



BACKGROUND

- Advanced Practitioners (APs) are a well-prepared, masters or doctoral degree educated individuals, many with extensive experience within their team.
- APs role in prescribing antineoplastic therapy is widely variable at this time from institution to institution.
- Little is published outlining process and requirements per site.
- In 2017, Ohio Revised Code was updated to remove barriers for APs prescribing practices. Although this regulatory change occurred, antineoplastic therapy prescribing was still restricted to only physicians in our academic institution.

METHODS

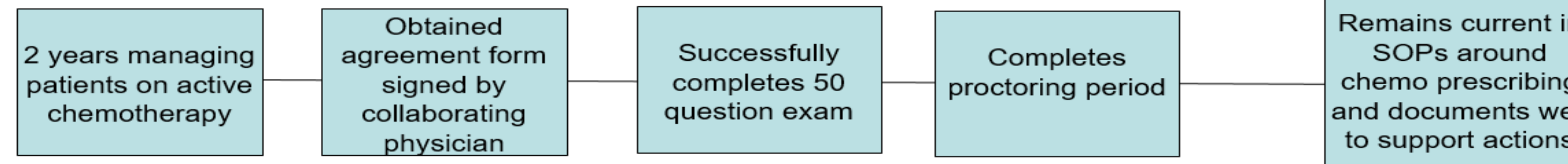
- Our AP leadership team collaborated with a multidisciplinary team of professionals to establish a proposal for advancing practice to support prescribing of antineoplastic drugs to include APRNs, PAs and Clinical pharmacists.
- The taskforce met over a 3 month period of time to outline the requirements for the APs, roles and responsibilities of the APs as well as a quality assurance process.
- An inventory of institutions participating in chemo prescribing were identified and contacted for collaboration of processes and current requirements.

RESULTS

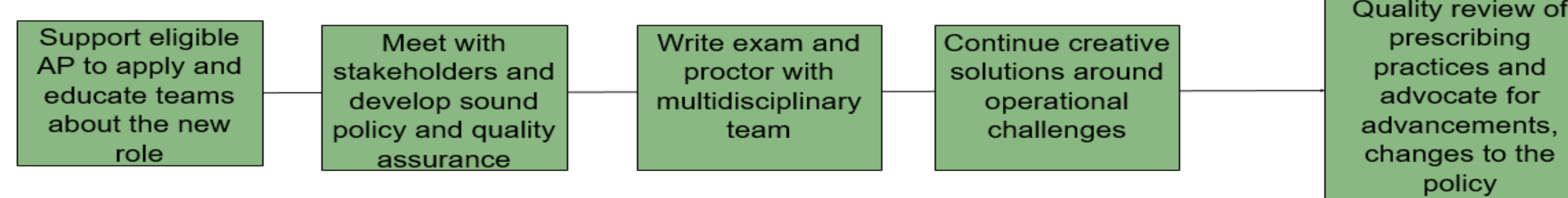
Antineoplastic Prescribing

Initiation

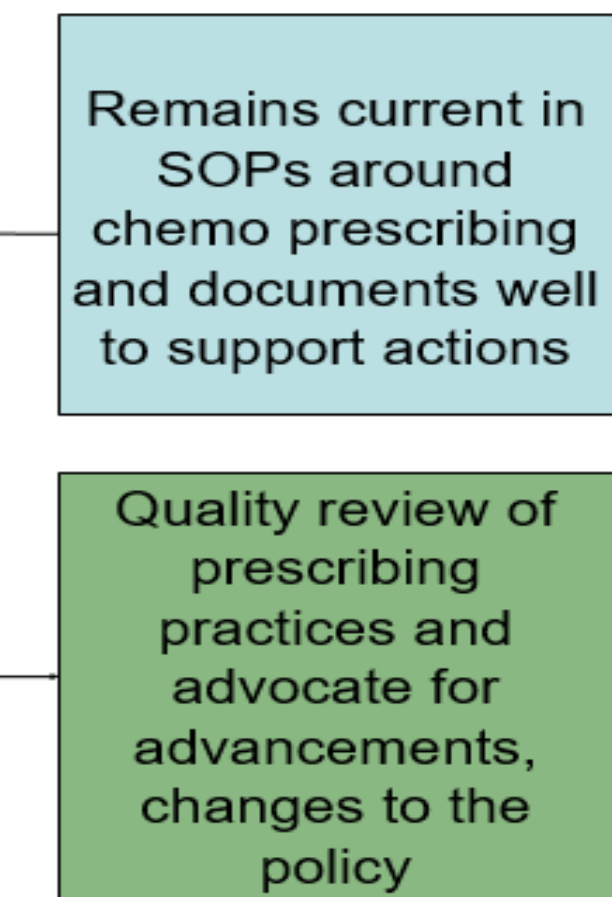
AP Role



Manager Role



Maintenance



CONCLUSIONS

- Quality assurance is an essential component to building trust within the multidisciplinary team. It was determined the chemo pharmacist will need an electronic list of approved prescribers in order to appropriately verify the orders. This was built into our intranet website infrastructure.
- The AP manager will perform 10 annual audits on antineoplastic ordering.
- Quality domains included in the audit are: chemo orders within the APs scope of practice, medically appropriate, guidelines/SOPs were followed, no serious safety events reported, documentation is present. APs falling outside the SOP would be removed from prescribing antineoplastic drugs.
- Anticipated outcomes when proposing this plan include: Improved workflow, limited missing orders, minimize patient wait times for unsigned orders, and improve patient and caregiver (physician, infusion nurse, etc.) satisfaction.
- Assessment of these outcomes will be addressed at 1 years post implementation of 10% or > of staff using internal metrics such as chair time, patient wait times and qualitative interviewing.

IMPLICATIONS

- The APs role in prescribing antineoplastic therapy can be an effective method of improving patient care in a variety of settings.
- Multidisciplinary team buy in and support can create a supportive and inclusive environment for practice changes to occur.
- As APs, we must continue to innovate new ways in order to work at the top of license and growing our roles by providing highly reliable, quality care for patients as well as growth opportunities for our teams.
- Sharing oncology processes within a professional organization is vital to growing as a specialty and building a foundation of standards to hold in our practice.

REFERENCES

- Carrington, C., et al. (2010) The COSA guidelines for safe prescribing, dispensing and administration of cancer chemotherapy. <https://doi.org/10.1111/j.1743-7563.2010.01321.x>
- Olsen, LeBevre and Brassil..Eds.(2019) Chemotherapy and Immunotherapy guidelines and recommendations for practice. ONS, Pittsburgh, PA