



**ST VINCENT'S
HEALTH NETWORK**
SYDNEY

A SERVICE OF ST VINCENT'S HEALTH AUSTRALIA

**INQUIRY UNDER SECTION 122 OF
THE HEALTH SERVICES ACT 1997**

**Off-protocol Prescribing of Chemotherapy for Head & Neck
Cancers**

Final Implementation Report

St Vincent's Hospital Sydney

April 2017

Statement from Hospital

St Vincent's Hospital Sydney apologises – deeply and unreservedly – to the patients and families affected by this matter and to all our cancer patients.

St Vincent's has accepted the findings of the section 122 Inquiry and over the last twelve months has been dedicated to fully implementing these recommendations.

The implementation of the Inquiry's recommendations has assisted the hospital to address its two main priorities: to support the affected patients and families, and to ensure that the difficult lessons have been learned so that an event of this nature cannot happen again.

In implementing these recommendations, St Vincent's has worked hard to strengthen and improve our systems, processes and, most importantly, our culture. We present here a final summary of our implementation progress as at April 2017. However, the process of improving the quality of the care we provide, and pursuing a safer and better experience for our patients, are endeavours that will never end.

We would like to sincerely thank Professor Robert Thomas for his support and expert guidance throughout this period and the many other independent experts who have generously provided their assistance throughout this process. We would also like to thank the staff of St Vincent's Hospital who have responded with honesty and a genuine commitment to embrace the changes that have been necessary to assure the best and safest care for our patients.



Associate Professor Anthony Schembri
Chief Executive Officer
St Vincent's Health Network Sydney
April 2017



Associate Professor Richard Gallagher
Director Cancer Services
St Vincent's Health Network Sydney
April 2017

Note from Independent assessor

I believe the Hospital has satisfactorily addressed the recommendations of the Inquiry's Report and has made significant progress in restoring community confidence. The hospital has understood and embraced this event's difficult lessons and made fundamental changes that have not only addressed the current concerns but will allow it to continue to assure and improve the safety and quality of patient care into the future.



Professor Robert Thomas
Special Medical Advisor to the Victorian Government
April 2017

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1. Introduction

Background

On 19 February 2016, the Secretary of the NSW Ministry of Health (the Secretary of Health) initiated an Inquiry under Section 122 of the *Health Services Act 1997* in relation to the prescribing of chemotherapy at St Vincent's Hospital by Dr John Grygiel during the period June 2012 to June 2015 (the Inquiry).

The Inquiry's terms of reference were expanded in April 2016 to also include patients treated by Dr Grygiel in the Western NSW Local Health District, and any patients treated by Dr Grygiel at St Vincent's Hospital Sydney since 2006.

The Inquiry was conducted by: Professor David Currow, Chief Cancer Officer, Cancer Institute NSW; Dr Paul Curtis, Director Clinical Governance, Clinical Excellence Commission; and Mr Paul Gavel, Director Workforce, HealthShare NSW (the Inquiry Team). The Interim Report of the Inquiry was released by the Secretary of Health on 4 April 2016 and Final Report on 2 August 2016.

This report

This report serves as the final report for St Vincent's Hospital in implementing the recommendations for the Hospital and recommendations for Local Health Districts and Speciality Networks from the Inquiry.

Over the past 12 months, St Vincent's Hospital has continued to work in ensuring implementation of all recommendations from the Interim and Final Reports. As all recommendations for St Vincent's and Speciality Health Networks are now complete, this will be the final report from St Vincent's and follows on from the six month report provided in October 2016.

This report has been endorsed by Professor Robert Thomas OAM, Special Advisor to the Victorian Government. Professor Thomas was engaged by St Vincent's Health Australia to provide independent oversight of the Hospital's implementation of the Inquiry's recommendations.

2. Recommendations for St Vincent's Hospital Sydney

Recommendation 1:

That St Vincent's Hospital as a priority, apologise to patients and their families for any distress that this off-protocol prescribing or its reporting has caused.

St Vincent's Hospital has apologised deeply and unreservedly to the patients and families affected by this matter for the distress it has caused.

