<table>
<thead>
<tr>
<th>NAME OF DOCUMENT</th>
<th>Use of MOSAIQ - Cancer Services Information System for Electronic Medication Management</th>
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<tbody>
<tr>
<td>TYPE OF DOCUMENT</td>
<td>Procedure</td>
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<tr>
<td>DOCUMENT NUMBER</td>
<td>SESLHDPR/280</td>
</tr>
<tr>
<td>DATE OF PUBLICATION</td>
<td>June 2013</td>
</tr>
<tr>
<td>RISK RATING</td>
<td>High</td>
</tr>
<tr>
<td>LEVEL OF EVIDENCE</td>
<td>N/A</td>
</tr>
<tr>
<td>REVIEW DATE</td>
<td>July 2016</td>
</tr>
<tr>
<td>FORMER REFERENCE(S)</td>
<td>SESLHNPD/29</td>
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| EXECUTIVE SPONSOR or EXECUTIVE CLINICAL SPONSOR | Prof Winston Liauw  
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| KEY TERMS        | MOSAIQ, Information System, Chemotherapy, Cancer, Electronic Medical Record |
| SUMMARY          | This procedure describes how staff are to use the Electronic Medical Record MOSAIQ for the prescribing, dispensing and administration of medication for Cancer Services. |
1. POLICY STATEMENT

This procedure outlines the requirements for all South Eastern Sydney Local Health District (LHD) Medical, Nursing and Pharmacy staff in the use of the MOSAIQ - Cancer Services information system for safe prescribing, dispensing and administration of medication within for Cancer Services.

This procedure is to be used in conjunction with:

- NSW Health Policy Directive PD2007_077 Medication Handling in NSW Public Hospitals
- NSW Health Policy Directive PD2007_079 Correct Patient, Correct Procedure and Correct Site
- NSW Health Policy Directive PD2005_406 Consent to Medical Treatment – Patient Information
- Policy Directive PD233 Cancer Services - Use of eviQ Cancer Treatments Online

2. BACKGROUND

MOSAIQ is an oncology specific electronic medical record that provides a clear, fast and flexible means of documenting patient information throughout the assessment, chemotherapy prescription, dispensing and administration process.

All prescribing of Medical Oncology/Haematology treatments undertaken in the Cancer Services Stream of the Prince Of Wales Hospital will be undertaken with the MOSAIQ Cancer Services information system.

Only appropriately trained and qualified staff with the appropriate authorisation will be able to enter or amend electronic prescriptions in MOSAIQ.

MOSAIQ maintains an audit log of all activity providing a record of who performed the activity and when it was performed.

* Notification of all adverse events/incidents/near misses to be documented in the Incident Information Management System (IIMS) in accordance with NSW Health Policy Directive PD2007_061 Incident Management. All adverse drug reactions must also be reported to ACSOM via the “Blue Card” reporting system.

3. RESPONSIBILITIES

3.1 Line Managers/ Network Managers/ Service Managers will:

- Educate and train staff on this procedure to ensure knowledge and practical skill for correct use of MOSAIQ.
- Ensure that auditing practices are routinely undertaken.
3.2 Prescribing Oncology/Haematology Clinicians will:
- Create the appropriate prescription/Electronic Chemotherapy Protocol (ECP) in MOSAIQ.
- Ensure that the protocol is accurate in dose and drug and that it is correctly prescribed to the patient as the prescription is a legal document.

3.3 Pharmacists (Oncology/Haematology/Trial Pharmacist) will:
- Check prescriptions that have been newly entered into MOSAIQ by the Prescribing Clinician so the appropriate medications can be prepared or sourced.
- Check the clinical verification of the chemotherapy ordered (i.e. the correct dose and drug is prescribed for the correct patient, via the correct route in the correct volume, that it is for an approved indication, PBS listing if appropriate) and any supportive medications/therapy e.g. anti-emetics, hydration, electrolytes &/or filgrastim, according to the protocol, the patient’s treatment plan and parameters.
- In addition to nursing and medical staff, monitor on treatment pathology and inform of variations in weight of greater than 10%
- Dispense and release chemotherapy after all the above criteria has been verified and that the correct dose and drug is intended for the correct patient at the correct time.

