding patient coping, adjustment, depression, distress, anxiety, emotional status, family support and care giving, coping style, cultural background, and socioeconomic status.			
G. The chemotherapy treatment plan, including, at minimum, chemotherapy drugs, doses, anticipated duration, and goals of therapy.			
H. For oral chemotherapy, the frequency of office visits and monitoring that is appropriate for the individual and the antineoplastic agent and is defined in the treatment plan.			

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POLICIES REQUIRED			
6) Before initiation of a chemotherapy regimen, each patient is given written documentation, including, at a minimum:			
A. Information regarding his/her diagnosis			
B. Goals of therapy			
C. Planned duration of chemotherapy, drugs, and schedule			
D. Information on possible short- and long-term adverse effects, including infertility risks			
E. Plan for monitoring and follow-up, including appointments with the practitioners or laboratory testing			
F. Regimen- or drug-specific risks or symptoms that require notification and emergency contact information, including:			
a. How to contact the practice or organization			
b. Symptoms that should trigger a call			
c. Who should be called in specific circumstances (oncologist or other provider)			

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POLICIES REQUIRED			
7) Patient education materials should be appropriate for the patient's reading level/literacy and patient/caregiver understanding. Documentation should include patient feedback reflecting understanding and engagement.			
8) On each clinical visit or day of treatment during chemotherapy administration, staff:			
A. Assess and document clinical status and/or performance status			
B. Document vital signs and weight			
C. Verify allergies, previous reactions, and treatment-related toxicities			
D. Assess & document psychosocial concerns & need for support; taking action when indicated.			
***This standard applies to all clinical encounters (including each inpatient day, practitioner visits and chemotherapy administration visits, but not laboratory or administrative visits). For the purpose of Certification section C and D do not need to be assessed more than once per week.*			
9) At each clinical encounter, staff review the patient's current medications including over-the-counter medications and complementary and alternative therapies. Any change in the patient's medications prompts a review for drug-drug interactions. *This standard applies to all clinical encounters (including each inpatient day practitioner visit and chemotherapy administration visits but not laboratory or administrative visits). For the purpose of Certification this standard does not need to be assessed more than once per week.*			

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QOPI ORAL MEASURES			
QOPI CERTIFICATION STANDARDS (DEC 2012)	**Compliant Y/N**	**Plan of Action**	**Lead**
POLICIES REQUIRED			
1) Documented plan for oral chemotherapy			
A. Dose			
B. Administration schedule (days of treatment/rest and planned duration			
C. Lab and toxicity monitoring			
D. Frequency of office visits/contacts			
E. Provided to patient prior to start of therapy			
2) Oral chemotherapy education provided prior to the start of therapy			
A. Safe handling			
B. Indications			
C. Schedule and start date			
D. Missed doses			
E. Food and drug interactions			
F. Side effects and toxicities			

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QOPI ORAL MEASURES			
QOPI CERTIFICATION STANDARDS (DEC 2012)	**Compliant Y/N**	**Plan of Action**	**Lead**
POLICIES REQUIRED			
3) Oral chemotherapy monitored on visit/contact following start of therapy			
A. Start date documented			
B. Symptoms/toxicities ASSESSed			
C. Symptoms/toxicities ADDRESSed			
D. Medication adherence ASSESSed			
E. Medication adherence ADDRESSed			

**Note: List not all inclusive of ASCO/ONS Standard or QOPI Measures, only those pertaining to oral cancer therapy*

References:

Neuss, MN. Jacobson JO, Polovich M, Polovich M, et al (2013). Updated American Society of Clinical Oncology/Oncology Nursing Society Chemotherapy Administration Safety Standards Including Standards for the Safe Administration and Management of Oral Chemotherapy. J. Oncol. Pract. 2013; 9:5s-13s.

American Society of Clinic Oncology. QOPI Summary of Measures, Fall 2013, Web. 28 Aug. 2013 <http://qopi.asco.org/Documents/QOPI-Fall-13-Measures-Summary.pdf>