All attempts were made by the Hospital to contact the affected patient group and/or their families to provide this apology directly. The Hospital made phone calls to the patients and/or families (where contact details are available) to make this apology. Up to three calls were made to each patient to attempt contact. The Hospital followed up by sending letters to all of the affected patients and/or their families (where contact details were available) to provide a written apology. There were a small number of the affected patient group who do not have a next of kin or for whom the Hospital does not have current contact details.

In these phone calls and letters, St Vincent's Hospital:

- apologised for the distress this matter has caused;
- advised patients and /or families of the release of the Interim Report;
- offered further support including additional follow-up appointments for ongoing treatment and opportunity to discuss the finding of the report;
- offered the opportunity to bring forward their next scheduled review (where relevant).

In addition, a letter was also sent to the patient's GP, informing them of the patient's inclusion in this issue and outlining follow up care plans. An offer was made for them to contact the Hospital if they wished to discuss any aspect of their patient's care.

St Vincent's Hospital also issued a public apology to the affected patients and families, as well as to all our cancer patients, including those not directly affected by the off-protocol dosing. Further, the Hospital established a dedicated 1-800 phone number for any patients, family members or community members that may have concerns. The public apology and the 1-800 number are available on the Hospital's website, under Cancer Services.

For patients and families experiencing distress, the Hospital offered a referral for social work or psychology support.

Recommendation 2:

St Vincent's ensure that every patient or his or her family identified by the Inquiry as having received flat dose carboplatin between 2006 and 2011 is given the opportunity to participate fully in an Open Disclosure process.

St Vincent's Hospital is fully committed to the Open Disclosure process in accordance with NSW Health policy, and our values and service philosophy. The Hospital acknowledges that some patients and families would have preferred earlier disclosure than was originally provided when the issue was identified. We apologise for any additional distress our actions caused.

As outlined in response to Recommendation 1, St Vincent's Hospital has contacted all affected patients and/or families (where able to be contacted) to provide ongoing disclosure, support, access and transparency around the Inquiry. There were a small number of the affected patient group who do not have a next of kin or for whom the Hospital does not have current contact details.

St Vincent's Hospital was also contacted by a number of other cancer patients and/or families not affected by the off-protocol prescribing of Carboplatin. We recognise that this issue may have caused distress and anxiety for many patients and are committed to supporting any patient with concerns. Any cancer patient and/or family with concerns has been offered a review of their chemotherapy dosing and the opportunity to participate in an Open Disclosure process.

Recommendation 3:

That St Vincent's Hospital supports patients whose care has been affected to have ongoing follow-up in another oncology unit if that's their choice.

St Vincent's Hospital Sydney respects the choice of any patient to have ongoing follow-up in another oncology unit and will fully support and facilitate any such request.

At this time, one patient has requested to receive their follow-up care in another oncology unit. St Vincent's Hospital Sydney has facilitated the transfer of this patient's care to another hospital.

Recommendation 4:

Reports on patient outcomes to the Hospital's Patient Safety and Quality Committee and Clinical Council on six monthly, and annually to the Deputy Secretary, NSW Ministry of Health.

The first report on patient outcomes was provided to the St Vincent's Health Network Sydney Clinical Council in February 2017 outlining the process for review and follow up for affected patients and the structure of future reports. A regular report to the Patient Safety and Quality Committee has been occurring since December 2016. This item has become a standing agenda item on the respective committees. The first report for the Ministry of Health is being prepared.

The Director of Cancer Services has formal responsibility for reviewing the full patient cohort on a monthly basis until all patients have been followed to five years. St Vincent's has built into MOSAIQ functioning so that regular reports can be generated and reviewed, including patients seen by other ENT and Head and Neck surgeons.

All patients that have contacted St Vincent's and requested further information have had their records updated in MOSAIQ with the data manager responsible for checking back through other patient information systems on campus for any evidence of activity for these patients.

Recommendation 7:

That St Vincent's Hospital provide education to key staff on those key policies, including the *Lookback* Policy, given the findings in relation to the policies.

St Vincent's Hospital accepted the findings of the Inquiry about failures in the application of NSW Health policies in response to the incident. Improving the education of our staff is a key part of the improvement process for the Hospital. Our expectation is that all senior staff can effectively respond to critical incidents in accordance with NSW Health policies and our values.