3.4 Administering Oncology/Haematology (AON) Nurse will:
- Attend and record of on treatment chemotherapy observations, review of symptoms and toxicities, pathology and weight, and inform the Medical Officer and Pharmacist of any changes. E.g. Abnormal observations or variations in weight of greater than 10%.
- Attend and record the administration of the prescribed drugs to the patient; indicating the start time of the administration, the end time of the administration, any adverse events* during the administration and that consent was obtained and time out performed.
- Ensure that prior to administering the treatment to the patient, the treatment details are checked by a second nurse who signifies their agreement by electronically signing off the proposed treatment in MOSAIQ.

4. PROCEDURE

4.1 Entering Patient Demographics, Identification and diagnoses
All patients must be registered in IPM (Former SESIAHS procedure HB 004 PAS Collecting Patient Registration Information Training) prior to having a record generated in MOSAIQ. The patient’s surname, first name, date of birth, MRN and consultant are mandatory requirements. A diagnosis is required prior to assignment of a chemotherapy protocol. Staff with appropriate access are able to enter the patient’s diagnosis, however only the Prescribing Clinician can “affirm” the diagnosis prior to protocol allocation.

4.2 Referring (allocating) a patient for chemotherapy/allocating a protocol
Allocation of an ECP can only be attended by the Prescribing Clinician with the appropriate security level in MOSAIQ.
Once the Prescribing Clinician has affirmed the patient’s diagnosis, the Prescribing Clinician can select a treatment protocol. To do this, the Prescribing Clinician clicks on the option titled “Care Plan” within the CWS. A window opens where the Prescribing Clinician selects the specific protocol by accessing a drop down menu in the Care Plan field. Mandatory fields on this page are: intent, number of cycles to be attended, current cycle number and start date. These mandatory fields automatically transfer across once the protocol has been selected. The selected protocol is now open in the CWS awaiting approval.

The patient’s height and weight (age and creatinine if AUC is required) are prerequisite information for dose calculation and must be entered before the protocol can be approved. This information can be entered by any staff with access to the Patient Assessment tab in MOSAIQ. N.B. for creatinine dose calculation the weight and creatinine must have been entered in the previous 7 days. MOSAIQ calculates and completes the doses of chemotherapy automatically based on the information supplied. Dose modifications can be made at this stage.

Following prescription of the chemotherapy, the Prescribing Clinician must approve the selected protocol, and are responsible for checking that each individual drug and dose in the protocol is correct for that patient.

### 4.3 Dispensing of Chemotherapy/Protocols

The iPharmacy (Pharmacy Information System) will continue to be used for inventory control MOSAIQ will act as a central electronic record of the chemotherapy that has been ordered, dispensed and administered.

- **Pharmacy approval** – once Pharmacy has received the order from the Prescribing Clinician, clinical verification of the ECP ordered must be undertaken. i.e. check that the correct dose and drug is prescribed for the correct patient, that it is for an approved indication, that it is a PBS listing if appropriate, that height and weight are recorded, along with creatinine if required. Once the check is complete, the pharmacist will mark the Pharmacy Dispensing Status as “Verified”.

- **Pharmacy dispensing** – There are three phases that can be recorded during the pharmacy dispensing stage – “Verify”, “In Prep”, and “Dispensed”. Once the in prep box has been marked, changes to the drugs within the ECP will not be allowed. If the Prescribing Clinician wishes to make changes to any of the drugs within the ECP, they must contact the Oncology/Haematology/Trial Pharmacist to discuss these changes. The Pharmacist has the relevant security clearance to uncheck the “in prep” box and allow changes to the ECP following approval.

