BACKGROUND

Release of USP 797, USP 800, and NAPRA clean room and hazardous drug preparation standards in recent years has resulted in more stringent requirements for sterile drug preparation facilities. As a result, AHS Pharmacy determined it was not feasible to upgrade all existing facilities and a decision was made to move to a more centralized sterile drug preparation and distribution system.

In September 2015, discussions and work began to plan providing the remote chemotherapy drug mixing service out of the Cross Cancer Institute (CCI) pharmacy in Edmonton to support the treatment of patients at the Barrhead Community Cancer Centre (CCC).

OBJECTIVE

To provide a chemotherapy mixing service out of a Tertiary Cancer Centre pharmacy for delivery in a rural Community Cancer Centre by the target date of April 1, 2016.

The goal was to continue treatment at the Barrhead CCC for 100% of the planned patient treatments, while maintaining the following key planning principles:

- Continue to be patient centered with minimal impact to patient care
- Maintain safety and quality
- Continue to provide cancer services as close to home as possible
- Optimize processes to deliver the maximum volume of chemotherapy protocols
- Engage key stakeholders in the planning process

DESIGN

Two planning groups were established:

1. CancerControl Alberta (CCA) Planning Group consisted of pharmacy and nursing leads from Community Oncology (CO) and the CCI plus front line staff.
2. Barrhead CCC Planning Group consisted of pharmacy and nursing leads from CO and administrators from the Barrhead CCC.

Weekly planning meetings were held over a 6-month period to establish the work plan.

A planning checklist was created and the processes for implementation were established including:

- Review of current workflow processes
- Identification of changes to workflow processes and schedules that would be required at the clinic and at the remote dispensing site
- Review of protocols and expiry of drugs for feasibility of remote mixing
- Identification of logistics for delivery options:
  - expiry of drugs
  - appropriate temperature controls for shipping prepared chemotherapy
- Creation of a communication plan for implementation including a Frequently Asked Questions (FAQ) document
- Creation of an evaluation survey to collect feedback on the new program

RESULTS

2016 BARRHEAD COMMUNITY CANCER CENTRE CHEMOTHERAPY PREPARATIONS

<table>
<thead>
<tr>
<th>Month</th>
<th>Number of Preparations</th>
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<td>Dec</td>
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DISCUSSIONS/CONCLUSION

Survey results indicate positive responses related to involvement of stakeholders in planning prior to and the quality of service following implementation.

Concerns identified in the survey continue to be monitored and addressed as they arise for the individual patients and situations.

The number of referrals to the CCC remained the same or increased after implementation achieving the goal to continue planned patient treatments at the Barrhead CCC.

Overall, the results indicate the implementation of the remote service delivery model was successful, was completed by the target date and maintained the key planning principles.

Based on these results further planning is under way to implement this model at additional CCC’s.

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