



SYSTEMIC ANTI-CANCER THERAPY STUDY

National Confidential Enquiry into Patient Outcome and Death (NCEPOD)

ORGANISATIONAL QUESTIONNAIRE

CONFIDENTIAL

For this questionnaire 'organisation' means Hospital not Trust. A separate questionnaire should be filled in for each hospital/centre/stand-alone unit delivering Systemic Anti-Cancer Therapy (SACT).

Name of Hospital _____

Name of Trust _____

Who completed this questionnaire?

Name _____

Position _____

What is this study about?

NCEPOD is examining the process of care of all patients who die within 30 days of systemic anti-cancer therapy (SACT), looking for areas where their care might have been improved. Please see "Definitions" on last page. The study will not concentrate solely on those patients who have a treatment-related death.

Data for the pilot study were collected during September 2006 from selected sites that volunteered to help with the pilot. Sites for the main study will include all NHS and independent hospitals, and day centres, that treat patients with SACT in England, Wales and Northern Ireland, and public hospitals in the Isle of Man, Jersey and Guernsey, as well as Defence Secondary Care Agency hospitals.

This work is supported by the **Joint Collegiate Council for Oncology (JCCO)**, a joint group between the Royal College of Radiologists and Royal College of Physicians; and the **Joint Specialty Committee (JSC) for Medical Oncology at the Royal College of Physicians**.

How to complete this questionnaire

This form will be electronically scanned. Please use a black or blue pen. Please complete all questions with either block capitals or a bold cross inside the boxes provided e.g.

Does this hospital treat patients with SACT as:

Inpatients Outpatients

If you make a mistake, please "black-out" the incorrect box and re-enter the correct information, e.g.

Inpatients Outpatients

Unless indicated, please mark only one box per question.

A list of definitions is provided on the back of the questionnaire. Free space is also provided for your comments.

Incomplete or non-returned questionnaires will be followed up. Please complete as accurately as you can, so you can compare your results to national averages.

Who should complete this questionnaire?

Hospitals that treat patients with SACT either as inpatients, outpatients, or both, should complete an organisational questionnaire.

Please return completed questionnaires to NCEPOD in the SAE provided.

Questions or help

If you have any queries about the study or this questionnaire, please contact NCEPOD at cancertherapies@ncepod.org.uk
Telephone: 020 7920 0999

Thank you for taking the time to complete this questionnaire. The findings of the full study will be published in late 2008.

FOR NCEPOD USE ONLY

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3 8 5 0 1 2 9 6 3 8 3 9 7

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A. THE ORGANISATION

1. a. Is this hospital: *(Please select all that apply)*

NHS University Teaching Hospital

NHS District General Hospital

NHS Other *(Please specify)*

Independent (Private)

Stand-alone Oncology Unit/Centre *(See Definitions)*

Cancer Centre *(See Definitions)*

Cancer Unit *(See Definitions)*

Other *(Please specify)*

b. If 'INDEPENDENT HOSPITAL', do you have a formal arrangement with an NHS trust for admissions for complications related to SACT? Yes No Unknown

c. If NO, what facilities are available to admit and manage complications in-house?

2. Considering your normal catchment area, what is the furthest distance a patient would have to travel for treatment? (Please state in miles)

miles

Unknown

B. ORGANISATIONAL FACILITIES

3. Emergency Admissions *(Please select all that apply)*

24 hours A&E

Restricted hours A&E *(please specify)*

Admission direct to ward

No facility at hospital

Unknown

4. Radiology service on site: *(Please select all that apply)*

24hrs

Not available

Restricted hours *(please specify)*

Plain films

Unknown

Ultrasound

Unknown

CT scans

Unknown

MRI scans

Unknown



Laboratory Services:

How quickly can results be obtained?

5. Haematology <1hr 1-<4 4-24 >24hrs Unknown

24 Hours Restricted hours (Please specify)

6. Biochemistry

24 Hours Restricted hours (Please specify)

7. Bacteriology

24 Hours Restricted hours (Please specify)

8. Emergency general medicine service

- On site
- Off site - formal arrangement
- Off site - NO formal arrangement
- Unknown

9. Emergency general surgery service

- On site
- Off site - formal arrangement
- Off site - NO formal arrangement
- Unknown

10. Is there a resuscitation team on site?

Yes No Unknown

11. Is there a palliative care team on site?

Yes No Unknown

12. a. Is there an ICU/ITU (See Definitions) on site?

