



Patient Education for Oral Chemotherapy. Why the Concern?

- The use of oral chemotherapy is rapidly increasing in the United States (Aldwart, 2020).
- Oral Chemo places a higher burden of medication management on the patient and/or caregiver (Agboola, 2014)
- Improper administration can lead to increased toxicities, treatment failures, higher health system utilization, and ultimately higher costs (Agboola, 2014).



Who is the ASCO and ONS?

The [American Society of Clinical Oncology \(ASCO\)](#) and [Oncology Nurses Society](#) joined together in 2011 to form a collaborative project that would utilize a rigorous, consensus-based process to develop standards for the safe administration of chemotherapy.

The [ASCO/ONS Chemotherapy Administration Safety Standards](#) were created to reduce the risk of error when providing adult patients with chemotherapy, and to provide a framework for best practices in cancer care (ONS, n.d). These standards were updated in 2013 to include oral chemotherapy (Neuss et al., 2013).

For Optimal Oral Chemotherapy Patient Education ASCO/ONS Safety Standards recommend the following elements to be addressed:

- written diagnosis, goal and duration of treatment,
- drug name and supportive medications,
- management of potential short and long-term side effects,
- reproductive and fertility risks,
- safe storage and handling,
- disposal of unused medication,
- safe handling of bodily secretions at home,
- symptoms requiring immediate discontinuation,
- food/drug interactions,
- missed dose plan,
- monitoring/follow-up appointments,
- facility contact information with instructions on who and when to call,
- treatment schedule, such as a treatment calendar,
- assessment of learning preferences,
- assessment of learning capacity to understand material, and
- the documentation of a one week follow up phone call
- financial needs assessment
- Depression screening (Neuss et., 2017)



Purpose and Aims

Purpose of this QI project is to improve the documentation of ASCO/ONS recommended standards for oral chemotherapy patient education.

Aim is to evaluate the effectiveness of the implementation of two newly developed templates/forms into the EMR at one ambulatory cancer center.

Outcome Measure: Evaluate effectiveness by comparing the frequency in documentation of 16 key elements pre and post implementation of the two new EMR templates.

Human Subjects Protection: Approved by IRBs at East Tennessee State University and Ballad Health.

Process and Methods

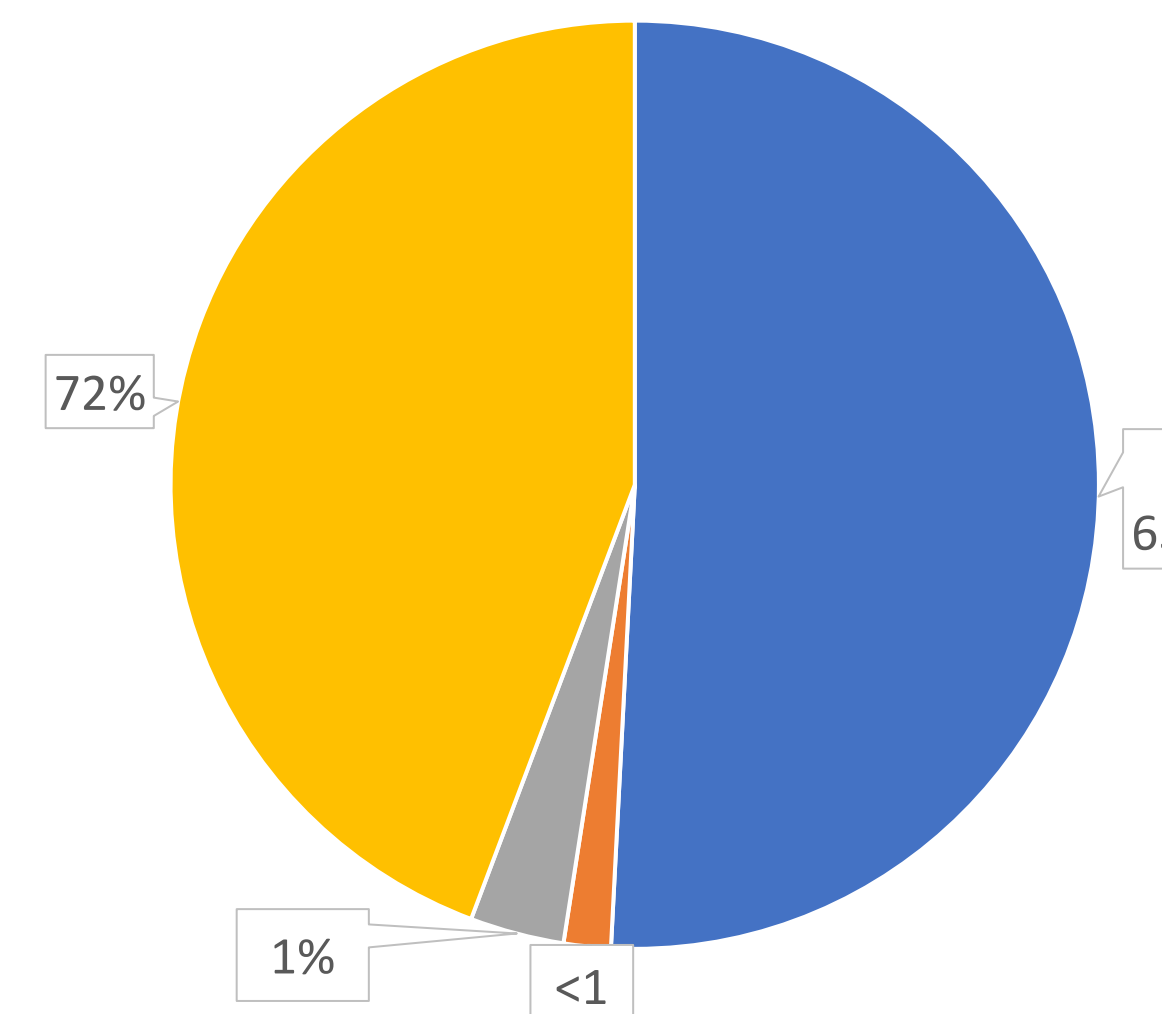
- EMR system access is granted
- Two chart reviews planned of patients newly started on oral chemotherapy.
- First review will be prior to template implementation,
- Second review post implementation.
- Both reviews will abstract the frequency in documentation of the 16 ASCO/ONS elements using a data abstraction tally tool created by the project
- The 4-week observation phase began 4/1/22 after the staff education on 3/30/22. The observation phase is set to conclude 4/29/22, after which the final chart review will be conducted and final results tallied and compared by the investigator.

