



**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**

**Implementation of recommendations – six month progress
report**

St Vincent's Hospital Sydney

October 2016

Statement from Hospital

St Vincent's Hospital Sydney accepts the findings of the Interim and Final Reports and continues to work towards introducing all recommendations related to the Hospital and Speciality Health Networks.

St Vincent's has continued to learn from the implementation of the recommendations which will lead to overall improvements within our healthcare system – not only on our campus – but State-wide.

St Vincent's is committed to restoring confidence within cancer services and treatment on campus with a continued drive for a people focussed culture for patients and staff.

We would like to thank Professor Robert Thomas for his continued support and guidance throughout this period.



Associate Professor Anthony Schembri
Chief Executive Officer
St Vincent's Health Network Sydney
October 2016



Associate Professor Richard Gallagher
Director Cancer Services
St Vincent's Health Network Sydney
October 2016

Note from Independent assessor

Since April, I have been working with St Vincent's Hospital Sydney as they implement the recommendations of the Interim Report. My role is to provide independent oversight of the implementation and provide public reports on progress at three, six and 12 month milestones.

I believe the Hospital has made significant progress in addressing the recommendations of the Inquiry's Interim Report and restoring public confidence in its cancer treatment services.



Professor Robert Thomas
Special Medical Advisor to the Victorian Government
October 2016

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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'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 provides an update on the progress of St Vincent's Hospital in implementing the recommendations for the Hospital from the Interim Inquiry Report and one additional recommendation from the Final Report (Section 2).

This report also provides information on St Vincent Hospital's progress in implementing the four state-wide recommendations for Local Health Districts and Speciality Networks (Section 3).

The Interim Report provided an additional seven recommendations for other parties, with the Final Report bringing this number to eight. These are addressed in Section 4 of this report. St Vincent's Hospital welcomed these new recommendations and has continued to work towards implementing the outstanding recommendations.

This report is a follow up report to the three month implementation progress report released in July 2016. As such, it reports on those recommendations from the Interim Report which were 'in progress' at the time of the three month report and for new recommendations and/or amended recommendations. Recommendations that are unchanged and where the implementation was complete at the time of the three month report are not covered in this report.

St Vincent's Hospital Sydney will provide a further public report at the 12 month point (April 2017).

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.

Overview of progress against recommendations

Number	Recommendation	Status
Recommendation 1 <i>(Interim Report)</i>	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.	COMPLETE
Recommendation 2 <i>(Final Report – Amended)</i>	That St Vincent's Hospital ensure that every patient or his or her family identified by the Inquiry as having received a flat dose of carboplatin between 2006 and 2011 is given the opportunity to participate fully in an Open Disclosure process.	COMPLETE
Recommendation 3 <i>(Interim Report)</i>	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.	COMPLETE
Recommendation 4 <i>(Final Report – Amended)</i>	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.	COMPLETE
Recommendation 5 <i>(Interim Report)</i>	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.	SUPPORTED BY ST VINCENT'S
Recommendation 6 <i>(Interim Report)</i>	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.	SUPPORTED BY ST VINCENT'S
Recommendation 7 <i>(Interim Report)</i>	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.	COMPLETE
Recommendation 8 <i>(Interim Report)</i>	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.	COMPLETE
Recommendation 9 <i>(Interim Report)</i>	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.	COMPLETE
Recommendation 10 <i>(Interim Report)</i>	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.	IN PROGRESS

Recommendation 11 <i>(Final Report – Amended)</i>	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 that Committee consider reviewing a random selection of 'expected' deaths rather than relying on the subjective decision that the death was 'unanticipated'.	COMPLETE
Recommendation 12 <i>(Interim Report)</i>	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	IN PROGRESS
Recommendation 13 <i>(Interim Report)</i>	Given clinicians should be able to override doses once entered into MOSAIQ where appropriate for an individual patient, Local Health Districts and Speciality Networks to 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	COMPLETED AT ST VINCENT'S
Recommendation 14 <i>(Interim Report)</i>	That Local Health Districts and Speciality Networks pre-load eviQ protocols into electronic chemotherapy prescribing systems.	COMPLETED AT ST VINCENT'S
Recommendation 15 <i>(Interim Report)</i>	That Local Health Districts and Speciality Networks 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.	COMPLETED AT ST VINCENT'S
Recommendation 16 <i>(Interim Report)</i>	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.	SUPPORTED BY ST VINCENT'S
Recommendation 17 <i>(Interim Report)</i>	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.	SUPPORTED BY ST VINCENT'S
Recommendation 18 <i>(Interim Report)</i>	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.	SUPPORTED BY ST VINCENT'S
Recommendation 19 <i>(Interim Report)</i>	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.	SUPPORTED BY ST VINCENT'S
Recommendation 20	Now that the magnitude of the systematic off-protocol prescribing is apparent, expand the Terms of Reference of this Inquiry to	SUPPORTED BY