Yes No Unknown

b. If YES, please specify the number of beds:

Unknown

c. If NO, is there a formal arrangement for admission to ICU/ITU at another hospital?

Yes No Unknown



13. a. Is there an HDU on site? *(See Definitions)* Yes No Unknown
- b. If YES, please specify the number of beds: Unknown
- c. If NO, is there a formal arrangement for admission to ICU/ITU at another hospital? Yes No Unknown

CLINICAL/MEDICAL ONCOLOGY *(See Definitions)*

14. Number of beds/chairs available for chemotherapy?

Day Care/Outpatient: chairs Unknown

beds Unknown

Inpatient: 5/6 day beds Unknown

7 day beds Unknown

15. Where is SACT administered? *(Please select all that apply)*

In a designated chemotherapy outpatient clinic

Day care unit

Opening Hours of unit

8 hours

12 hours

Other *(Please specify)*

As an inpatient on an oncology ward

As an outpatient but on an oncology ward

Other area *(Please specify)*



HAEMATO-ONCOLOGY (See Definitions)

16. Number of beds/chairs available for chemotherapy?

Day Care/Outpatient:	chairs	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> Unknown
	beds	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> Unknown
Inpatient:	5/6 day beds	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> Unknown
	7 day beds	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> Unknown

17. Where is SACT administered? (Please select all that apply)

- In a designated chemotherapy outpatient clinic
- Day care unit

Opening Hours of unit

- 8 hours
- 12 hours
- Other (Please specify)

- As an inpatient on a haemato-oncology ward
- As an outpatient but on a haemato-oncology ward
- Other area (Please specify)

C. STAFFING

18. Please state the number of whole-time equivalents (on site per week)
e.g. staff working 1 day a week = 0.2 WTE.

Medical oncology consultants	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> Unknown
Haemato-oncology consultants	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> Unknown
Chemotherapy specialist nurses	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> Unknown
Palliative care specialist nurses	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> Unknown
Clinical oncology consultants	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> Unknown
Palliative care consultants	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> Unknown
Tumour site specialist nurses	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> Unknown
Research nurses	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> Unknown



19. Please select the grade(s) of doctors available (i.e. on a rota to provide cover) out of hours (see Definitions) to review patients in this hospital. Please also select whether they are resident, or non-resident.

CLINICAL/MEDICAL ONCOLOGY *(Please select all that apply)*

- | | | | | | | |
|----|-------------------------------|--------------------------|--|-----------------------------------|---------------------------------------|----------------------------------|
| a. | Consultant | <input type="checkbox"/> | | <input type="checkbox"/> Resident | <input type="checkbox"/> Non-resident | <input type="checkbox"/> Unknown |
| | F1/F2 | <input type="checkbox"/> | | <input type="checkbox"/> Resident | <input type="checkbox"/> Non-resident | <input type="checkbox"/> Unknown |
| | SPR/ST 3+ | <input type="checkbox"/> | | <input type="checkbox"/> Resident | <input type="checkbox"/> Non-resident | <input type="checkbox"/> Unknown |
| | SHO/ST1-2 | <input type="checkbox"/> | | <input type="checkbox"/> Resident | <input type="checkbox"/> Non-resident | <input type="checkbox"/> Unknown |
| | Other <i>(please specify)</i> | <input type="checkbox"/> | | <input type="checkbox"/> Resident | <input type="checkbox"/> Non-resident | <input type="checkbox"/> Unknown |

(Examples of 'Other' include Trust Doctor, Clinical Fellow, Research Fellow)

HAEMATO-ONCOLOGY *(Please select all that apply)*

- | | | | | | | |
|----|-------------------------------|--------------------------|--|-----------------------------------|---------------------------------------|----------------------------------|
| b. | Consultant | <input type="checkbox"/> | | <input type="checkbox"/> Resident | <input type="checkbox"/> Non-resident | <input type="checkbox"/> Unknown |
| | F1/F2 | <input type="checkbox"/> | | <input type="checkbox"/> Resident | <input type="checkbox"/> Non-resident | <input type="checkbox"/> Unknown |
| | SPR/ST 3+ | <input type="checkbox"/> | | <input type="checkbox"/> Resident | <input type="checkbox"/> Non-resident | <input type="checkbox"/> Unknown |
| | SHO/ST1-2 | <input type="checkbox"/> | | <input type="checkbox"/> Resident | <input type="checkbox"/> Non-resident | <input type="checkbox"/> Unknown |
| | Other <i>(please specify)</i> | <input type="checkbox"/> | | <input type="checkbox"/> Resident | <input type="checkbox"/> Non-resident | <input type="checkbox"/> Unknown |