St Vincent's Hospital developed a new Incident Management Training program to address the findings and recommendations of the Inquiry. The program was designed to support the implementation of the NSW Health *Incident Management* and *Lookback* policies. It aims to improve the management of corporate and clinical incidents through effective understanding and practical knowledge of the systems in place for managing them.

The program ensures all mandatory training requirements on governance, openness, learning, obligation, accountability, just culture, appropriate prioritisation, cooperation, collaboration and communication are met. The learning pathway includes mandatory training requirements to be completed through HETI online, which St Vincent's Hospital gained access to in January 2016.

This training program was delivered in May 2016 to the St Vincent's Hospital Sydney Executive, Clinical Stream Directors, Clinical Stream Managers, Heads of Department, Department Managers and Senior Managers (over 150 staff). Alternative arrangements were made for staff who were unable to attend one of these sessions due to clinical duties and/or leave. All staff have now been captured and undergone this training.

The Hospital's Incident Management Training program for managers is in addition to the mandatory training prescribed by NSW Health for all staff on the relevant incident management system. For St Vincent's this is the RiskMan user training.

This program will be provided annually to capture new staff. In addition, it will be delivered as a refresher for existing staff every two years.

Recommendation 8:

That St Vincent's Hospital manage any similar incidents with sufficient content-specific expertise and an explicit methodology for defining the magnitude and impact of the clinical incident and its likely consequences.

St Vincent's Hospital recognises that our systems and processes failed to define the seriousness of the incident which impacted on all aspects of our response.

The Hospital reviewed its practices and policies in relation to incident management as a result of the Inquiry. A key objective of the review was to ensure the inclusion of content-specific expertise to determine the magnitude and impact of clinical incidents.

As a result of this review, a number of key changes have been made which are reflected in the revised Incident Management Policy and *Lookback* Policies:

- The seriousness of a clinical incident is confirmed by the Director of Clinical Governance. In confirming this determination, the Director of Clinical Governance is now required to ensure the immediate input of a Subject Matter Expert to ascertain the magnitude and impact of the clinical incident and what consequences can be expected.
- The clinical subject matter expert to be included in any future incident reviews, will ideally be from outside the Hospital. This may include experts from other St Vincent's Health Australia hospitals, or where required nationally.
- The Director of Clinical Governance will review and formally appoint all investigatory team memberships to ensure a subject matter expert is included.
- The policies are now formally linked so that all future incidents that trigger the *Lookback* Policy must also be considered for relevance under the Incident Management Policy (and vice versa).
- All Severity Assessment Code 1 and 2 incidents are reviewed by a rapid response multidisciplinary team to determine: the requirement for Open Disclosure and who will complete the disclosure; the requirement for a Reportable Incident Brief; the type of investigation to be completed in accordance with policy; the proposed membership of the review team; and management of any immediate clinical risks.

Further, the Hospital now has a dedicated quality manager for each clinical stream and regular clinical governance meetings occur where incident data and trends, and other key clinical performance measures are monitored. These structures were not in place at the time of the incident.

The Hospital has strengthened responsibility and accountability through Stream Clinical Governance Meetings for incident management at the local level. This is monitored at the Hospital level through the Patient Safety and Quality Committee.

Recommendation 9:

That St Vincent's Hospital review the process of preparing and verifying public statements within the Hospital to include relevant consultation, content expertise and sign-off.

St Vincent's Hospital Sydney has reviewed processes for preparing and clearing media statements and responses. The objective of the review was to strengthen the processes for assuring accuracy of public statements in light of the Inquiry's findings.

Under the new processes, input and written sign-off from the relevant expert / clinical authority in addition to the Hospital CEO is required for all public statements on non-routine and critical issues.

Recommendation 10:

That St Vincent's Hospital ensure that Mortality and Morbidity meetings use data beyond individual patients to examine patterns of care and outcomes benchmarked with similar hospitals or health services or, at least, the most recent, relevant peer-reviewed literature.

St Vincent's Health Australia requires the conduct of Morbidity and Mortality meetings as a routine mechanism for monitoring patterns of care and outcomes through a peer review process.

