1

Cyto-SAT

Instructions for participants

Sandrine von Grünigen

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Cyto-SAT : Self-assessment tool of safe handling of cytotoxic medicines in resource-constrained settings

Dear Participants,

Thank you for using **« Cyto-SAT »**, a self-assessment tool regarding safe handling of cytotoxic medicines in healthcare facilities.

This tool was validated through a Delphi consensus methodology involving international expert in oncology pharmacy and aims to support ongoing quality improvement of safe handling of cytotoxic medicines in low and middle-income countries.

The goal of the present study is to implement this tool in local settings.

Specific objectives are:

1) To obtain an overview of cytotoxic handling practices in various resource-constrained settings in order to highlight opportunities for potential improvements and identify needs for building educational resources.
2) To obtain a global evaluation of the tool regarding its usefulness, applicability and ease of use

Specific instructions regarding the study are presented in this document. Please read them carefully before starting the study.

Don't hesitate to contact me in case of problem or question.

Sincerely,

Sandrine von Grünigen

sandrine.vongrunigen@hcuge.ch
tél: +41 22 372 39 75

1.   PHASES OF THE STUDY

Establishment of a working group

- It is recommended to **establish a interdisciplinary team** to conduct the self-assessment. Member Participation can vary according to the category of items.
- **Recommended members:** pharmacist in charge, chief medical officer, administration representative, managing office representative, quality assurance officer, healthcare personnel involved in the cytotoxic process (prescribers, nurses, etc.)

Self-assessment

- The team leader is responsible for the coordination of the evaluation team, completing the database and submitting the results. **See detailed instructions** presented further in this document.
- Plan a sufficient amount of time (the self-assessment can be completed during several meetings) to conscientiously complete the tool accurately and honestly according to the current practices.
- *Time: approximately 3 hours*

Tool evaluation form

- At the end of the self-assessment process, you will be asked to fill in a **satisfaction form** in order to give your **opinions and feedback** on this experience.
- *Time: 10 min*

2. DETAILED INSTRUCTIONS FOR THE SELF-ASSESSMENT

(Please read them carefully prior the self-assessment process)

1) Before the first meeting with the evaluation team, read the instructions and all items of the self-assessment tool. If questions, contact the main investigator :
sandrine.vongrunigen@hcuge.ch

The team leader is responsible to provide (hard or electronic) copies of the instructions and the self-assessment tool to all team members for review before the first meeting.

2) Create an account and complete the demographic information

The team leader is responsible to create an account for the institution on the online platform (http://datapharma.ch/cytoSAT/).

3) Fill in the demographic information of the facility.

If necessary, verify the information with the administration office or another relevant person.

N.B : Data are stored in a secured database and submitted information will be confidential. Facilities will only have access to their own results and to anonymised aggregate results of all participating facilities

4) Convene the team for a meeting

Before beginning the self-assessment process, ensure that all team members have understood the objectives of the process. During the meeting, the team leader makes sure that each member can see the items that are discussed (either with hardcopies or on electronic version).

5) Start the self-assessment process of the current practices related to the cytotoxic medicines process in your facility.

The team leader is responsible to enter the data on the online platform during the meeting with the evaluation team.

6) Discuss with the team members of the score to assign to each item, which reflects the level of implementation of the quality and safety standards.
(see scoring system below).

Plan sufficient time and complete the self-assessment most accurately and honestly according to the current practices in your facility. The self-assessment can be conducted during several team meetings. At the end of each session, save your data on the online platform.

7) When your team encounters a problem with an item, notify it by checking the box and write a short comment on the type of problem.

Each notified problem will be discussed by the steering committee and will allow us to improve our tool

8) At the end of the self-assessment, design an action plan by elaborating short/middle and long term objectives

Based on your observation and the summary of your results, design an action plan with your team in order to improve your practices.

9) Give your feedback on the tool and describe your experience with this process by completing the online evaluation form

The evaluation form is available on the same platform

3. SCORING SYSTEM FOR THE SELF-ASSESSMET

Scoring system	
1	There has been **no activity** to implement this item
2	The item has been **discussed and considered**, **but it is has not been implemented yet**. There may be a document and no implementation and some staff awareness.
3	The item is **partially implemented** in the facility or **implemented only in some areas**, for some patients, drugs and/or staff.
4	The item is **fully implemented** throughout the facility for all patients, drugs and/or staff
N.A	**Not applicable**; It is not possible to consider the item in the local context
	* Scores 3 and 4 can be used only if there is a real implementation. Procedures or guidelines that are not applied are nor not enough.

4. ITEM PRIORITIZATION

The item priority reflects the experts' opinion on the importance to fulfil the standards, considering the probability of occurrence of the prevented risks, the criticality of the risk, the effectiveness of the measure, how easy it is to implement, etc. the priority was classified as follow:

I or i*	Indispensable (absolutely required even for occasional handling of cytotoxic medicines)
E or e*	Essential (required for regular use of cytotoxic medicines)
D or d*	Desirable (desirable if regular use and/or resources sufficient)

Prioritization was added in order to guide you in the elaboration of an action plan to improve the cytotoxic medicines flow and management.

*A differentiation is made if a consensus had been obtained or not among the experts at the end of the Delphi survey. The capital letter indicated that an experts'consensus had been reached while the lowercase letter indicated no consensus. Consensus was defined as more than 75% of the experts agreeing with the prioritiy.