(Examples of 'Other' include Trust Doctor, Clinical Fellow, Research Fellow)

GENERAL MEDICINE *(Please select all that apply)*

- | | | | | | | |
|----|-------------------------------|--------------------------|--|-----------------------------------|---------------------------------------|----------------------------------|
| c. | Consultant | <input type="checkbox"/> | | <input type="checkbox"/> Resident | <input type="checkbox"/> Non-resident | <input type="checkbox"/> Unknown |
| | F1/F2 | <input type="checkbox"/> | | <input type="checkbox"/> Resident | <input type="checkbox"/> Non-resident | <input type="checkbox"/> Unknown |
| | SPR/ST 3+ | <input type="checkbox"/> | | <input type="checkbox"/> Resident | <input type="checkbox"/> Non-resident | <input type="checkbox"/> Unknown |
| | SHO/ST1-2 | <input type="checkbox"/> | | <input type="checkbox"/> Resident | <input type="checkbox"/> Non-resident | <input type="checkbox"/> Unknown |
| | Other <i>(please specify)</i> | <input type="checkbox"/> | | <input type="checkbox"/> Resident | <input type="checkbox"/> Non-resident | <input type="checkbox"/> Unknown |

(Examples of 'Other' include Trust Doctor, Clinical Fellow, Research Fellow)



D. ADMISSIONS

CLINICAL/MEDICAL ONCOLOGY

20. Is there an emergency admission policy for patients receiving SACT?

- Yes *(You may be asked for a copy of this policy at a later date)* No Unknown

21. Do patients receive written guidance on when and how to seek advice if they become ill at home after SACT?

- Yes *(You may be asked for a copy of this policy at a later date)* No Unknown

22. a. Is there a dedicated telephone number for them to call?

- Yes *(Please state hours)* No Unknown

b. If YES, will they speak to a:

- Specialist nurse
 Oncology doctor
 Haemato-oncology doctor
 General medicine doctor
 Unknown

c. Is there a log of the telephone call?

- Yes No Unknown

d. Is telephone advice given to patients with side effects following SACT administration?

- Yes No Unknown

e. Does the induction for new staff include training on giving telephone advice to patients with complications following SACT?

- Yes No Unknown

23. Is there a formal mechanism by which the consultant oncologist is informed of a patient being admitted with complications following SACT:

a. In your own hospital Yes No Unknown

b. Admitted elsewhere Yes No Unknown



HAEMATO-ONCOLOGY

24. Is there an emergency admission policy for patients receiving SACT?
 Yes (You may be asked for a copy of this policy at a later date) No Unknown
25. Do patients receive written guidance on when and how to seek advice if they become ill at home after SACT?
 Yes (You may be asked for a copy of this policy at a later date) No Unknown
26. a. Is there a dedicated telephone number for them to call?
 Yes (*Please state hours*) No Unknown
- b. If YES, will they speak to a:
 Specialist nurse
 Oncology doctor
 Haemato-oncology doctor
 General medicine doctor
 Unknown
- c. Is there a log of the telephone call? Yes No Unknown
- d. Is telephone advice given to patients with side effects following SACT administration? Yes No Unknown
- e. Does the induction for new staff include training on giving telephone advice to patients with complications following SACT? Yes No Unknown
27. Is there a formal mechanism by which the consultant haemato-oncologist is informed of a patient being admitted with complications following SACT:
- a. In your own hospital Yes No
- b. In other hospitals Yes No



E. PRESCRIBING OF SACT

28. What format are SACT prescriptions in? *(Please select all that apply)*

a. Parenteral

- Hand-written
 Pre-printed prescriptions
 Electronic prescribing
 Unknown

b. Oral

- Hand-written
 Pre-printed prescriptions
 Electronic prescribing
 Unknown

29. Does the hospital maintain a list of: *(Please select all that apply and see Definitions)*

Doctors authorised to initiate/prescribe the first cycle of chemotherapy?
 Yes
 No
 Unknown

Clinicians authorised to prescribe second and subsequent cycles?
 Yes
 No
 Unknown

30. If YES to question 29, please select from the following grades which staff are listed as an Initiator or Prescriber: *(See Definitions)*