The Hospital has strengthened the consistency and standardisation of the Morbidity and Mortality meetings at St Vincent's. This work included the appointment of a project officer and development of an action plan to reconfirm expectations and accountability, review and implement standardised templates in line with the Clinical Excellence Commission's guidelines for Morbidity and Mortality review, and guidance and support to ensure appropriate trend analysis of data and benchmarking occurs so that monitoring reflects a more comprehensive scope than just patient level data review.

Following consultation and endorsement with Senior Clinicians in the Hospital Wide Mortality Review Committee, the following actions have been completed:

1. Established the current baseline through the review of all Terms of Reference (ToRs) for Departmental Morbidity and Mortality meetings and articulating the benchmarking data currently used by each Department.
2. Established a process for obtaining benchmark data when not available for some tumour streams. Oncology use HSMR data provided by Health Roundtable. When data not available, Head of Department and/or M&M chair take responsibility for sourcing data. Standardised incident data is now provided directly to all M&M chairs routinely.
3. Reviewed the M&M policy and procedure, including templates for Morbidity and Mortality meeting minutes, to ensure a standardised approach at the Department level. The policy now mandates minimum quarterly meetings.
4. Follow up with M&M chairs indicates that all M&M meetings at St Vincent's Hospital now use standardised templates. Standard ToRs were also developed and adopted by most specialities, and all ToRs are in standard format.
5. Established accountability for monitoring the appropriate conduct and participation in Morbidity and Mortality meetings. All Departmental Morbidity and Mortality meetings are now required to report to the monthly Stream Clinical Governance meetings. In addition, a quality report of Morbidity and Mortality outcomes by Stream is provided to the Hospital Wide Mortality Review Committee quarterly and the Patient Safety and Quality Committee throughout the year. The Hospital M&M Governance Committee reviews M&M reports submitted by Departments on a monthly basis and provides feedback.
6. Review of the past 12 months of Morbidity and Mortality meeting minutes through a quality audit with recommendations being fed back to Department and Clinical Streams. An audit was conducted in November 2016 and results presented to Departments, at Clinical Council and PSQC. This audit demonstrated significant improvement in compliance with the introduced changes. A second audit to be conducted in April 2017.
7. Support to Departments and Clinical Streams to ensure appropriate benchmarking and trend data is made available to conduct Morbidity and Mortality meetings. HSMR reports are published on the intranet. All M&M chairs and Heads of Departments advised of this and

offered support from Clinical Governance Unit. Standardised incident reports are now routinely pushed to M&M clinical chairs. (Example in appendix)

8. Implemented a new communication strategy to encourage referral of recommendations to ensure organisation wide learnings are captured and shared. A St Vincent's Hospital M&M email address has been established to manage incoming and outgoing communication about M&Ms. Updates to M&M chairs sent from this email address. Evidence is available to demonstrate the utilization of this strategy. Work is in progress to establish central information storage that allows all M&M reports to be viewed by other departments with privacy protections for sensitive information and patient information.
9. Obtaining all benchmarking data currently used to establish the current data set for use in each Morbidity and Mortality meeting. Departments have specified the range of data sources that they are presenting and reviewing on routine basis.

Recommendation 11:

Given the categorisation of 'unanticipated' would not have flagged any of the patients affected by this off-protocol prescribing for review by the hospital-wide Mortality Review Committee, it is recommended that the Committee consider reviewing a random selection of 'expected' deaths rather than relying on the subjective decision that the death was 'unanticipated'

St Vincent's Hospital Sydney routinely reviews all deaths through mortality review system and changes were made to the Terms of Reference of the hospital-wide Mortality Review Committee to reflect this recommendation. The Committee now routinely includes a random selection of 'expected' deaths for review. Unit Mortality & Morbidity Committees also review selections of 'expected' deaths in their quarterly meetings. Feedback from these reviews is shared across the organisation to ensure the entire organisation may collectively benefit from any learnings.