<i>(Interim Report)</i>	include information provided to the affected patients and their families in consenting to treatment by Dr Grygiel and the impact on them.	ST VINCENT'S
Recommendation 21 <i>(Final Report)</i>	That clinicians ensure adequate informed consent 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.	SUPPORTED BY ST VINCENT'S
Recommendation 22 <i>(Final Report)</i>	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.	IN PROGRESS AT ST VINCENT'S
Recommendation 23 <i>(Final Report)</i>	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.	IN PROGRESS

2. Recommendations for St Vincent's Hospital Sydney

Recommendation 2:

That St Vincent's Hospital ensure that every patient or his / her family is given the opportunity to participate fully in the Open Disclosure process.

AMENDED TO

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.

Status: COMPLETE

Summary of progress (at 6 months):

With the release of the final report in August 2016, this recommendation was amended to ensure that all patients identified by the extended Terms of Reference who had received a flat dose of carboplatin between 2006 and 2011 were provided with an opportunity to participate in an Open Disclosure process.

St Vincent's supports this amendment and contact was made with all patients or families for the affected group.

Recommendation 4:

That St Vincent's Hospital offer more intensive follow-up to detect any loco-regional disease, at the earliest possible time, acknowledging that the peer-reviewed literature provides no apparent guidance on what to do under these circumstances.

AMENDED TO

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.

Status: COMPLETE

Summary of progress (at 6 months):

With the release of the final report in August 2016, this recommendation was amended so that reports on patient outcomes be made to the Hospital's Patient Safety and Quality Committee and Clinical Council every six months and annually to the NSW Ministry of Health.

St Vincent's supports this amendment and a report will be provided, where possible, on this cohort of patients. This item will become a standing agenda item on the respective committees and no further action at this stage is required.

As reported within the three month progress report, 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 is building 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.

Future actions:

Reports to be provided, where possible, on this cohort of patients.

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.

Status: IN PROGRESS

Summary of progress (at 6 months):

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. Work has been undertaken to strengthen the consistency and standardisation of the Morbidity and Mortality meetings at St Vincent's. This includes 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. Establishing the current baseline through the review of all Terms of Reference for Departmental Morbidity and Mortality meetings and articulating the benchmarking data currently used by each Department
2. Established a process for obtaining bench mark data when not available for some tumour stream
3. Reviewing the current policy and procedure, including the current template for Morbidity and Mortality meeting minutes to ensure a standardised approach at the Department level (including a minimum frequency of meetings)
4. Establishing accountability for monitoring the appropriate conduct and participation in Morbidity and Mortality meetings at the Clinical Stream level through the requirement to report all Departmental Morbidity and Mortality meetings to the monthly Stream Clinical Governance meetings and through a four monthly quality report of Morbidity and Mortality outcomes by Stream to the Hospital Wide Mortality Review Committee and the Patients Safety and Quality Committee
5. 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
6. Support to Departments and Clinical Streams to ensure appropriate benchmarking and trend data is made available to conduct Morbidity and Mortality meetings
7. Communication Strategy to encourage referral of recommendations to ensure organisation wide learning's are captured and shared
8. Obtaining all benchmarking data currently used to establish the current data set for use in Morbidity and Mortality meetings

Future actions:

A further quality audit will be conducted in 2017 to confirm sustainability of the improvement initiatives undertaken to strengthen the Morbidity and Mortality review system and ensure accountability across the organisation.

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, request that Committee consider deaths of patients treated at St Vincent's Hospital, not simply those who die in St Vincent's Hospital, and also consider reviewing a random selection of 'expected' deaths rather than relying on the subjective decision that the death was 'unanticipated'.

AMENDED TO

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'

Status: COMPLETE

Summary of progress (at 6 months):

As noted within the three month report, St Vincent's has been unable to access information on deaths outside of the Hospital from the NSW deaths data register.