	Initiator	Prescriber
Consultant	<input type="checkbox"/>	<input type="checkbox"/>
Associate Specialist	<input type="checkbox"/>	<input type="checkbox"/>
Clinical Assistant	<input type="checkbox"/>	<input type="checkbox"/>
Clinical Researcher	<input type="checkbox"/>	<input type="checkbox"/>
Staff Grade	<input type="checkbox"/>	<input type="checkbox"/>
SPR/ST3 or higher	<input type="checkbox"/>	<input type="checkbox"/>
SHO/ST1-2	<input type="checkbox"/>	<input type="checkbox"/>
Other <i>(Please specify below)</i>	<input type="checkbox"/>	<input type="checkbox"/>



**CLINICAL/MEDICAL ONCOLOGY
TRAINING OF JUNIOR DOCTORS**

31. In your hospital is there:

- a. A training programme for junior doctors regarding prescribing SACT? Yes No Unknown
- b. Training in the use of the electronic prescribing system? Yes No Unknown
- c. A formal assessment of competency in SACT prescribing? Yes No Unknown
- d. At what point in the junior doctors' training are they allowed to prescribe SACT?
(Please select one)
- Immediately upon employment
 - At the discretion of the consultant
 - After a formal assessment of competency
 - Unknown

**HAEMATO-ONCOLOGY
TRAINING OF JUNIOR DOCTORS**

32. In your hospital is there:

- a. A training programme for junior doctors regarding prescribing SACT? Yes No Unknown
- b. Training in the use of the electronic prescribing system? Yes No Unknown
- c. A formal assessment of competency in SACT prescribing? Yes No Unknown
- d. At what point in the junior doctors' training are they allowed to prescribe SACT?
(Please select one)
- Immediately upon employment
 - At the discretion of the consultant
 - After a formal assessment of competency
 - Unknown



33. Does the hospital have a local protocol for the following:

- a. Anti-emesis? Yes No Unknown
- b. Anti-coagulation? Yes No Unknown
- c. Prophylactic antibiotics? Yes No Unknown

CLINICAL/MEDICAL ONCOLOGY

34. a. Are staff other than doctors allowed to prescribe SACT? Yes No Unknown

b. If YES, are they: Nurses

Pharmacists

Other (please specify)

35. What training do they receive specifically for prescribing SACT?

36. What SACT can they prescribe?

Please give details e.g. adjuvant chemotherapy for breast cancer, second and subsequent course/s only, etc.

37. Are there written protocols for them to follow?

Yes (You may be asked for a copy of this policy at a later date)

No

Unknown



HAEMATO-ONCOLOGY

38. a. Are staff other than doctors allowed to prescribe SACT? Yes No Unknown

b. If YES, are they:

Nurses

Pharmacists

Other *(Please specify)*

39. What training do they receive specifically for prescribing SACT?

40. What SACT can they prescribe?

Please give details e.g. adjuvant chemotherapy for breast cancer, second and subsequent course/s only, etc.

41. Are there written protocols for them to follow?

Yes (You may be asked for a copy of this policy at a later date)

No

Unknown



F. DISPENSING AND ADMINISTRATION OF SACT

42. Do pharmacists with specific oncology knowledge/experience:
- a. Check all parenteral SACT prescriptions before dispensing? Yes No Unknown
 - b. If YES, check all oral prescriptions before dispensing? Yes No Unknown
 - c. Routinely check blood (and/or other relevant test) results before dispensing? Yes No Unknown
 - d. Routinely check dose calculations and sign? Yes No Unknown
 - e. If the pharmacist has prescribed the SACT, is the prescription checked by a second pharmacist? Yes No Unknown
 - f. Do they both receive training specifically for these roles? Yes No Unknown
 - g. Are there written protocols for them both to follow?
(You may be asked for a copy of these protocols at a later date) Yes No Unknown
43. Is SACT for administration in your hospital:
- Prepared on-site in your pharmacy
 - Prepared off-site
 - Combination of both
 - Unknown
44. If prepared exclusively on site, how many parenteral *(see Definitions)* SACT doses are made annually in your pharmacy?
- Less than 2,000
 - 2,000-9,999
 - 10,000-20,000
 - Over 20,000
 - Unknown
45. If some or all doses are made off-site, how many doses in total are dispensed/issued annually from your pharmacy?
- Less than 2,000
 - 2,000-9,999
 - 10,000-20,000
 - Over 20,000
 - Unknown



46. a. Does local policy require SACT administration to be checked by a second nurse?