Recommendation 12:

That St Vincent's Hospital revisit mechanisms for escalation of clinical concerns to ensure that key line-managers are seen as crucial to the process of adequately addressing clinical concerns from junior nursing, pharmacy and medical staff

St Vincent's Hospital Sydney expects that line managers and clinical staff should escalate clinical concerns. In light of the findings of the Inquiry, the Hospital has taken action in a number of areas to ensure that line managers and clinical staff are supported to meet these expectations.

Processes and education

St Vincent's has rolled out the new Incident Management Training for all Executive, Clinical Stream Directors, Clinical Stream Managers, Heads of Department, Department Managers and Senior Managers (which included the Incident Identification and Management, Open Disclosure and the Root Cause Analysis review process). See response to recommendation 7 for further information.

Cultural change

In 2016, St Vincent's has introduced a campaign called "It's OK to Ask" to drive cultural change. The campaign aims to ensure patient safety is paramount by encouraging a culture of open dialogue between all staff based on mutual respect.

'It's OK to Ask' featured the following messages:

- St Vincent's fosters a culture of open dialogue between all staff which is based on mutual respect.
- Staff should not be afraid to ask questions of their peers, or raise concerns.
- There are specific avenues available to staff to escalate a concern.

The 'It's OK to Ask' campaign aimed at empowering staff – all of whom have something to contribute – no matter how senior or junior and regardless of speciality or role. The campaign made clear that all staff should feel comfortable about escalating any patient care queries they may have with their peers or leaders.

In establishing 'It's OK to Ask', St Vincent's put in place a variety of mechanisms to support all staff. If staff feel that they have a clinical question, or feel they need to escalate a matter on behalf of a patient, contact should be made with the Clinical Stream Director or manager or any of the relevant Hospital Executive members.

In order to review level of awareness amongst staff of the campaign, St Vincent's completed a survey which was distributed to all staff. The survey demonstrated a high level of awareness of the program with over 120 respondents. 95% of the respondents were aware of the campaign and had seen promotional material around the hospital. 73% of the respondents described the campaign's main message as "all staff can ask for help".

Phase two of the 'It's OK to Ask' campaign focussed on patients and their families. Similar to the staff campaign, the message is that anyone under St Vincent's care, including their carer or loved one, has a right to respectfully seek more information or clarification about their treatment. The campaign aligns with the Clinical Excellence Commission's (CEC) REACH program and is aimed at partnering with consumers. A range of promotional material was developed throughout the campaign and distributed to all patients and families.

Staff feedback can prove one of the single most important mechanisms for driving change. In recognition of this, St Vincent's have established a new program called *You Said; We Did* which creates new avenues for staff feedback and captures the type of actions and initiatives adopted as result of staff feedback and communicates these back to all staff.

Recommendation 23:

That St Vincent's Hospital initiate, and oversee, a program that will build within cancer services a constructive, people-focused culture for patients and staff. This should include a facilitated restorative program to rebuild relationships and trust within the senior clinical community in cancer services, and between cancer services and hospital management.

St Vincent's has continued to develop a specific program within cancer services to build a constructive, people-focussed culture for patients and staff, while also restoring relationships with the clinical community in cancer services and senior management.

St Vincent's Hospital acknowledged there were cultural issues in the Medical Oncology Department that prevented staff from raising concerns. Rather than a culture of challenge we instead had a culture of acceptance: junior staff accepted the doctor's dosage practices and senior staff were not made aware of it.

We have implemented a cultural change program in our Cancer Services to build a constructive culture of challenge. This program of work involved:

- **New leadership and changes in key personnel** – In December 2015, we appointed a new Head of Medical Oncology and new medical oncologists. We also have a new Director of Cancer Services.
- **Measuring staff engagement and satisfaction** – St Vincent's staff participated in an engagement survey run by Gallup. This survey is internationally recognised and validated and provided baseline data on staff engagement and satisfaction. The results were broken down by teams and Cancer Services specific action plans developed for their Department. The survey will be repeated annually to allow for tracking of results over time.
- **A facilitated restorative process** – St Vincent's is implementing the recommendation of the s122 for a facilitated restorative process in Cancer Services.
 - Cancer Services actively engaged in and supported of the hospital-wide 'It's Ok to Ask' program.
 - Over the last nine months the Head of Medical Oncology (Professor Anthony Joshua) has engaged in the Clinical Excellence Commission's Executive Clinical Leadership Program. The focus of his practice improvement project has been to increase medical engagement in incident management. This is a significant piece of work and has involved an extensive survey of medical staff – including Cancer Services' staff and presentations to the grand rounds and to the general oncology education sessions regarding quality and safety.
 - A consultant group has been engaged to provide a program to assist in facilitating focus groups with Cancer Services staff and the Executive and Senior Leaders of St Vincent's to explore the events and how/what is needed to rebuild confidence and trust within the service and with the community. Specifically the program will include the following areas of focus:
 - Re-establish the effectiveness of the team after a period of instability, triggered by events relating to clinical practice.
 - Create a culture of engaging and empowering individuals in taking personal and professional responsibility for their behaviour and for their practice.