Results and Conclusion

Results: Preliminary data presented, evaluation ongoing. Limitations: includes one cancer center with small sample size.

Conclusion: This project is currently ongoing. It is projected that by incorporating these new templates into the EMR, documentation of ASCO/ONS safety standards for oral chemotherapy patient education will increase.

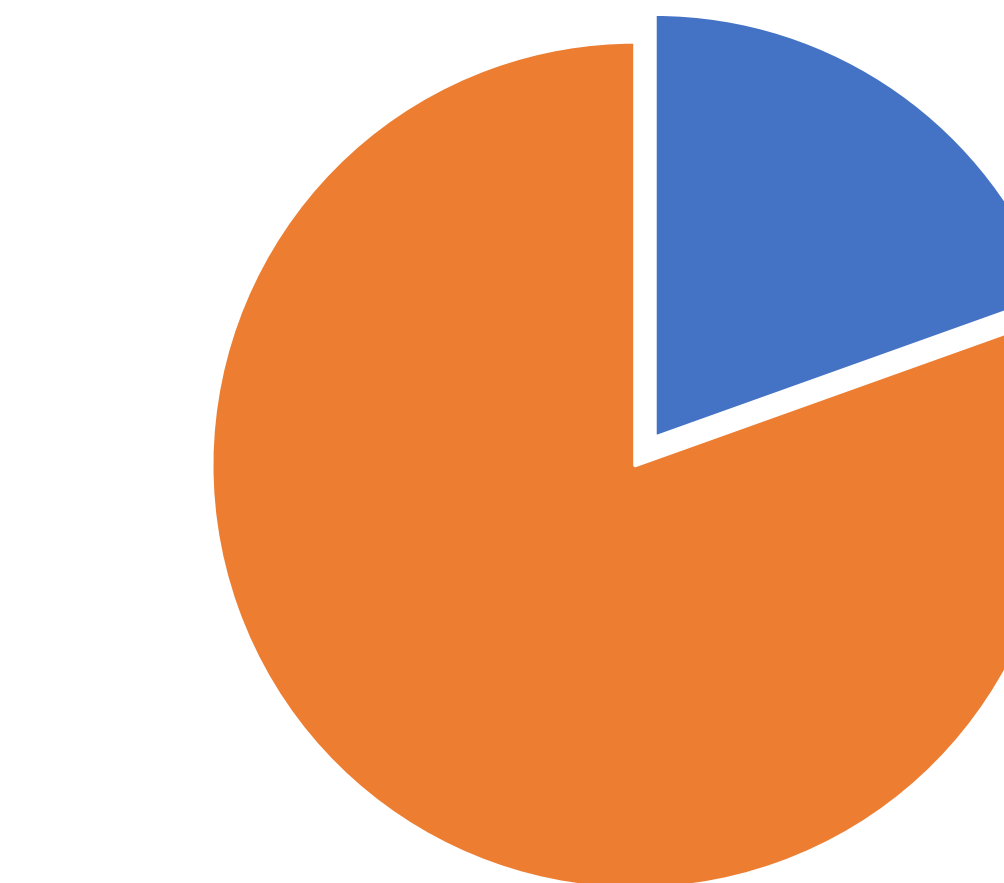
Documentation of each ASCO/ONS element prior to implementation of new templates into EMR



Legend for the chart above The 16 ASCO/ONS Elements

- Assessment of capacity to understand material.
- Assessment of learning preferences.
- Treatment schedule, such as a treatment calendar.
- Monitoring/Follow-up Apts.
- Missed Dose Plan.
- Food/Drug Interactions.
- Symptoms requiring immediate discontinuation.
- Safe Handling of bodily secretions.
- Disposal of unused medications.
- Safe Storage and handling.
- Discussion of reproduction and /or fertility risks.
- Mgmt. of potential short- & long-term side effects.
- Documentation of a one-week follow-up phone call.
- Diagnosis, goals, and duration of treatment.
- Drug name & supportive meds.
- Facility contact information with instructions on who and when to call .

Total percentage of ASCO/ONS elements included in charts prior to implementation of new templates into EMR



- % of elements that were documented
- % of elements not documented

References

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