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 will now routinely include a random selection of 'expected' deaths for review. Unit Mortality & Morbidity Committees will also review a selection of 'expected' deaths.

Future actions:

St Vincent's will continue to review a random selection of 'expected' deaths as per this recommendation.

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

Status: ONGOING

Summary of progress (at 6 months):

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 is taking action in a number of areas to ensure that line managers and clinical staff are supported to meet these expectations.

Processes and education

Since the three-month report, St Vincent's has continued to ensure 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) is rolled out. The Patient Safety and Quality Unit has continued to deliver this training to staff who were unable to attend the scheduled sessions in May 2016.

Cultural change

St Vincent's is continuing to engage staff through the campaign called "It's OK to ask" to drive cultural change. The campaign aims to ensure patient safety is paramount through encouraging a culture of open dialogue between all staff which is based on mutual respect.

'It's OK to Ask' features 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 aims at empowering staff – all of whom have something to contribute – no matter how senior or junior and regardless of speciality or role. The campaign makes 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 has 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.

St Vincent's is currently conducting a staff survey to gauge the impact the 'It's OK to Ask' campaign is having throughout the organisation. The results will be used to continue to drive the campaign and make change.

Future actions:

Later in 2016, St Vincent's will roll out phase two of the 'It's OK to Ask' campaign which will focus on patients and their families. Similar to the staff campaign, the message will be 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 will align itself with the Clinical Excellence Commission's (CEC) REACH program.

Recommendation 23 (NEW):

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.

Status: IN PROGRESS

Summary of progress (at 6 months):

St Vincent's supports this new recommendation that sees a specific program within cancer services developed to build a constructive, people focussed culture for patients and staff, whilst also building restoring relationships with the clinical community in cancer services and senior management.

St Vincent's Hospital acknowledges 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 are implementing a cultural change program in our Cancer Services to build a constructive culture of challenge. This program of work involves:

- **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 recently participated in a staff engagement survey run by Gallup. This survey is internationally recognised and validated and will provide baseline data on staff engagement and satisfaction. The results can be broken down by teams and Cancer Services will develop a specific action plan 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. We plan to engage an agency 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. This will encourage ongoing open dialogue and establish team charters.
- **Education and Training** – The Chief Executive Officer has met with the Chief Executive of the Health Education Training Institute (HETI) to explore options of linking into state-wide education programs such as *Clinician Disclosure* and *Building a Safe Workplace Culture*. The plan will be to roll out these state-wide education programs – starting with Cancer Services and then across St Vincent's Hospital – further aligning with the training programs in other Local Health Districts.

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, Guillamondegui et al. Am J Med Qual. 2015 Apr 27); adherence to patient safety processes such

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)

In July 2016, St Vincent's launched a new campaign for staff '*It's OK to Ask*' to drive cultural change. The campaign aims to ensure patient safety is paramount through encouraging a culture of open dialogue between all staff which is based on mutual respect. The program is sponsored by, and reports to, the Hospital CEO.

'It's OK to Ask' features 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 aims at empowering staff – all of whom have something to contribute – no matter how senior or junior and regardless of speciality or role. The campaign makes 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 has 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.

The impact the '*It's OK to Ask*' campaign is having on staff attitudes and behaviours will be periodically measured and tracked through staff surveys. The results will be used to continue to drive the campaign and make change.

Later in 2016, St Vincent's will roll out phase two of the '*It's OK to Ask*' campaign which will focus on patients and their families. Similar to the staff campaign, the message will be 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 will align with the Clinical Excellence Commission's REACH program.

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.

Future actions:

St Vincent's will continue to work with the multiple initiatives as outlined above, both strategies that are developed at a local level as well as National priorities.

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

Recommendation 22 (NEW):

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.

Status: IN PROGRESS

Summary of progress (at 6 months):

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.

Future actions:

St Vincent's will continue to undertake a review of contracts with third party providers in cancer services to ensure that this recommendation is achieved.

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 to assist with the implementation of these recommendations were outlined in the three month progress report.

This section provides a brief overview of the actions St Vincent's Hospital Sydney has taken to support the implementation of the new recommendation for clinicians across NSW.

Recommendation	St Vincent's actions to support implementation
<p>Recommendation 21 <i>The clinicians across NSW:</i> 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 fully supports this recommendation.</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>