- Enhance the level of collegiality, and sense of trust and respect among team members; and, between the team and the organisation, enabling a culture where everyone's voice is valued and listened to.
- Support the team in developing comfort, skill and confidence in the giving and receiving of feedback, across a continuum of challenge, and to recognise and respond to the need to escalate relevant issues.
- Challenge and support the team to establish ways of working that enable a safe, positive and appreciative team culture.

St Vincent's also believes there is work to do to encourage a culture of challenge across our health services, and across the health sector more generally. There is now a well-established link between clinician behaviour and patient safety outcomes such as surgical complications (Catron, Guillaumondegui et al. *Am J Med Qual.* 2015 Apr 27); adherence to patient safety processes such as handwashing (Talbot, Johnson, Fergus et al. *Infect Control Hosp Epidemiol* 2013; 34(11); 1129-1136) and medical team performance (Riskin, Erez, Foulk et al. *Amer. Acad Paediatrics* 2015; June).

Cultural change across the health sector, including equipping staff with the skills to speak up and creating a culture of feedback, will take time. At St Vincent's, we are committed to this change process in accordance with our values. We are implementing a number of new programs in Sydney and across the St Vincent's Health Australia Group.

It's OK to ask (St Vincent's Hospital Sydney)

Refer to Recommendation 12.

Ethos – Inspired to Shine program (St Vincent's Health Australia – National)

The Ethos program aims to foster a culture that encourages feedback, addresses behaviour that undermines patient or staff wellbeing and embeds safe, respectful and professional behaviour so it is what we do every day. This program has St Vincent's Health Australia Board approval and is a priority program across the St Vincent's Group.

Better management of, and responses to, inappropriate behaviour, early intervention and improved accountability will support a culture of safety and the delivery of safer, more reliable healthcare. This requires a redesign of the current structures and processes for dealing with inappropriate behaviour, as well as training for leaders, managers and staff in the skills they need to prevent and respond to inappropriate behaviour.

The Ethos program is built on three principles: that all staff and patient should feel welcome, valued and safe. The program includes:

- a validated, tiered accountability pathway (based on the principles of the Vanderbilt Promoting Professional Accountability model) and a peer driven early intervention process to provide a consistent and transparent approach to addressing unnecessary variation in behaviour;
- a reporting system to allow a safe voice and capture reliable data; and
- a package of capability building and training to equip leaders and staff with the skills they need to role model and teach safe behaviour.

The Ethos program also includes the development of relationships across the health sector, recognising that culture change of this magnitude cannot be undertaken in isolation.

Additionally, St Vincent's, through the Ethos program, seeks to reward and empower staff that demonstrate the highest standards of professionalism as this group represents our cultural strength and will lead the way for others. Project Ethos is a long-term program which strives to enable change in workforce culture across St Vincent's Health Australia.

3. Recommendations for Local Health Districts and Speciality Networks – state-wide

Recommendation 13:

Given clinicians should be able to override doses once entered into MOSAIQ where appropriate for an individual patient, ensure that the most senior oncology pharmacist and the head of medical oncology review such overrides regularly to identify any patterns that may suggest similar dosing issues

St Vincent's Hospital Sydney has implemented these changes.

All orders prescribed in MOSAIQ for EviQ and approved non-EviQ care plans or protocols are verified and approved by the senior oncology pharmacist in the ambulatory care setting. This process is overseen by the MOSAIQ Care Plan Committee, which commenced in January 2016 under the stewardship of the new Head of Department of Medical Oncology, together with the Haematology Head of Department.