Yes No

b. If YES, does it apply to:

Oral

Yes No Unknown

IV

Yes No Unknown

Other

Yes No Unknown

(Please specify)

47. Do nurses receive chemotherapy-specific training before they are allowed to administer SACT?

Yes (You may be asked for a copy of this policy at a later date) No Unknown

48. Does the hospital have a local protocol for the following: *(Please select all that apply)*

a. Chemotherapy extravasation *(See Definitions)*

Yes No Unknown

b. Chemotherapy anaphylaxis

Yes No Unknown

c. Administration of intrathecal chemotherapy

Yes No Unknown

G. CENTRAL VENOUS LINES

49. Has the hospital implemented NICE guidance?

Yes No Unknown

50. What types of central venous lines are used?

Tunnelled central venous catheter
(e.g. Hickman, Groshong)

Yes No Unknown

Peripherally Inserted Central
Catheter (PICC)

Yes No Unknown

Central line with implanted injection port
(e.g. Port-a-Cath)

Yes No Unknown

Other

Yes No Unknown

(Please specify)



51. Who places the central venous line? *(Please select all that apply)*

- Medical member of oncology team
- Radiologist
- Anaesthetist
- Nursing member of oncology team
- Surgeon
- Other *(Please specify)*
- Unknown

52. Where are they inserted? *(Please select all that apply)*

- Day unit
- Treatment room
- Theatre
- Ward
- X-Ray department
- Other *(Please specify)*
- Unknown

53. Are patients with the following routinely anti-coagulated?

- | | | | |
|---|------------------------------|-----------------------------|----------------------------------|
| <input type="checkbox"/> Tunnelled central venous catheter
(e.g. Hickman, Groshong) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Peripherally Inserted Central
Catheter (PICC) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Central line with implanted injection
port (e.g. Port-a-Cath) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Other
<i>(Please specify)</i> | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
-

54. If a patient is anti-coagulated, do they receive:

- Low-dose Warfarin 1mg/day
- Warfarin to achieve INR of 1.5-2
- Warfarin to achieve INR of 2-3
- Unknown



55. Who removes central venous lines? *(Please select all that apply)*

Medical member of oncology team

Nursing member of oncology team

Surgeon

Radiologist

Anaesthetist

Other *(Please specify)*

Unknown

56. Does the hospital have a local protocol for the management of central line thrombosis? Yes No Unknown

H. ELECTRONIC PATIENT RECORD (EPR)

57. Do you have an electronic patient record for patients receiving SACT? Yes No Unknown

58. If YES, are episodes of toxicity recorded on the EPR? Yes No Unknown

59. Is SACT recorded on a computerised pharmacy system? Yes No Unknown

60. Where are copies of your local clinical protocols stored? *(Please select all that apply)*

On-site library Yes No Unknown

Chemotherapy clinic Yes No Unknown

Outpatient department Yes No Unknown

Ward areas Yes No Unknown

Electronic version on hospital computer system Yes No Unknown

Included in medical staff induction pack Yes No Unknown

Other *(Please specify)*



I. PATIENT INFORMATION

61. How is patient information given? *(Please select all that apply)*

Verbally in clinic by medical staff

Patient information leaflets:

General information on chemotherapy

BACUP booklets on specific tumour sites

Information specific to particular chemotherapy regimens

Audio visual patient information

	Clinical/Medical Oncology			Haemato-oncology		
	Yes	No	Unknown	Yes	No	Unknown
Verbally in clinic by medical staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General information on chemotherapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BACUP booklets on specific tumour sites	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Information specific to particular chemotherapy regimens	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Audio visual patient information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

62. a. Is there a policy for telephone follow-up of patients within 1 week of SACT? Yes No Unknown

b. If YES, who undertakes the follow-up? *(Please select all that apply)*

Chemotherapy nurse

Tumour site-specific specialist nurse

Pharmacist

Other *(Please specify)*

Unknown

c. Which groups of patients are followed-up? *(Please select all that apply)*

All parenteral (intravenous, intrathecal, etc.)

