



<p>Team Name: Regional Medical Advisory Committee</p> <p>Team Lead: Regional Lead – Palliative Care</p> <p>Approved by: Regional Lead – Medical Services &amp; Chief Medical Officer</p>	<p>Reference Number: CLI.4511.PL.012</p> <p>Program Area: Acute Care</p> <p>Policy Section: Across Hospital Units</p>
<p>Issue Date: May 25, 2023</p> <p>Review Date:</p> <p>Revision Date:</p>	<p>Subject: Systemic Therapy Privileges for CancerCare Manitoba (CCMB) for Physicians in Southern Health-Santé Sud</p>

*Use of pre-printed documents: Users are to refer to the electronic version of this document located on the Southern Health-Santé Sud Health Provider Site to ensure the most current document is consulted.*

**POLICY SUBJECT:**

Systemic Therapy Privileges for CancerCare Manitoba (CCMB) for Physicians in Southern Health-Santé Sud

**PURPOSE:**

To allow facilitate timely treatment of cancer patients in Regional Community Cancer Program Units

**BOARD POLICY REFERENCE:**

Executive Limitation (EL-01) Treatment of Clients

**POLICY:**

- The delivery of cancer care in the province is based on a team approach, with Oncologists in Winnipeg (and Brandon) and Family Physicians in Oncology (FPOs) in regional and community hospitals. Southern Health-Santé Sud has three such Cancer Programs, located in Boundary Trails Health Centre, Bethesda Regional Health Centre, and Portage District General Hospital. Effective and efficient function depends on strong relationships within the system.
- This policy applies to orders related to systemic therapy as well as other orders that involve hospital staff in the delivery of care, including administration of other medications, blood products, infusion of iron products, performing therapeutic phlebotomies, etc.
- This policy does not apply to the ordering of laboratory testing or diagnostic imaging.

- FPOs supervise the delivery of systemic therapy in Regional and Community Hospitals through a network of Regional and Community Cancer Programs (R/CCPs).
- Initial orders are generated by an Oncologist and signed by the FPO at the treatment site. With some exceptions, it is expected that sign off by the FPO occur prior to the start of therapy.

#### **DEFINITIONS:**

- Oncologist: A physician specialist, trained in the diagnosis and management of cancer.
- Family Physician in Oncology (FPO): A Family Physician who has had extra training in Oncology, approved by CCMB and the Region, who helps provides cancer services including systemic therapy in a Regional or Community Cancer Program.
- Regional and Community Cancer Programs (R/CCP): Outpatient units located within regional or community hospitals, that provide systemic therapy as well as follow-up care for patients who have cancer diagnoses.
- Systemic Cancer Therapy: Includes but is not limited to chemotherapy, targeted therapy, immunotherapy, and hormonal therapy.

#### **IMPORTANT POINTS TO CONSIDER:**

- There are many steps that have the potential to increase the time it takes to get from symptoms to diagnosis and then to treatment; the time from generation of systemic therapy orders to the start of therapy represents only the final steps of that pathway.
- For some cancers, the rapid start of treatment is very important to achieve cure or long-term control. The rapid start of treatment is important to most patients, as they attempt to regain some control over their health.
- There may be times that an FPO, who has privileges at the R/CCP, is not immediately available to review the patient or sign orders for treatment, as generated by an oncologist.
- Signing systemic treatment orders is only the initial part of a cycle of treatment, as the FPO must know about the patient and the treatment. The FPO is available (or arranges availability) for problems or questions during the treatment and in the weeks after the treatment (the remainder of the cycle).
- Oncologists are not physically present in the R/CCP, nor are they intimately familiar with local staff, policies, procedures, etc. While they can be paged in Winnipeg, they are not always able to respond quickly.
- FPOs are the cornerstone of medical care in the R/CCP; they are prepared to take calls from an Oncologist and are available to co-sign chemotherapy orders, including urgent ones, on short notice.
- Current standards are such that, with some exceptions, systemic therapy orders are generated or co-signed at the R/CCP after a review of the patient and any relevant investigations, and that those orders are generated two days prior to the administration of those therapies.

**PROCEDURE:**

1. After assessment of the patient and relevant tests, the Oncologist writes systemic therapy orders, which are then reviewed by the Provincial Oncology Drug Program (PODP), after which they are faxed to the R/CCP.
2. The FPO reviews and sign the orders and considers meeting with the patient prior to drug preparation by the local pharmacist. For subsequent treatments, reviewing the patient and investigations prior to writing orders is mandatory, however the need to review the patient may be waived for the first treatment at the discretion of the FPO, as the patient will have very recently been assessed by the Oncologist.
3. Urgent treatments may mandate start times before the two-day rule. Elements of the decision to start treatment before two days is documented in the clinical record.
4. Where a treatment needs to begin prior to the availability of an FPO to sign the orders, the Oncologist must attempt to contact the FPO involved; attempts and inability to contact the FPO are documented in ARIA, CancerCare's shared clinical record.
5. The FPO familiarize themselves with the case as soon as possible and, having done so, sign the orders generated by the Oncologist.
6. In all regional facilities, specialists submitting orders (urgent, non-urgent or scheduled) that use facility resources (nursing time, medication, or interventions) include documentation explaining the rationale for the intervention, as the site may not have access to their documentation otherwise. In urgent situations, this is accompanied by a verbal conversation with the attending physician or the site provider on-call. A local provider ensures awareness of patients receiving therapies or otherwise using facility resources within the region. Local providers are considered part of the treatment team and must co-sign orders generated outside of the region. Except in urgent situations, this is done prior to implementation or processing of the order. In the event of urgent situations, where a local provider could not be contacted, it is expected that the non-regional physician document those attempts.

**REFERENCES:**

Multi Day Treatment Process - CCMB Policy: SOP NO.: S02.030

NAPRA standards reference: (<https://www.napra.ca/wp-content/uploads/2022/09/NAPRA-Mdl-Stnds-Pharmacy-Compounding-Non-Hazardous-Sterile-Preparations-Nov-2016-Revised-b.pdf>)