All variations to approved care plan dosing are able to be monitored through MOSAIQ.

Hospital process for new requests for protocols/care plans:

1. Non-Urgent/Standard: Non-urgent requests are tabled for consideration at the monthly MOSAIQ Care Plan Review committee.
2. Urgent: For urgent requests, the protocol request, together with appropriate evidence-based literature, is submitted on an application form and is emailed by the pharmacist to the Head of Department (Medical Oncology or Haematology) for review and approval 'out of session'. The request and decision are then tabled at the next MOSAIQ Care Plan Review Committee. If this protocol is likely to be used more frequently, it is loaded into MOSAIQ as a routine approved protocol/care plan.

This committee will monitor all significant protocol variations (i.e. those made that are not in line with reasonable variations according to the unique clinical adjustments often necessary in cytotoxic prescribing –e.g. dose reductions due to myelosuppression)

Recommendation 14:

Pre-load eviQ protocols into electronic chemotherapy prescribing systems.

St Vincent's Hospital implemented MOSAIQ (and subsequently loaded all current eviQ protocols) into clinical practice in March/April 2015 as a booking and EMR (clinical records) system for cancer ambulatory care areas. Final implementation of e-prescribing was completed in August/September 2015. As an additional initiative, we have engaged a senior oncology pharmacist in a compliance specific role to check all protocols so far approved and to audit all EviQ protocols in our MOSAIQ system.

Recommendation 15:

Ensure that minuted meetings of Multidisciplinary Cancer Care teams occur after relevant international or national meetings and on an ad-hoc basis as seminal new evidence emerges that should influence practice.

St Vincent's Hospital Sydney has implemented this recommendation.

At every meeting of the Multidisciplinary Cancer Care Teams (MDTs) at St Vincent's, as a regular agenda item, any discussion of significant new evidence that may influence practice, will be captured as part of the MDT. The Chair of the MDT signs off on that meeting and that is captured in that cancer stream module in MOSAIQ. Cancer-specific MDTs are held according to the volume of presenting cases (e.g. weekly, fortnightly or monthly).

In addition, quarterly meetings are held by the Director of Cancer Services with the MDT Chairs. These meetings also involve a formal review of new evidence, including from peak North American and European meetings (e.g. American Society of Clinical Oncologists).

Beyond the MDTs' meetings, the Cancer Services Stream has also implemented sign-off sheets across clinical trials, units and research, or journal club monthly meetings, to foster quicker adoption of clinical practice changes for new and compelling evidence. These records are also considered in Department or Stream clinical governance meetings.

All MDT meetings are fully minuted and stored in MOSAIQ. The Chair of each individual meeting formally reviews and signs off on the minutes prior to archiving. This includes a specific question regarding new evidence or information that has emerged which may influence practice. This question is raised at each meeting as new evidence is becoming constantly available.

The minutes of these meetings are comprehensive and also include: a signed attendance list, individual patient data, discussion and recommendations (noting any dissenters).

Recommendation 22:

There are a number of outsourced providers in oncology across NSW in areas such as compounding pharmacy and radiotherapy. These providers should have the same responsibility to demonstrate the quality of their care and share clinical data as any other member of the multidisciplinary cancer care team. They should also have the same responsibilities to contribute to the fail-safe checks that are a hallmark of good multidisciplinary teams and evidence-based clinical care, including escalation where there are concerns about care that have not been adequately addressed. This should be properly reflected in relevant contracts as they are negotiated between Local Health Districts/ Specialty Health Networks and third party providers.

St Vincent's supports this recommendation and is in the process of ensuring that all outsourced groups for Cancer Services have the same responsibility to demonstrate the quality of their care and share clinical data outlined within their contracts.

St Vincent's has undertaken a review of contracts with third party providers in cancer services to ensure that this recommendation is achieved. Following this review, opportunities for improvement have been identified for negotiation with third party providers at the expiry of their contracts. This will be incorporated into the tendering process.

