

1. Introduction and Who Guideline applies to

A specialist nursing service for patients with haematological disorders is being established under the nursing structure of the Osborne Treatment Centre (OTC). The overall aim of the service development is to improve the patient experience; reducing patient waiting times; reduced patient attendance to hospitals and to improve current capacity within the OTC. The service will deliver specialist haematology services to patients in their home offering a range of treatments and personalised, supportive care. This new service is modelled on the Outreach service implemented at Nottingham University Hospitals (NUH) and this procedure is based on theirs, which they have kindly shared.

Eligible patients are as follows:

- Any haematology patient under the care of a UHL consultant haematologist
- Must be receiving treatment which is deemed safe to be administered within a home environment
- Decision for home administration is completed by a UHL consultant haematologist

Referrals can be made to the service for administration of medications as per the OTC @ Home service Standard Operating Procedure (SOP).

Patients will be excluded for the following reasons:

- Home treatment is declined
- Treatment is deemed unsuitable for administration at home
- Performance status deteriorates during treatment regime, individuals will be referred back to the named consultant.

This local agreement and procedure has been written to allow Osborne Treatment Centre (OTC) Registered (Band 6) Nurses working for the new OTC @ Home service to administer specific intravenous and subcutaneous Systemic Anti-Cancer Therapy (SACT) medications to haematology patients in the community.

The adoption of single registered nurse checking at the point of administration to patient is key to the success of the new service. It will require staff to work outside of the "Leicestershire Medicines Code Policy" B60/2011 and "East Midlands Expert Clinical Advisory Group Systemic Anti-Cancer Therapy (SACT) Policy" E1/2021.

The Leicestershire Medicines Code Policy states:

"Section 6.1.5: the following must be checked with another designated practitioner against the prescription sheet:

- Height, weight, look appropriate for the patient being treated (at the point of administration)
- Patient Identification (using Trust policy for positive patient identification, or equivalent)."

Research suggests that double checking of medication is a logical safety precaution which has been utilised for many years within nursing practice, however there is minimal evidence base to support its usage and the overall process has limitations (Hewitt et al, 2008; Koyama et al, 2020). Despite this, Armitage (2007) suggests there are inherent strengths and weaknesses in the process of human contribution. And based on clinical need it is felt this approach is best practice for patient safety.

2. Guideline Standards and Procedures

The SACT medications to be included in this agreement will be prescribed via Chemocare, the electronic prescribing system used in Clinical Haematology. Only SACT prescribed using Chemocare will be administered by the team. All SACT will be prepared and released by the Aseptic Lab / Satellite Pharmacy at UHL.

All other medication / TTO'S will be prescribed on a valid Trust prescription.

Only medications prescribed by the following routes will be administered by the outreach team:

- Intravenous
- Subcutaneous
- Oral

Treatment will be collected from UHL Satellite Pharmacy or TrustMed Pharmacy (as appropriate) by a member of the team. Each patient's medication will be individually labelled, and medication will be stored in OTC fridge until it leaves the building in appropriate storage bags which are being purchased. Only the patient's medication will be taken into the home, as per Nottingham's service model.

The registered nurse must check the drugs and ensure all elements of the prescription are correct before visiting the patient e.g.

- Drug
- Dose
- Route (direct IV bolus / sub cut injection or oral)
- Date and time
- Frequency
- Signature
- Allergies
- Screened by pharmacy

Any SACT will be second checked by an OTC nurse before transporting to the patients home in appropriate individual patient storage bags. The prescription will be initialled by the second checker to confirm that the drug matches the prescription, ultimately electronically in ChemoCare V6. This does not include confirming the identity of the patient.

The registered nurse visiting the patient will conduct toxicity screening prior to administration of medication and perform the final check of positive patient identification, involving the patient as appropriate. Checks will include:

- Patient identification as per "Patient Identification Band Policy B43/2007", including identity check. * For those patients who are not wearing wristbands - 3 points of ID must be confirmed: full name, date of birth & address. Furthermore, an allergy and

history check must be completed all alongside ensuring informed consent (both to treatment and home administration).

- Prescription details to patient and drug, including drug, dose, route, expiry.

The pre-visit medication check and administration will be recorded on ChemoCare and valid Trust prescription. Treatment to be marked as given on ChemoCare system on return to base until ChemoCare v6 has been implemented which will allow real time recording. Further information around record keeping can be found in the operational policy for the service.

When working within the community the registered nurses will carry an in-date extravasation and anaphylaxis kit. If extravasation occurs the registered nurse will manage the extravasation as per “UKONS Acute Oncology Initial Management UHL Oncology Guideline 32” C27/2019 and contact the medical team responsible for the care of the individual patient to organise a medical review. In the event of anaphylaxis, the nurse must call 999 for assistance and follow the “UKONS Acute Oncology Initial Management UHL Oncology Guideline 1” C27/2019. The nurse must make a clinical decision to discontinue treatment in the community setting should an adverse reaction occur. A Datix report should be generated following an adverse reaction, and it must be reported to the responsible consultant.

All equipment will be disposed of as per the “Leicestershire Medicines Code Policy” B60/2011 Chapter 7 and “Waste Management UHL policy” A15/2002. The nurse will carry appropriate waste disposal bins with them.

3. Education and Training

All nurses are expected to demonstrate competence according to the “Assessment of Administration of Medicines by Nurses, Midwives, Nursing Associates and ODPs UHL Policy” B13/2009.

Drug administration will be undertaken by experienced Band 6 registered nurses with one year's SACT experience. The registered nurse must demonstrate evidence of competence to practise by completing annual SACT assessment.

A SACT register of nurses who are in date with their annual SACT assessment is displayed in OTC treatment room.

4. Monitoring Compliance

What will be measured to monitor compliance	How will compliance be monitored	Monitoring Lead	Frequency	Reporting arrangements
Number of DATIX incident forms reporting errors				
Number of complaints				

5. Supporting References

Koyama AK, Maddox CS, Li L, et al. (2020) Effectiveness of double checking to reduce medication administration errors: a systematic review. *BMJ Quality & Safety*. 29:595-603.

Hewitt T, Chreim S, Forster A. Double checking: a second look. *Journal of Evaluation in Clinical Practice*. 2016 Apr;22(2):267-74.

Armitage G. Double checking medicines: defence against error or contributory factor? *Journal of Evaluation in Clinical Practice*. 2008 Aug;14(4):513-9.

These references have been obtained via the support of UHL Clinical Library Service.

6. Key Words

Medicine administration, Single check, OTC

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