Through the Pharmacy Dispensing List, the Pharmacist is able to access each individual drug component within the ECP. Information that will be entered from this window can include, drug batch number, expiry date, manufacturer, agent volume, and the identity of the staff member who has checked the medication including time and date stamp. It is also possible for the pharmacist to add dispense comments and storage condition. The Pharmacist is also able to add further administration instructions if required. From the
dispense list it is also possible to print drug labels, drug worksheets and the order history of each drug.

Once all appropriate fields have been completed, and the Pharmacist has attended all required checks, the medication is marked as dispensed, and the Administering Nurse is able to collect the medication for administration.

4.4 Administration of Chemotherapy/Protocols

'Time out' must be attended prior to the administration of chemotherapy as per Ministry of Health Policy and recorded in the “time out” tab of the Patient Assessment chart of MOSAIQ.

Once deemed appropriate for treatment the protocol is accessed by the AON clicking the ‘MO treat’ icon. This icon opens a new window where the patient name, MRN and allergies are listed above the drug about to be administered. The AON is able to view any specific requirements of the drug (e.g. if it is a vesicant or a specific length of time is required) by hovering the mouse on the square tab next to the drug name. Mandatory fields required are drug dose, route, start date and stop date, start time and stop time. Once these fields are completed, an electronic password protected co-sign is required before the drug is able to be electronically signed off.

4.5 Contingency Plans

Significant redundancy has been built into the IT infrastructure that MOSAIQ operates on. The Network’s servers are powered by an uninterruptible power supply and draw their primary current from both the regular grid and the hospital emergency power supply.

ICT has a local business continuity plan for the management of unscheduled down time. This plan clearly states the roles and responsibilities of individuals in the event of a catastrophic failure.

Please refer to local business rule for the safe prescription, dispensing and administration of chemotherapy during unscheduled down time.

5. DOCUMENTATION

- S0329 - Chemotherapy Consent Form
- Policy Directive CS-P-CLIN PRAC-C09 Chemotherapy – Administration Intravenous
- CSS - ICCC - P- Clin Prac - P02 Patient Assessment – Guidelines – Nursing Staff - Illawarra Cancer Care Centre
- POWH Clinical Business Rule Medication Management
- POWH Clinical Business Rule MOSAIQ Security and Authorisation
- POWH Clinical Business Rule Business_contingency_for_MOSAIQ_ oncology information system
- POWH Clinical Business Rule Chemotherapy_protocol_approval_process_within MOSAIQ oncology information system
• POWH Clinical Business Rule Nursing documentation of medication administration within MOSAIQ oncology information system.
• POWH Clinical Business Rule Safe Prescription, Dispensing and Administration of Chemotherapy during unscheduled down time
• POWH Clinical Business Rule Testing of Chemotherapy Protocols within MOSAIQ Oncology Information System

6. AUDIT
As per NSW Health Policy Directive PD2007 079 Correct Patient, Correct Procedure and Correct Site


7. REFERENCES
• PD2007_061 Incident Management
• The Medication Safety Self Assessment for Australian Hospitals (MSSA) www.cec.health.nsw.gov.au
• CSS – ODC P-Clin Prac-P03 Guidelines for Use of Patient Management Flow Chart

8. REVISION AND APPROVAL HISTORY

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<tr>
<th>Date</th>
<th>Revision No.</th>
<th>Author and Approval</th>
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<tr>
<td>September 2010</td>
<td>Draft</td>
<td>CSIS Management Committee meeting</td>
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<tr>
<td>November 2010</td>
<td>Draft</td>
<td>Area Drug Committee</td>
</tr>
<tr>
<td>February 2011</td>
<td>0</td>
<td>Approved by Combined Clinical Council</td>
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<tr>
<td>April 2012</td>
<td>1</td>
<td>Reviewed by Elizabeth Browne - Clinical Stream Manager - Cancer Services and BreastScreen NSW and signed off by Prof. Robyn Ward, Clinical Director Cancer Services</td>
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<td>June 2013</td>
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