4. Recommendations for other parties

The remaining recommendations of the Interim Report were directed to other parties and supported by St Vincent's. Actions taken by St Vincent's to assist with the implementation of these recommendations are outlined below.

Recommendation	St Vincent's actions to support implementation
<p>Recommendation 5</p> <p>That the Inquiry provide patients and their families with the opportunity to provide information to the Inquiry, now that the magnitude and likely effects of this off-protocol prescribing have started to be quantified.</p>	<p>St Vincent's Hospital has fully supported this recommendation. The Hospital provided patient details to the Inquiry Team for the purposes of patients and families being provided with the opportunity to provide information to the Inquiry.</p> <p>St Vincent's Hospital has provided a dedicated patient liaison contact for affected patients and families.</p>
<p>Recommendation 6</p> <p>That the NSW Cancer Registry, managed by the Cancer Institute NSW, flag every patient identified by this Inquiry who has had an off-protocol flat dose of 100mg carboplatin prescribed for the treatment of cancer so that outcomes for this group of people are systematically evaluated on a regular basis, and that survival analyses can be undertaken on this cohort of patients in relation to people with comparable disease.</p>	<p>St Vincent's Hospital has developed the capacity to generate a specialised report in MOSAIQ that flags all the affected patients identified by the Inquiry.</p>
<p>Recommendation 16</p> <p>That the Cancer Institute NSW works with oncology groups to facilitate meetings occurring after major conferences to review new evidence and agree on which of the evidence should be adopted.</p>	<p>St Vincent's have implemented such reviews internally. We support, and will participate in, Cancer Institute NSW processes.</p>
<p>Recommendation 17</p> <p>That the Cancer Institute NSW prepares a new patient information sheet on dose adjustment of chemotherapy to allow patients and their caregivers to understand the rationale for it.</p>	<p>St Vincent's supports this initiative and will adopt new resources developed by the Cancer Institute NSW when available.</p> <p>In the interim, St Vincent's Hospital Sydney has developed a patient information sheet in line with this recommendation.</p>
<p>Recommendation 18</p> <p>That the Ministry of Health, with the Cancer Institute NSW, examine ways to ensure that all people diagnosed with notifiable cancer in NSW have their care overseen by a Multidisciplinary Cancer Care Team that includes all relevant medical, nursing, pharmacy and allied health staff.</p>	<p>This is a key component of the St Vincent's Campus Cancer Plan and we will support and adopt any state-wide approaches developed by the Ministry of Health and the Cancer Institute NSW.</p>

<p>Recommendation 19</p> <p>That the Secretary, NSW Ministry of Health, expand the terms of reference of this Inquiry to include: patients treated by Dr Grygiel in Western NSW Local Health District (or its predecessors) back to the beginning of 2006 (when CiSCAT, the predecessor of eviQ first became available); and patients treated since 2006 by Dr Grygiel at St Vincent's Hospital Darlinghurst.</p>	<p>St Vincent's participated fully in the Inquiry.</p>
<p>Recommendation 20</p> <p>Now that the magnitude of the systematic off-protocol prescribing is apparent, expand the Terms of Reference of this Inquiry to include information provided to the affected patients and their families in consenting to treatment by Dr Grygiel and the impact on them.</p>	<p>St Vincent's participated fully in the Inquiry.</p>
<p>Recommendation 21</p> <p><i>The clinicians across NSW:</i></p> <p>Ensure adequate informed for all medical interventions, including chemotherapy. If the clinician knows that his/her practice is outside accepted practice, there is a particular onus to draw this to the attention of patients in the process of providing informed consent, and to document this in the patient notes.</p>	<p>St Vincent's Hospital have changed a number of processes to improve the information provided to patients including to formally document information provided in patient consent processes.</p> <p>At St Vincent's, all patients are provided with a copy of the NSW Cancer Institute's EviQ chemotherapy protocol at education sessions ahead of their first treatment and when consent is gained.</p> <p>We are now trialling an additional process for those patients that are recommended to receive a non-EviQ protocol to formally record their consent to the variation. These patients are now provided with information in writing about their proposed protocol, including the clinical rationale for proposing an approved non-EviQ protocol. This document is then scanned into the patient information system as an accompanying document.</p>