All Oral

Specific Tumour Sites only *(Please specify)*

Unknown

63. Does the hospital have the following? *(Please select all that apply)*

Dedicated telephone line for chemotherapy patient queries

Yes

No

Unknown

Nurse-led patient education clinics for patients receiving SACT

Yes

No

Unknown

Pharmacist-led patient education clinics for patients receiving SACT

Yes

No

Unknown



64. Are patients receiving SACT given a card or other document carrying contact details and other essential information? Yes No Unknown

K. PATIENT MANAGEMENT / CLINICAL AUDIT

65. Does your hospital have the following protocols in place?
- a. Clinical management of neutropaenic sepsis Yes No Unknown
- b. Prescription of GCSF or other growth factors Yes No Unknown
(See Definitions)
- c. Any other protocols relevant to SACT Yes No Unknown
- d. If YES, please list topics covered:

66. Is there a formal audit of the following topics in relation to SACT? *(Please select all that apply)*

- Chemotherapy toxicity
- Neutropaenic sepsis
- Nausea and vomiting
- Adherence to NICE guidance
- Efficacy of SACT
- Number of deaths within 30 days of receiving SACT
- Number of deaths within 60 days of commencing a course of SACT
- Other topics related to SACT *(Please specify)*

Clinical/Medical Oncology			Haemato-oncology		
Yes	No	Unknown	Yes	No	Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

67. a. Are regular audit/governance meetings held? Yes No Unknown
- b. Who attends? *(Please select all that apply)*
- Consultants Junior Doctors Nurses
- Pharmacists Administrators
- Secretarial staff Audit staff Lay representatives
- Others *(Please specify)*



68. How is your hospital made aware of audit findings, and how does it monitor implementation of action/change?

69. Please write clearly any relevant additional comments you have on the organisational aspects of SACT within your hospital:



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Please see next page for Definitions





DEFINITIONS

Cancer Centre	Provides expertise in the management of all cancers including common cancers within their immediate locality and less common cancers by referral from Cancer Units. They provide specialist diagnostic and therapeutic techniques including radiotherapy.
Cancer Unit	Supports clinical teams with sufficient expertise and facilities to manage the more common cancers.
Clinical Oncology	Physician specialising in treatment of cancer using radiotherapy and/or systemic therapy.
Chemotherapy extravasation	Leaking of the drug out of the vein and into the surrounding tissues.
Chemotherapy Nurse	Nurse who has received training to administer SACT.
GCSF	Granulocyte colony-stimulating factor. A growth factor that stimulates the bone marrow to make neutrophils and some other types of white blood cells. It is also known as filgrastim.
Haemato-oncology	Haematologists specialising in treatment of haematological malignancies.
HDU	High dependency unit beds that are available if need be to patients treated with SACT. A high dependency unit (HDU) is an area for patients who require more intensive observation, treatment and nursing care than can be provided on a general ward. It would not normally accept patients requiring mechanical ventilation, but could manage those receiving invasive monitoring.
Hickman catheter	Thin, long tube made of flexible, silicone rubber/plastic. It is surgically inserted into one of the main veins leading to the heart.
ICU/ITU	An intensive care unit (ICU) is an area to which patients are admitted for treatment of actual or impending organ failure, especially when mechanical ventilation is necessary.
Medical assessment unit	A dedicated unit or ward in which medical patients undergo rapid and rigorous assessment and initial treatment with the purpose of establishing their need for admission to or discharge from hospital.
Medical Oncology	Physician specialising in treatment of cancer using systemic therapy.
Hours of Work	Day: 08:00-17:59. Evening: 18:00-23:59. Night: 00:00-07:59 Office hours: 08:00-17:59 Monday to Friday. Out of hours: 18:00-7:59 Monday to Friday and all day Saturday and Sunday.
Oncology	Medical oncology and clinical oncology.
Palliative Care Specialist Nurse	e.g. Macmillan nurse, hospice nurse.
Parenteral	Administered by means other than through the alimentary tract.
PICC line	This involves the placement of a long plastic catheter into one of the larger veins of the arm.
Port-a-Cath	The port is about the size of a 5p, or 10p coin, only thicker, and will show only as a bump underneath the skin.

(Continued on next page)





DEFINITIONS

(SACT) Initiator	The doctor who makes the decision to commence a patient on a course of SACT.
(SACT) Prescriber	The clinician who prescribes a cycle of chemotherapy.
Research Nurse	Nurse employed to co-ordinate clinical trials.
Stand-alone oncology unit	Oncology unit on a separate site to general medicine and general surgery.
Systemic Anti-Cancer Therapy (SACT)	To include all “traditional” cytotoxics - intravenous, oral, subcutaneous, intrathecal, or intraperitoneal chemotherapy, monoclonal antibodies, but excluding vaccines, gene therapy and hormonal agents (please see protocol for more information).
Tumour Site Specialty Nurse	e.g. breast care nurse, urology specialist nurse.





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